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The Practice of Adoption: History, Trends, and Social Context

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This article presents an overview of the practice of adoption to counseling psychologists to promote clinical understanding of the adoption experience and to stimulate research on adoption. The article includes definitions of adoption terminology, important historical and legal developments for adoption, a summary of adoption statistics, conceptualizations of adoption experience, themes and trends in adoption outcome research related to adoptees and birthparents, and selected theoretical models of adoption. The importance of considering social context variables in adoption practice and research is emphasized.

Adoption's long and rich history and its highly varied and sometimes controversial contemporary practice have captured the attention of scholars and practitioners in many fields including social work, psychiatry, anthropology, and law (Brodzinsky, Smith, & Brodzinsky, 1998). Surprisingly, psychology has been less active in the field of adoption with regard to practice and research. Arguably, lack of attention to adoption issues in the training and practice of psychologists limits the ability to meet the mental health needs of adoption triad members (Sass & Henderson, 2000), while psychology's relative lack of involvement in adoption research limits an understanding of adjustment to adoption (Brodzinsky et al., 1998).

This article provides an overview of the practice of adoption for counseling psychologists. Specifically, the article defines adoption terminology, highlights important historical and legal developments relevant to adoption, presents adoption statistics, discusses conceptualizations of adoption experi-

ence, reviews themes and trends in adoption outcome research, and summarizes selected theoretical models of adoption. Emphasis is placed on a social context perspective for conceptualizing and studying adoption. It is our hope that this overview promotes greater clinical understanding of the adoption experience and stimulates research on adoption-related questions.

ADOPTION TERMINOLOGY

The term *adoption* can refer to a personal act, a legal process, or a social service (Cole & Donely, 1990). As a personal act, adoption involves three sets of participants collectively known as the adoption triad—the adoptee, the birth family, and the adoptive family—and is now thought of as a lifelong process rather than a single act (Brodzinsky et al., 1998; Rosenberg, 1992; Silin, 1996; Smith & Howard, 1999). As a legal process, adoption has been defined as "the method provided by law to establish the legal relationship of parent and child between persons who are not so related by birth" (Child Welfare League of America, 1978). Adoption as a social service addresses the needs of adoption triad members through such steps as identifying and legally freeing children to be adopted, selecting and preparing families for adoption, preparing and placing children in adoptive families, and providing postplacement and postadoptive services (Cole, 1985).

A variety of adoption types are practiced in the United States today. *Domestic adoptions* (adoptions of American children) can be either public or private adoptions. *Public adoptions* (foster care) involve children in state child welfare systems who cannot be returned to their birth families for safety or other reasons. *Private domestic adoptions* can be arranged through nonprofit agencies that are licensed by the state or through independent adoptions that involve a third party assisting birthparents and adoptive parents with the direct placement of children. *International adoption* is the adoption of children from other countries by U.S. citizens. *Transracial adoption* can be either domestic or international and refers to the placement of children with adoptive parents of a different race or ethnicity (Evan B. Donaldson Institute, 2002; National Adoption Information Clearinghouse [NAIC], 2002b).

In addition, *special needs adoption* refers to the adoption of children, usually from the child welfare system, who are older than 5 years of age, members of minority or sibling groups, or have physical, emotional, or developmental problems (Barth & Berry, 1988). Stepparent adoptions—that is, the adoption of a spouse's child (Barth & Berry, 1988)—and other adoptions involving children who are related to the adoptive parents are sometimes called *related* (as opposed to *unrelated*) adoptions (Stolley, 1993). Related adoptions differ from unrelated adoptions (given that they involve biologi-

cally related caregivers), are generally excluded from empirical and clinical studies of adoption (Brodzinsky et al., 1998), and as such, will not be discussed in the Major Contribution.

Finally, a current trend in adoption practice is *open adoption*, which refers to the sharing of information and/or contact between birth families and adoptive families (Baran & Pannor, 1993). *Adoption openness* is a broader term that refers to a range of preplacement and postplacement contact between birth and adoptive families including accessibility to and exchange of information either directly or through a mediator, participation by birthparents in selection of adoptive parents and placement arrangements, and indirect or face-to-face interactions between birth and adoptive families (Grotevant & McRoy, 1998; Sobol, Daly, & Kelloway, 2000).

