Adoption and family therapy

The aim of this article is to sensitize family therapists to some of the significant issues surrounding adoption. A major assumption of the paper is that adoptive families are different from biological families, and that recognition of the family's adoption status is central to an understanding of their issues and difficulties.

The family context is a natural framework for examining these issues, as decisions to adopt are made within a family context, and adoption-related problems occur within the context of the extended family system. The study of adoptive families may also shed light on other family forms, such as stepfamilies, and families who form through new birth technologies.

Introduction

Adoption is a significant life event whose place in a person's psyche is often overlooked. It is a powerful experience that touches upon universal human themes of identity, abandonment, sexuality, parenthood, rivalry and the sense of belonging (Reitz & Watson). It imposes psychological stresses on each of its participants.

Those affected include the birthparents who relinquished a child; the infertile couple who became adoptive parents; the adoptive family seeking help for an adopted child, or for some kind of family stress; and the adult adoptee conflicted over search issues. But ramifications are more widespread: grandparents, siblings and even subsequent generations whose forebears were adopted may be affected. Families touched by adoption present a natural paradigm for the study of adaptation to deeply meaningful events, for the individual members, the family and the culture. The way that the adoption was dealt with may both reflect on and influences family patterns of behaviour. These need to be explored, losses surfaced and dealt with, and connections made.

At the core of adoption is the issue of biological bonds versus psychological bonds (Finley 1999). An important issue for adoptive families is that of accepting that adoption

makes a different kind of family, and learning how to handle those differences. It makes the normal developmental stages more complex, particularly in regard to issues of attachment and loss. Relinquishment, rather than adoption, is at the heart of the psychology of adoptees and birthparents, and the infertility which led to adoption is often at the heart of the psychology of adoptive parents.

Because of the complexities of the adopted family and the difficulty in working with the hidden issues that are often part of adoption, a family systems approach can provide a framework for understanding the family, and can help the therapist gear treatment toward mobilising the family's strengths. What has often been denied, but needs to be considered, is that all members of the adoption triangle are present, if not physically, then in the hearts, minds, or fantasies of all members of the adoptive triad.

A history of adoption

There have always been mothers and fathers who have been unable to, chosen not to, or not been allowed to parent their children, because of war, poverty, youth, substance abuse, illness or coercion (Pavao1992).

In mythology and folklore, adoption has been presented as a way to rescue a child from parents who are unable to protect the child from harm (eg Moses), or from parents who would themselves harm the child (eg Oedipus). The adopted child, once reared in safety, had to work out a destiny in the context of his or her origins (Reitz & Watson).

Adoption is an issue for non-adopted as well as for adopted children. Freud noted in his paper "Family Romances"(1909/1959) that pre-adolescent children often become critical of their parents and develop the idea that they are adopted. This serves to relieve the child of routinely experienced anger and disappointment in the parents. However, because some adoptees believe that their biological parents abandoned them, because they were bad or angry, and that their adoptive parents rescued them, it becomes too threatening to be angry with adoptive parents, because of the risk of re-abandonment,

and birthparents may be dismissed as meaning nothing (Sherick 1983 in Schechter & Bertocci 1990).

Adoption laws have existed in Western countries for the past 150 years. Before that, adoption was essentially open and viewed as a practical mechanism for augmenting the labour force of a family (Lifton 1988). At that time, unwanted babies were more likely to die or be placed in foundling asylums. The introduction of child labour laws shifted the social class of adoptive parents from farm families who adopted children as workers to middle-class childless families who adopted children for sentimental reasons (Kressierer & Bryant 1996).

From the 1930's to the 1960's, in the English-speaking Western world, the Church's influence was strong and community morality was conservative and family-centred. The pressure on unmarried women to relinquish their babies was high. White middle class adoptive parents were the epitome of a society which valued propriety above all else (Schechter & Bertocci 1990). In this climate of denial and conformity to social norms, legislation was enacted in Victoria in 1964 to seal adoption records, so that there would be secrecy between birth and adoptive families.
The intention was to protect all parties from each other, and eliminate the necessity for shameful secrets: the infertility of the adoptive parents, the presumed promiscuity of the birthmothers, and the stigma of illegitimacy of the adopted babies: prior to that, relevant birth certificates had been stamped "illegitimate". Birthfathers were ignored.