HISTORICAL AND LEGAL CONTEXT OF ADOPTION IN THE UNITED STATES

Adoption is a social and legal construction that has been shaped over time by social trends and problems, cultural values and conflicts, historical events and forces as well as public policy and legislation (Benet, 1976; Carp, 2002; Cole & Donely, 1990; Sokoloff, 1993). The formal practice of adoption in the United States grew out of a need to care for growing numbers of homeless children and, at the same time, to legally ensure inheritance rights that were otherwise restricted to birth relationships (Hollinger, 1993; Sokoloff, 1993). Although the current practice of adoption has the primary mission of protecting the interests of children who are available for adoption, the needs of birthparents, adoptive families, and childless adults also have become important in adoption practice (Hollinger, 1993).

Table 1 (compiled from Brodzinsky et al., 1998; Carp, 2002; Cole & Donely, 1990; Sokoloff, 1993) summarizes the complex interplay between notable historical and sociocultural forces and trends in adoption practice since the colonization of America and also separately lists several legal acts that were important in defining or changing the practice of adoption.

Although the roots of U.S. adoption were established legally and socially by the late 1800s, the cultural and political changes of the latter part of the 20th century were most critical in defining the current practice of adoption. One of the defining factors in contemporary adoption has been the sharp decrease in the number of White, healthy babies being relinquished by birthparents and placed for adoption and the simultaneous increase in mostly White couples and single individuals wanting to adopt. This change, in turn, prompted a second critical development: significant interest in and considerable effort supporting alternatives such as international and special needs

TABLE 1:   Historical and Legal Developments in the Practice of Adoption

Date	Historical/Sociocultural Context	Trends in Adoption Practice
1700s	Colonizing of America	Informal customs of child transfer (e.g., indenture) borrowed from England.
1800s	Industrial Revolution Massive immigration to United States Western frontier expansion Social problem reform Fears about "bad seed" traits	Informal solutions are inadequate for growing numbers of urban dependent children. Dependent children sent West via "orphan trains" to be cared for by farm families. Foundling homes established in urban areas to care for dependent children. Older child adoptions are the norm; infant adoptions are rare.
1851		Formal practice of adoption begins with Massachusetts statute ensuring care and heir rights for adopted children.
Early 1900s	WWI, WWII Influenza outbreak Advent of formula feeding "Nurture" grows in import	Decreased birth rates lead to interest in infant adoption. International adoption begins with adoption of war orphans. Unregulated, unscrupulous baby brokers proliferate. Agencies develop strict, questionable criteria for screening out adoptive parents.
1917		Shift to secrecy and anonymity with Minnesota statute sealing adoption records.
1955		National Conference of Adoption (Child Welfare League) reorients practice of adoption toward "best interests of the child."
1970s	Civil Rights Movement Women's Movement Contraception, abortion Consumer Rights Movement	Discrepancy between numbers of White babies released for adoption and those adopting. White, infertile couples turn to transracial, international, and special needs adoptions. Adoptees and birthmothers challenge secrecy laws via searches, open adoption.
1972		National Association of Black Social Workers labels transracial placements as cultural genocide.

1980		Adoption Assistance and Child Welfare Act legislates quick return of foster children to biological families when possible or permanent placement through adoption, which increases the number of children available for adoption.
1980s-present	Diverse families increase Increased infertility	Increase in single persons seeking to adopt including lesbian/gay individuals. Increase in private, independent adoptions. Openness in adoption grows. Special needs and international adoptions continue to increase.
1997		Adoption and Safe Families Act mandates shorter timelines for adoptive placements.

adoptions. A third key development resulted from adoptee and birthparent activism in the 1960s and 1970s that challenged the traditions of secrecy in adoption through birthparent searches and demands for open information flow; this activism marked the beginning of openness in adoption practice. The indictment against domestic transracial adoption by the National Association of Black Social Workers in 1972 prompted another significant change by halting the practice of placing African American children with White adoptive families for many years. Last, there were dramatic changes in the child welfare system involving increases in the number of children entering foster care and in the number of foster care adoptions that resulted from legal acts, most notably the 1997 Adoption and Safe Families Act (Administration for Children and Families, 2003). The legislation mandated strict timelines for permanency plans and termination of parental rights for children in foster care and also required prompt reporting of suspected child abuse in families and the removal of children concluded to be at risk.

Adoption has points of controversy that are not surprising, given the interplay between race, social issues, cultural values, and adoption practice. Recent writings have focused on several controversial themes: (a) the role of class, race, and religion in adoption (Cahn, 2002; Carp, 2002), (b) the preference for blood ties and the stigma of adoptive ties in dominant American culture (Bartholet, 1999; Leon, 2002; Wegar, 2000), and (c) the increasing "marketplace" approach to adoption that emphasizes consumerism and economics, especially in the context of international adoption (Carp, 2002; Henderson, 2002; Lee, 2003 [this issue]; Mansnerus, 1998). While the formal practice of adoption is tied to child welfare reform efforts in the 1800s (Carp, 2002; Cole & Donely, 1990), some writers have argued that efforts to help children reflected values and biases of those implementing reform and affected which children were identified to be in need (e.g., more often poor, immigrant, Catholic, or Jewish) (Gordon, 1988) and what placements were deemed to be good and wholesome (e.g., Protestant farm families) (Carp, 2002). Concerns related to race and culture are reflected in contemporary child welfare literature as well. Writers have argued that the disproportionate numbers of African American children in foster care are the result of subjective (and in many cases biased) assessments of abuse or neglect and that their subsequent movement into adoptive placements has resulted in a systematic dismantling of African American families (Bradley & Hawkins-Leon, 2002; Cahn, 2002; Roberts, 2001).

A second controversial theme concerns the stigmatized status of adoptive families relative to biological families, which can result in biases about or discrimination toward triad members (Leon, 2002; Wegar, 2000). Writers have argued that traditions and practices in adoption's history have perpetuated a stigmatized view of adoption that has a negative impact not only on the

adoption triad but also on the practice and study of adoption (Bartholet, 1999; Wegar, 2000). Early practices that scrutinized potential adoptive parents and adoptees in an attempt to find a perfect match (i.e., most like a biological family) (Gill, 2002), beliefs among adoption professionals that positive outcomes in adoptive families rested on such matching, and laws and practices that perpetuated secrecy in adoption are thought to reinforce the view that adoptive bonds are inferior to sanguineous kinship bonds (Carp, 2002; Wegar, 2000).

Last, writers have pointed to economic forces in adoption (a direct result of the increased interest in adoptable infants by White middle-class Americans) that have created an uncomfortable tension between the traditional child-focused, human service approach to adoption and a consumer-oriented, market-based approach. In the context of international adoption in particular where poverty can be a driving force in making children available for adoption, concerns have been raised about birthparent rights and trafficking in children for financial gain (Carp, 2002; Henderson, 2002; Mansnerus, 1998) with some critics equating international adoption with "colonialism and cultural imperialism" (Lee, 2003, p. 714).

In summary, while the history of adoption is rooted in concerns for child welfare, the needs and biases of other parties also have had an impact on adoption practice. Moreover, sociocultural forces related to race, class, religion, and economics have had a dramatic impact on adoption's history and underlie current statistics and trends reviewed below.

ADOPTION STATISTICS AND TRENDS

Because there are no consistent and comprehensive data-keeping procedures on U.S. adoption, statistics often are pieced together and estimated from large-scale federal government data collection practices that ended in 1975, state statistics based on court finalization records, and recent federal government data that are more limited in scope (submitted voluntarily and therefore incomplete and inconsistent) (Stolley, 1993). As a result of the 1997 Adoption and Safe Families Act, there has been a renewed effort on the part of the federal government to improve the collection of adoption statistics. For example, the Adoption and Foster Care Analysis and Reporting System (AFCARS), a program within the Department of Health and Human Services, now requires states to collect and report case-specific data on children in foster care (Administration for Children and Families, 2003b). The NAIC, also within Health and Human Services, serves professionals, policy makers, and citizens by synthesizing data and providing balanced information on

adoption practices, programs, research, legislation, and statistics (NAIC, 2003a).