Adoption was built on a denial of the fact that adoption was different from biological parenting. As the greatest threat to the denial of difference was the existence of the biological family, this connection had to be permanently severed. Although adoptive parents were usually advised to tell their child he was adopted, there was little information about the child's background.

The closed adoption of a newborn by an infertile couple of the same race became associated with a denial of the truth, as birth certificates were rewritten naming the

adoptive parents as the only parents. Sealing the records preserved the illusion that no other family existed. “Adoption” was understood only as a static event. However, this legislated distortion of reality had little understood, but far-reaching consequences to adoptees, birth families and adoptive families, all of whose identities were changed, and all of whom were prevented from dealing with the reality and from grieving (Sonne 1997).

The emphasis was on creating a new family of adoptive parents and infant, with no awareness of the developmental impact of the experience on any of the participants. The trauma to the baby in being removed from his birthparents was not recognised. Sealed records meant that adopted children were forever separated from information or contact with their birth families. The normal curiosity of children about their origins was suppressed. The belief was that changing the facts by legislation – rewriting history – would eliminate memory and emotion. There would be no grief, anger, feelings of loss, abandonment or rejection. However, the secret of adoption, which was meant to protect the family, instead hurt the family’s relationships by keeping so much of themselves hidden. It blurred the boundaries between fantasy and reality for adoptees, and enhanced feelings of secrecy and abandonment (Schechter & Bertocci 1990).

The early 1970’s brought changes in societal feelings about sexuality and its relationship to motherhood, evidenced by the availability of the Pill and legalised abortion, and the advent of the Single Mother’s pension. Far fewer white Australian-born children therefore became available for adoption. The adoptee’s rights and search movements, supported by a family therapy movement with a body of theory that stressed the importance of connection with the family of origin and the destructive effect of secrets in the family, questioned the basic structure of closed adoption.

There was increasing awareness of the effects of loss and separation on children. Divorce and remarriage became more commonplace, resulting in some step parent adoptions, and adoptive parents came to include single parents, families with biological children, and older parents. Such adoptions could not mirror the biological model, as children came to families with histories and with memories (Borgman 1982). The adoption of children

internationally inevitably introduced political and sociological, as well as psychological concerns. Whilst issues of loss remained salient, as did the difficulty around talking about pre-adoption experiences, intentional secrecy became less of an issue. The adoption establishment slowly recognised that adoption has lifelong consequences.
Whilst traditional adoption has largely been replaced by international adoption and by the adoption of older children and children with special needs, this paper will focus on the simpler paradigm of traditional closed adoption of infants as this allows us to examine the basic issues more readily.

Victoria's Adoption Act of 1984 removed the secrecy provision of adoption and made reunion possible between birth families and adult adoptees. It returned to the earlier (pre-1964) view that adoptive and biological parenthood are not the same, and that the differences should be acknowledged. In that Act, the adoptive parents "shall be treated at law" as the parents, rather than the 1964 version that the adoptive parents "become" the parents as if the child had been born to them.
Following an interview with an Adoption Information Counsellor, adoptees (post 1984) could receive identifying information about, and therefore pursue reunion with their birth parents, whilst birth parents could receive identifying information only if their children agreed. This reflected community feeling that adoptees have rights, and birthparents require sensitivity.

A family-centred approach to adoption

David Kirk, in his book 'Shared Fate' suggests that the most healthy adoptive families are ones in which there is acknowledgement of difference. Kirk's (1984) premise that being involved in adoption makes a significant difference to families suggests three hypotheses that can serve as a basis for thinking about adoption, and therapy for those involved in it:

1. Adoption becomes a condition of existence for those involved and introduces new complications for the rest of their lives.

2.Adoption, regardless of how positive the outcome, begins with a traumatic loss for those involved.

3.Legal adoption cannot sever the existental, genetic or psychological connections between adopted persons and their birth families (Watson 1996).

The issues

The issues of adoption are relevant and painful not only for adoptees, but also for birthparents and adoptive families. They include loss and grief; feelings of guilt, shame and inadequacy; disturbing influences on self-image and identity; a sense of loss of control in directing the course of critical parts of their lives; feelings of rejection, and the continuing fear of further rejections; isolation and alienation; lowered self-esteem; and unresolved grief (Winkler et al 1988).