Most new adoption statistics are provided by private, nonprofit organizations that conduct adoption survey research or analyze large-scale government family or health surveys, for example, Child Welfare Research Center at Berkeley, Alan Guttmacher Institute, American Public Human Services Association (NAIC, 2002a). Similarly, the Evan B. Donaldson Adoption Institute is a private, nonprofit organization that specifically focuses on improving adoption policy and practice through research and the dissemination of empirical information about adoption (Evan B. Donaldson Adoption Institute, 2003).

Selected adoption statistics are presented below to highlight important trends. These data are not consistent across or comprehensive within categories, due to the database limitations discussed previously.

Overall statistics. Estimates of the number of adoptees in the United States vary from as low as 1 million (Stolley, 1993) to between 2.5 and 5 million (Hollinger, 1998). Overall annual adoption rates fluctuated from a low of 50,000 in 1944 to a high of 175,000 in 1970 and down to 127,000 in 1992 (the last year for which there were complete data). For the 1992 sample, 42% were stepparent or relative adoptions, 15.5% were foster care adoptions, 5% were international adoptions, and 37.5% were private agency or independent adoptions (NAIC, 2002b).

Foster care adoption. The number of foster care adoptions increased significantly following the 1980 Adoption Assistance and Child Welfare Act which legislated prompt return of children to birth families from foster care when possible or permanent placement through adoption (Cole & Donely, 1990). Foster care adoptions increased by more than 78% between 1996 and 2000 due largely to the 1997 Adoption and Safe Families Act (Evan B. Donaldson Adoption Institute, 2002). Between 1972 and 1986, foster care adoptions represented close to 40% of all unrelated adoptions (Stolley, 1993). The total number of children in foster care has risen significantly over a 20-year period, and about 20% of these children (e.g., 127,000 out of 581,000 in 1999) typically are available for adoption (AFCARS, 2001). In 1999, the majority of children needing adoptive placements were minorities (42% Black non-Hispanic, 15% Hispanic, 1% Native American, 1% Asian), older (average 8 years old), and waited an average of 44 months (3.7 years) to be adopted (AFCARS, 2001). Several studies document high numbers of physical and emotional problems among children in foster care resulting from prenatal exposure to alcohol and drugs, neglect, abuse, or repeated

foster care placements, although experts disagree on prevalence estimates (Evan B. Donaldson Adoption Institute, 2002).

Transracial adoption. The most recent estimates indicated that 8% of all adoptions in 1987 involved parents and children of different races including international adoptions (Stolley, 1993). Of the total number of adoptions in that year, Stolley (1993) reported that 1% involved White women adopting Black children, 5% involved White women adopting non-Black children of color, and 2% involved non-White mothers adopting White children. Estimated rates of transracial adoption in foster care were 15% in 1998 (NAIC, 2003b).

International adoption. Rates of international adoptions have grown consistently since the 1950s (Evan B. Donaldson Adoption Institute, 2002). In the last decade, international adoptions more than doubled from 6,536 in 1992 to 16,390 in 1999 (NAIC, 2002b). Close to half of international adoptees are younger than 1 year old at the time of adoption; 90% are younger than 5 years old (Evan B. Donaldson Adoption Institute, 2002). Most international adoptees are Asian (i.e., Chinese, South Korean, Vietnamese) and female. Recent data indicate that the following countries (in rank order) place the most children in the United States through international adoption: China, Russia, Guatemala, South Korea, and Ukraine (U.S. Department of State, 2002).

Birthparent statistics. There has been a dramatic decline in single birthmother relinquishment of infants for domestic adoption since 1970. Prior to 1973, 19.3% of all premarital births experienced by White single women were relinquished for adoption while only 3.2% were relinquished between 1982 and 1988 (Bachrach, Stolley, & London, 1992). The relinquishment rates for single Black women remained low (dropping from 1.5% to 1.1%) during this same time (Bachrach et al., 1992). Rates for Hispanic single women also remained constant at less than 2% (Evan B. Donaldson Adoption Institute, 2002). Thus, the overall decrease in the relinquishing of children for adoption was due to the declining numbers of White women placing children for adoption and has been explained partially by the 1973 legalization of abortion and the lessening of the stigma of single parenthood (Bachrach et al., 1992).

Adoptive parent statistics. In 1995, 500,000 women sought to adopt, and there were 5 to 6 adoption seekers for every actual adoption (Evan B. Donaldson Adoption Institute, 2002). In unrelated adoptions, adoptive parents

are more likely to be White, childless, wealthy, educated, and dealing with infertility (Mosher & Bachrach, 1996). In related adoptions, adoptive parents are more often Black and have lower income and education levels (Stolley, 1993). While most adoptive parents are married couples, the number of single adoptive parents has increased; estimates prior to 1990 were as low as 2% of all adoptions, and estimates in 1995 between 12% and 25% were single parent adoptions. Furthermore, most single adoptive parents are female and White (Evan B. Donaldson Adoption Institute, 2002), and a growing number are lesbian or gay (Brooks & Goldberg, 2001).

CONCEPTUALIZATIONS OF
THE ADOPTION EXPERIENCE

In its early history, adoption was seen as a solution to social problems, and minimal attention was given to its impact on members of the adoption triad. The experience of adoption was thought to parallel genetic birth experience and biological family life. Accordingly, once placement was completed, it was thought that bonding between the adoptee and the adoptive parents would occur, that the adopted child would be indistinguishable from a biological child, that adoptive family life would proceed as it does in biological families, and that birthparents would move on with their lives (Cole & Donely, 1990; Hartman & Laird, 1990; Nelson, 1985). Many adoption policies and procedures (e.g., secrecy, placements based on matching of adoptees to parents) perpetuated this view (Carp, 2002; Cole & Donely, 1990).

Contrary to early myths that denied differences, adoption now is characterized as an alternative way to form a family that has lifelong implications for members of the adoption triad (Brodzinsky et al., 1998; Silverstein & Kaplan, 1988; Smith & Howard, 1999). This change can be traced to groundbreaking survey research that documented the problems experienced by adoptive parents (Kirk, 1964) and clinical research showing an overrepresentation of adopted children in psychiatric clinics (Schechter, 1960). Kirk's (1964) work, in particular, focused attention on the role of loss as a stressor in adoption experience. Clinical and theoretical writing now focuses on the unique and complex aspects of adoption, most often framed in terms of loss (e.g., relinquishing a child, experiencing infertility, being disconnected from biological heritage and identity) and seen as challenging the coping resources of adoptive triad members (Brodzinsky et al., 1998). Furthermore, adoption is thought to trigger core psychological themes for all triad members (e.g., loss and grief, rejection, guilt and shame, identity confusion, and relationship and intimacy challenges) and is seen as influencing the ways in

which developmental tasks are approached and resolved (Silverstein & Kaplan, 1988).

The role of loss in adoption experience, while central in the clinical literature (Brodzinsky et al., 1998; Nickman, 1985; Rosenberg, 1992), has not been studied empirically as extensively. Furthermore, loss can be cast in a different light when social context is considered. Leon (2002), for example, argued that adoption loss needs to be considered in the broader social context of widely held attitudes that define *family* strictly in sanguineous rather than relational terms. He acknowledged that although losses occur within adoption, some of an adopted child's (or a birthparent's or an adoptive parent's) sense of loss might be related to cultural messages about the sanctity of biological parenting rather than influenced solely by loss that is inherent in the adoption experience. This perspective underscores the importance of considering social context when trying to understand adoption experience. For example, there is evidence that marginalized minority groups (e.g., African Americans, lesbians and gays) may have more flexible and functional views of family, which can have a direct impact on how adoption is practiced and experienced (Wegar, 2000) and, in turn, may affect the experience of loss. The biases, stereotypes, and stigma associated with family forms that are different from the traditional family (i.e., heterosexual couple with biological children) can have a detrimental impact on adoption triad members and adoption research and practice as well (Anderson, 1991; Leon, 2002; Miall, 1996; Wegar, 2000).