An understanding of traditional adoption must take into account that the child was not wanted by his biological parents, or they were forced to relinquish him, and that the adoptive parents were unable to conceive (Brinich 1990). The psychological task faced by adoptive parents is therefore to change an unwanted child into a wanted one – not only in the mind of the child, but also in their own.

Loss

All members of the adoption triangle must cope with the losses that lie at the core of adoption(Brodzinsky 1990). Whilst adoption cures childlessness, and removes the social stigma of infertility, it doesn't affect the feelings of loss associated with infertility. Adoptive parents need to distinguish between the inability to conceive, sexuality, and parental competence. Infertility can be compared to a death in the family, yet few couples are allowed the necessary time to grieve (Helwig & Ruthven 1990). They must come to terms with the second best alternative of raising someone else's child, and need to deal with their own confused feelings about the birthparents or birth race. This fear was often dealt with by trying to pretend the biological family didn't exist. This, paradoxically, made the past more powerful, as it prevented the family from acquiring knowledge that could help the adoptee with his sense of identity (Bowen 1978).

The dread of the influence of heredity is often denied, as parents often feel guilty about any feelings of disappointment with an adopted child, However, when it is suppressed, it may emerge as an over-reaction to what other families might consider a minor infraction of the rules. When the fear of the influence of the past is handled through a cut off, the very thing the adoptive family feared most became more likely, eg acting out sexually. Relinquishing mothers do not generally "put it all behind them"(Brodzinsky 1990). They often experienced a sense of emptiness and loss, anger at themselves for having agreed to the relinquishment; and guilt, both for having the child and for relinquishing it. They worry about the welfare of the child, and may experience protracted grief or depression, an impulse to search for that child and an identification with him.

Their sense of loss often increases over time, especially around birthdays (Winkler & van Keppel 1984). There are no ceremonies that include friends and family in the grieving process associated with infertility or relinquishment. In almost all literature, no mention is made of birthfathers. Deykin et al (1986) described unresolved pain and loss in them.

Identity

Children who are adopted lose their birthfamilies, their names, their family history and sense of genetic identity and existential connection (Watson 1996), and they might not feel full membership in their adoptive family. They miss the experience of looking like a relative, and knowing whom they come from. Because of this, they may have difficulty acquiring an internal sense of connectedness, from past through the present and into the future, physically, temperamentally, psychologically and intellectually. This does not imply any deficit in the development of attachments to the adoptive family.

Many adoptees experience a lifelong fear of abandonment and rejection along with feelings of not belonging, and of being powerless over what has happened in their lives. These feelings don't stem from the adoption, but from the relinquishment that came before it. Birthmothers s who were forced by family, social pressures or court action to

relinquish often have similar feelings. Although the situation was partly, at least, 'of their own making', it was rarely of their own choosing (Brodzinsky 1990)

In order for an adopted child and his adoptive parents to see each other for whom they really are, so that their own relationship can grow, the losses need to be recognised and mourned. That adoption only occurs as a result of relinquishment highlights the centality of ambivalence in adoption. A presentation of adoption focusing only on the aspect of being chosen conveys a message that other aspects of the story are unspeakable. Because, psychologically, that the love of the adoptive parents cannot neutralise the pain of having been given away, the latter reality has often been denied.

The adoptive triangle (biological parents, adoptive parents, and child), by its very structure encourages resolution of ambivalent feelings by keeping them apart, with one set of feelings reserved for one point of the triangle (adoptive parents) and another set for another point (biological parents). Whilst this avoids conflict, it also avoids the difficult task of learning to live with people toward whom one has both loving and hateful feelings.

Differentiating between motherhood and parenthood, and bonding and attachment can help differentiate the nature of relationships with birth and adoptive parents, and minimise the sense of divided loyalties for children who have two sets of parents in this way.

Bonding is the complex physiological and psychological tie between a mother and her child that develops through pregnancy, and exists from then on. The strength of this birth bond is one of the factors that later draws adoptees and birthmothers into a search. Attachment, the result of nurture, develops between parent and child during the early years, and defines the bond in an adoptive family.

The impact on the family:

The adoptive situation is multigenerational: it involves the adopted child, the adoptive parents, birthparents and grandparents, as well as subsequent generations. Patterns caused

by loss, secrecy and only a partial understanding of adoption are passed down in families from one generation to the next. By definition, adoption rearranges the membership and boundaries of the families of those involved, and what was often denied was that all those connected to the child become relatives-in-law (Watson 1996).

As a result of an ambivalent pregnancy, some adoptees have dynamics similar to those found in abortion survivors (Sonne 1997). Adoptees often speak of experiencing a painful and disturbing vacuum (Sorosky,A, Baran,A, Pannor,R 1978). This is formed from a great deal of anxiety, so that they dismiss their own history as a nothingness, or vacuum, in order not to feel swamped by anxiety (Quinodoz 1996). Some birthmothers feel the same way, and presumably adoptive parents were trying to fill a void when they adopted.

Types of presentation

Whilst adoptees are reported to be over-represented in samples of psychiatric patients (Brinich 1982), most adoptees live well-adjusted, productive lives. Nevertheless, the experience of rejection, loss and separation by adoptees increases the likelihood of emotional difficulty (Feder 1994). Issues relating to adoption are usually relevant in their presentation, even when they are not the presenting problem, and may surface especially at times of major life cycle transitions..

Childhood issues

Adoption at an early age provides most children with a secure, nurturing environment. Despite successful family ties, however, many adopted children experience identity-related difficulties as they mature (Friedlander). The child's understanding of adoption follows a developmental timetable
(Brodzinsky1987) . Whilst preschool children focus on being adopted (being 'chosen') by their parents, by school age they recognise at some level that to be adopted, first you must be relinquished. Whilst a "good" child pleases by denying any curiosity or concern about his past, many school-age adoptees become angry, aggressive or oppositional because of these confusing feelings. They may be distracted because they always feel something is missing, or have learning difficulties related to the implicit prohibition against

questioning. Permanency is a preoccupation for adoptees that may show up in perfectionism for some, whilst others become overly adaptable, developing an “as-if” personality, as they compromise themselves to fit into the adoptive family, fearing a second abandonment. Being left anywhere, eg at school, can be fraught with feelings of loss and separation. Children who are seen clinicallyare pre-occupied by what doesn’t make sense to them (Pavao). They may not have the words to describe the depth of their confusion or longing or rage, since these experiences occurred preverbally.

When parents attribute a child’s behaviour to his bad genes, they may be trying to disclaim the influence of the current family environment (Hedwig & Ruthven), and may need to be reminded that they are responsible for managing his current behaviour in the family.

Adolescent issues

As the child moves into adolescence, the sense of loss may deepen. The loss is not only of the birthparents, but also of the sense of identity, and connection to geneological lines. To establish an adult identity, adolescents must sort out whether to retain parental values and beliefs, and if so, which ones (Erikson 1950). Divided loyalty is a recurring theme for adoptees whilst they try to understand who their family is and how they feel about them. Testing of love and the permanency of the relationship(Rosenberg 1992) is an almost universal phenomenon (Hedwig & Ruthven).

The traditional approach to adoption, which suggested that they forget the family of origin caused a predictable conflict about identity as it did not allow an adoptee to make sense of both sets of parents. It more often resulted in acting-out behaviour. For example, the adopted adolescent’s self-image as the product of illicit sex coupled with the misconception of infertile parents as sexless sometimes resulted in adolescent adoptees becoming pregnant if they identified unconsciously with their birth parents.

If children are adopted when they are older, especially if there is any past history of sexual abuse, there may be confusion about nurture, love and sexualityThere may also be fears that the incest barrier will not be strong enough within the adoptive family (Easson 1973).

Adoptees may find forming a relationship more difficult, as they may get enmeshed and dependent and then feel rejected, or stay marginal and unattached, if they feel they should belong in two families, but fit into neither.

Kirk(1981) suggested that the best way to solve the identity problem is for the family to be open about the adoption, honest about the adoptee's origins, and accept the child as different and special. When a sense of identity is achieved, the ambivalence about adoption often resolves.

Adopted adolescents who run away may be trying to work out where they belong, and come from. They are not involved in a concrete search for their actual birth parents, but in an internal search for self and for identity. When adoptees 'hang around with the wrong crowd', they may be being loyal to what they imagine to be the people they came from.

Transracially adopted children

Whilst the benefits of adoption over-ride the negative factors of institutionalisation or being orphans in Third World countries, transracially-adopted children not only have to deal with identity issues, but also struggle with racial identity and ethnic confusion. They must come to terms with their origins in impoverished developing countries, which were devastated by war or political upheaval, whilst being raised in the affluent West. They may experience racism, and feel alienated from both cultures: most have no recollection of their culture of origin, having been adopted in infancy. If they had remained in their country of origin, their identities, language and customs would have been very different, but most would also have been parentless, homeless and denied other basic necessities like food, clothing , education and medical attention. (Friedlander 1999)

Adoptive parents sometimes felt safer with international adoptions, because they believed this would avoid any possibility of their children searching. Adoptive parents need to see

themselves as a transracial family, rather than seeing the child as a child of another race.The challenge for their parents is to provide a nurturing environment, acknowledge their differences, and expose them to affirmative role models from their countries of origin (Friedlander 1999).

Adult issues

At the time of adoptees having children, many become concerned about their genetic and health history. There is renewed identification with birth parents, and an increased consciousness of grief at not sharing a biological tie with the adoptive parents. The way in which the adoptee mother resolves the duality and differences of connection with her two mothers may have a profound effect on her own family. As the adoptee mother may form a very intense alliance with her first baby (her first known blood relative), if there are substantial unresolved feelings of grief or anger with either of her mothers, the intensified emotional alliance with her infant may exclude the husband/father.

The search

Until the 1980's, it was accepted that adoptees would never know the true facts or identity of their birthparents (Clothier 1943). The adoptee's task was to accept adoptive parents as their only parents, with birthparents dismissed as fantasies. A desire to search was evidence of psychopathology or a rebellion against the adoptive parents.

A search is now considered to be a healthy response to a pathological situation, not a pathological response to a healthy situation. It is seen as a developmental task to do with the adoptee's need for autonomous self –definition (Blum 1983). It helps answer the question:"Who am I?"

Many adoptive parents are angry or fearful of losing their love and loyalty when adoptees search (Sachdev), with complications added to the lives of both families. Adoptees search, however, because they were relinquished before they were adopted – not because they were adopted. When parents support a search, they reaffirm their parental position in validating thire child's need for a sense of autonomy and identity.

Adoptees usually wait until adulthood before they search because of the fear that adoptive parents will feel they are disloyal. It is often precipitated by a loss, for example, the death of an adoptive parent. If the adoptee is married, the sense of disloyalty may

extend to the spouse or children (“aren’t we enough for you?”) They mayalso be less worried about being rejected again. Whilst both adoptees and birthparents usually see reunion as a positive experience, even if the experience proves negative, adoptees gain information about genetics, heritage, and interests that could not be explained by the adoptive family, and birthparents see that their child has survived.
Whilst nonsearchers tend to be more satisfied with the way adoption issues were handled by their parents, following reunion, they may not search because of loyalty to their adoptive parents, or to their own devastating loss: they may not want to know about the birthmother who gave them up, because they are too angry to forgive her.

Adoptees describe being able to come to terms with their circumstance, to feel more whole and integrated (Pannor 1974), and to establish a better sense of identity (Bertocci & Schechter 1990). They describe the importance of looking like, or being like a birth relative, and many mention feeling connected or belonging in a way they never had.

The literal object of the search, the birthparent, is a means to another end, an attempt to repair aspects of the self that have to do with the sense of disconnectedness compared to people who are “born to” rather than adopted. Adoptees are often seeking a sense of self whereas birthmothers are often driven by the hope that resolution of their pain lies in re-establishing contact with their lost child. A frequent problem is that a birthmother may infantilise her adult child, to make up for the lost years of the relationship, while the adopted person, caught in the ambivalence about this ‘new’ parent, may alternately welcome this and reject it. If the birthmother wants to maintain secrecy, the question of allegiance to the birthmother’s wishes arises.

Contemplating a search confronts adoptees and birthparents with fears of being rejected, the threat of being alienated from family, and, for adoptees, the fear that one might be from an ‘unsavoury’ background. To search has to do with acknowledgement that one’s choices are laden with risks (Yalom 1980). The adoptee not only shares the universal search for meaning, but where there has been closed adoption, must also struggle to

overcome a multitude of secret entanglements put in place by others who believed that they were acting in the best interests (Lifton 1994).

One factor contributing to dissatisfaction with reunion is unrealistic expectations. The biological parents of the adopted child's fantasy may have little resemblance to the real birthparents, as idealised biological parents serve the purpose that fantasied adoptive parents serve ordinary adolescents (Freud 1908). People may not be prepared for what they find eg poverty, alcoholism or illness. Another is the need to deal with painful or unresolved issues such as unanticipated stress in biological or adoptive families, and the broken trust and anger. Denied feelings of loss, rejection and abandonment in adoptees may be enacted toward the biological parent by, for example, a rapid loss of interest after initial reunion which masks anger.

Adoptees grapple with their right to know their origins as opposed to their birth mother's right to privacy and their adoptive parents' right toundivided loyalty. Birth parents struggle with the right to intrude into their child's life. They often feel guilty about the birth and the relinquishment, and have lived since believing they have no rights. Many may therefore not actively search. The questions around belonging and the sense of family are profound.

The therapist can help clarify the difference between motherhood and parenthood, and between infertility and childlessness, and in this way help the child and his parents diminish the confusion which often results in split loyalties.

The birthmother is the only birthmother, and has bonded with her child and thought about him. The child was psychologically attached to another parent, the adoptive parent, and it is shocking to the birthparent when the child see her as a stranger.

For a reunion relationship to continue, intimate strangers who are suddenly a part of each other's real world must negotiate their ongoing relationship. Reunion has an immediate impact on both family systems too, so family balances must be re-established, with both parties determining the role each will now have in the other's life.

Some think there should be ‘mandatory counselling’ for all who embark on a search, predicated on the knowledge that such a search is an attempt to resolve past unresolved issues, and is likely to be an unpredictable and difficult psychological journey.

Therapists can help parties to reunion examine their expectations of reunion, the type of relationship they are seeking, and the possible consequences of reunion for them and their families. Clinicians may frame this struggle as a ‘family of origin’ issue(Bowen 1978)

Bowens’ emphasis on the importance of the family of origin and particularly on the destructive effects of cut-offs throws light on the immense power many adoptees and birth parents have in each other’s lives. He suggests that the more complete the cut-off, the more intense the involvement with the absent figure. The therapeutic method in intergenerational work of coaching clients to reconnect with important members of the family system, to move across family cutoffs and meet forbidden people, to expose secrets helps facilitate the healing potential of the adoption search process.

Reunited parties need to negotiate meanings of what was, what is and what will be. They often have vastly different expectations (McColm 1993). Shame, blame, ambivalence, rage, grief and guilt may be intense.

The struggle is for the definition of who they are to one another, and whether they can find a place in each others’ lives. Clinicians can reinforce that post-reunion relationships are varied in their nature, and there is not ‘right’ relationship that needs to be fulfilled.

Therapy

It is important to recognise the positive aspects of adoption while recognising its inherent potential for stress and pain (Watson 1996). Because of the complexity of the adopted family, and the difficulty of working with the hidden issues that have often been part of adoption, a family systems approach can provide a framework for understanding the family and can help the therapist gear treatment toward mobilising the family’s strengths.

Brief solution-focused approaches are often effective when adoptive families bring in children. The therapist can reframe the crisis as one that families often experience in response to the task of raising adopted children. Focusing on solutions, and especially on the future, reassures the adopted child and the family that the child belongs in the family. Family therapy implies that the problems encountered are the family's problems, not isolated as belonging to the adopted child alone. Working with the whole family avoids creating a system that mirrors the cutoffs and secrecy in the adoption system.

Therapists can help adoptive families focus on the meaning of adoption and help them stop denying the differences between rearing a child who is adopted and one who is not (Helwig & Ruthven). The aim is to explore the adoption as a significant life event for each member, and attempt to get beyond blame and into meaning. Whilst the ideal would be to include all members of both the birth and adoptive families, whoever presents might be asked with whom they would like to work through some issues: by themselves, with their partner, their birth/adoptive children, their birth/adoptive parents, or their siblings. This implies that the therapist understands that everyone is involved and affected.

Genograms

Taking a detailed family history and constructing a genogram are non-threatening ways to explore potentially threatening issues with families. These techniques not only heighten the family's awareness of patterns, but also provide emotional distance from the problem.

Genograms of birthfamilies can be combined with those of the adoptive family to create a multidimensional context for the family to view themselves and their child. With adoptive families, it is important to explore cutoffs. Unresolved losses, family secrets, whom the child is named after, and the family's tolerance for, and acceptance of difference can be explored in this way (Berman & Bufferd 1986).

Loss is a key issue in adoption, and much of the work of therapy involves mourning issues that are unresolved. This can be extremely difficult in an adoptive family because

each family member has experienced a different type of loss and the process of grieving is often blocked by the fear of hurting other family members.

In moderately closed family systems, the rules may not permit openness of feeling about most things, including adoption. A child may respond to such closed regulation by suppressing interest and feeling about his origins.

If adoptive parents can accept themselves as different from biological parents, rather than deny the difference, they will be able to communicate more openly with their child regarding his adoptive status, and the child's loss of his birthparents. They may then help their child resolve this loss and build on the special nature of their family bond.

The therapist should therefore explore an adoptive couple's feelings of loss, guilt, shame, and loss of identity as well as intimacy issues and anger around infertility. They can help them grieve the loss of the dream of having a child who looks like them and carries their genes.

Adoptive children who have not mourned the loss of their biological parents may become depressed and angry adolescents with underlying feelings of guilt as they see themselves as the cause of being given up for adoption.
Whilst grief, fear and anger are legitimate emotions for all concerned,anger is often a cover for all three. Whilst a therapist needs to accept each person's emotions, it is important not to accept attacks on others.

Birthparents and adult adoptees who seek help later in their lives often do so because of unresolved issues related to adoption. For adoptees, the concerns are often about identity. Many birthparents suffer from a cumulative sense of loss and seek help with grief. Therapists need to validate the decision made as what seemed the best option at the time. Therapy should focus on the impact of that decision on their lives. Birthmothers may want to change the nature of their relationship with their own parents if they forced them to relinquish. Placing the strongly held social beliefs of former times (the need for an

illegitimate birth to remain a secret) within a current context may allow a birthmother to both challenge and forgive her parents. Birthmothers may present with postnatal depression after the birth of a subsequent baby, not having made a connection with the unresolved grief of the relinquished child.

Therapists' own sensitivity to certain issues will determine what they encourage their clients to talk about, or ignore. Moshe Lang (1995) documented how Holocaust survivors were heavily medicated for years, but no-one talked to them about their horrific experiences. The survivors were said to have '‘complied "“with this practice. This type of practice mirrored a community which didn't want to know. Our culture still debates the veracity of the Stolen Generation's "claim" that removing them from their families and culture had a deleterious effect of their lives.

When adoption themes are ignored, therapists inadvertently collude with the powerful and destructive unspoken message that adoption means nothing.

A framework

The most obvious adoption-focussed intervention is to open for discussion the meanings of adoption for each family member.

Working from the premise that adoption is a process, not a single event, a therapist can help the family think about adoption in relation to their family history, and in relation to the difficulties presented. The telling and retelling of the adoption story begins the process of making connections. In situations where the past was forbidden territory, the child's sense of the continuity of person and of identity is disrupted.

Changes in the broader social climate need to be considered – do they think it would have been different today. The therapist remains alert to any features of adoption, loss, separation or attachment that maybe a factor in the difficulties presented.

Conclusion

Family systems theory emphasises how family rules and patterns shape loss experiences and how a significant loss affects and is played out in a system of family relationships.

It informs our thinking about the devastating effect the presence of secrets in the heart of the family has on trust, on family communication, and on the family's anxiety level. Of particular importance is the constraint that loyalty places on adoptees, who may experience curiosity about their origins as disloyalty to the adoptive family. The co-construction of the adoptee's life story, in conversation with the adoptive family and/or birthfamily in family therapy sessions can go beyond the guilt and loyalty issues, the mysteries, and the fears of abandonment and betrayal (Hartman 1993).
Effective therapy requires the capacity to create an environment sufficient to hold and express the multiple and often disparate meanings attached to what happened.

An examination of closed adoption allows consideration of the difference between biological and psychological bonds, and the consequences of ignoring these differences. Open adoption, surrogate mothering, families formed following donor insemination and cross-cultural adoptions are a few of the newer alternatives whose special issues need further consideration. An adoptee's connection to his past remains through his birthmother and father and their genes and stories, even though it happened long ago, and even if the birthparents remain unknown.

Closed adoption provided a practical solution to deal with a baby whose presence could not be tolerated within a family which experienced shame in a community which was hostile toward unmarried mothers. The culture at the time was intolerant of difference, and wouldn't abide the breaking of rules.
In the aftermath of closed adoptions, issues related to the adoption continue to manifest themselves if they haven't been dealt with. An exploration of what happened around an adoption may illuminate these recurrent patterns of behaviour and difficulty.

Whilst in closed adoption there are issues of secrets and potentially of trust, divided loyalties, and the tendency to solve problems through cut-offs or rescue, the main issues in open adoption are clear boundaries, and the participants' respect for each others' roles and responsibilities.

Resistance to talking about adoption, as if it was irrelevant, may reflect the difficulty in thinking about it.

Family therapy can create a context for collaboration rather than one of fear and suspicion.

Permission and legitimisation of everyone's hopes and fears this from a therapist can bring great relief.

When people find out as adults that they were adopted. If they will let you invite the family in, after the adoptee has vented his feelings (especially grief and mistrust) , if the family can be helped to tolerate the adoptee's outpourings, then they can be given the opportunity to explain the circumstances, reasons, emotions and possible differences about keeping the secret.

Sometimes an adoptee's feelings of betrayal are offset by relief at finally being able to discuss feelings of dissonance.

Adoption is a major life crisis whose impact both at the time, and over time, has often been overlooked.

A family may invite the therapist to join them in ignoring and denying the importance of the adoption. It is often useful for the therapist to take a different position, commenting that adoption is often an extremely relevant issue in any family where it has taken place. The worker reframes the adoption as central and important, and does not join the family's denial. Such a stance is often a surprise to the family, but also a relief, since it denotes the beginning of open communication about the adoption. For example, intergenerational adoption themes may surface during the construction of a genogram.

The outcome of adoption is to some extent indeterminate, and a decision to either keep or surrender a child contains an element of risk for all concerned: ie, adoption isn't unequivocally in the child's best interests, which is what birthmothers were told. Birthmothers were not prepared for the sense of loss they often experienced for the rest of their lives. It was expected that the pain should just go away. Birthmothers were thus encouraged to stay stuck in the denial. The false hope that they would forget and that there would be no longterm repercussions has caused many birthmothers to feel that they

must be abnormal if they continue to grieve and has prevented them from seeking appropriate help and identify in the source of the trouble.

Although cultural influences are often mentioned in the context of transracial adoptions, the social construction of th ‘difference’ of same-race adoptions is more rarely noted.By neglecting or downplaying the impact of social stigmatisation, researchers may have unwittingly contributed to the pathologisation of adoption in excluding the impact of cultural norms and assumptions regarding infertility, childlessness, femininity, kinship and the significance of the blood relation (Brinich 1990).

The new technologies raise ethical and legal questions. The issues explored in adoption are relevant : questions about infertility; the child’s origins and identity; openness about their origins – anything short of the truth will interfere with family openness and ultimately complicate the children’s lives. The issues around infertility: what has been done till now; whose idea the potential solution was; commitment of both parties to the plan; the differences the parents foresaw in the family as a result of the unusual way it has been formed; and what they will do if the procedure is not successful. Especially critical is their feelings about the method of generation and about the other parties involved. In an effort to deny the pain of their own infertility, the technological aspects of the generation of a baby may be accentuated, so that the child'’ creation becomes a scientific operation rather than a human transaction.

Unlike conventional adoptions, in many technologically created families one of the nurturing parents will have a special claim to the child as a result of the genetic tie.

Nonconventionally generated children will face issues that parallel many of those faced by adopted persons. Genetic confusion, difficulty in identity formation, and poor self-esteem are the greatest potential difficulties.

The questions of the child who is the result of modern technology will be: Who am I? How did I get here? Who will take care of me? Who loves me/ What will I be like when I grow up? Am I of value? Although these questions are true for all kids – but for children reared by parents other than those whose genes they share, the search for answerws is more difficult.

Surrogate parenting and the impregnation by sperm or ovum donors increases the likelihood of genetic or consanguinous mishaps unless the identities of the surrogate parents or donors, who may even be adoptees themselves, is known.

Rosenberg(1992) suggests that the solution for adoptive families is to view the permanence of their relationship as based on their shared life experiences, but to do this, they have to acknowledge the difference in family formation from blood ties.

Where there is secrecy, there is no place for mutuality, authenticity or spontaneity. Success in therapy ultimately depends on evoking a genuine dialogue between a person and those who are in close relationship with them.