Conceptualizations of adoption experience necessarily vary from one type of adoption to another. For example, the adoption experience is different in the context of transracial adoptions versus same-race adoptions (Lee, 2003). Similarly, variables related to special needs adoptions (e.g., age at placement, preadoptive history of abuse) can affect significantly the lifelong developmental and psychological challenges facing triad members (Groza & Rosenberg, 1998; Rosenthal, 1993). The degree of openness in adoption is thought to relate to birthparent grief, adoptive parent bonding with the adoptee, adoptive parent sense of entitlement to the primary parent role, and adoptee identity development (Grotevant & McRoy, 1998).

ADOPTION OUTCOME

Research concerning the impact of adoption on triad members is vast, varied, and sometimes contradictory. Furthermore, the nature and the scope of adoption research vary significantly as a function of professional concerns, research interests, and social values inherent in adoption practice

(Freundlich, 2002). Comprehensive reviews of adoption outcome research, therefore, are well beyond the scope of this article. The focus instead is a broad review of research pertaining to adoptees and to birthparents and identifying issues in adoption research in general. Reviews of adoptive family research (O'Brien & Zamostny, 2003 [this issue]) and transracial adoption (Lee, 2003) follow this manuscript in the Major Contribution. For reviews of other adoption domains, the reader is directed as follows: foster care adoption (see Triseliotis, 2002), special needs adoption (see Rosenthall, 1993), international adoption (see Bartholet, 1993), and open adoption (see Baran & Pannor, 1990, 1993).

Overall outcome. Adoption continues to be seen as the best way to provide permanent care to children whose parents are not able to care for them (Barth & Miller, 2000; D. M. Brodzinsky, 1993). Research clearly supports the benefits of adoption when compared with alternative childrearing in foster and institutional care (Bohman & Sigvardsson, 1990; Triseliotis & Hill, 1990) and childrearing by biological parents who are ambivalent toward or do not want to parent their children (Bohman, 1970).

One overall measure of adoption outcome is disruption rate. Disruption refers to the removal of a child from an adoptive placement prior to legal finalization, whereas dissolution refers to the reversal of an adoption after finalization (Barth & Berry, 1988). While most adoptions remain intact (more than 80%; Groza & Rosenberg, 1998), disruption does occur and varies as a function of the type and circumstances of adoption (Barth & Miller, 2000). Disruption in infant adoptions is rare—less than 2% (Festinger, 1990). In foster care adoptions, disruption rates increase with age of placement; for example, one study reported a 5% disruption rate when children were placed at 5 years of age or younger but a 26% disruption rate when children were placed between the ages of 15 and 18 (Barth, Berry, Yoshikami, Goodfield, & Carson; 1988). Disruption rates in special needs adoptions typically range between 10% and 16% and are related to the following predictors: older age of child at time of placement, unrealistic adoptive parent expectations, rigidity of adoptive family functioning, low levels of social support for an adoptive family, history of physical or sexual abuse in child prior to adoption, prenatal exposure to drug or alcohol abuse, psychiatric hospitalization prior to adoption, aggression or acting-out behaviors in the child, and adoption by "new" families as opposed to foster families who have had previous contact with the child (Barth & Berry, 1988; Barth & Miller, 2000; Rosenthal, 1993). Dissolution is also rare with reported rates indicating that less than 2% of all adoptions are reversed after finalization (Groza & Rosenberg, 1998).

Another line of outcome research examines postlegal adoption variables such as parent reactions to adoptions (Kadushin & Martin, 1988), parent ratings of family relations (Rosenthal & Groze, 1992), parent willingness to adopt again (Berry & Barth, 1989), and professional judges' rating of adoptee functioning (Mech, 1973). Typically, these studies reported high rates of satisfaction with adoption and positive ratings of adoption impact (Finley, 1999). Even in the case of more challenging special needs adoptions, more than 78% of parents reported adoptions to be successful (Groze, 1996).

In general, these perspectives on adoption outcome—that is, comparing adoptees to children raised in child welfare environments, disruption rate research, and subjective ratings of postadoption success—provide evidence for the overall success of adoption. However, outcome research focused on questions of adoption risk and adjustment presents a more complex picture (D. M. Brodzinsky, 1993; Finley, 1999; Haugaard, 1998).

Research on adopted children. The most extensive adoption outcome research has studied psychological adjustment in adopted children who were placed as infants compared with nonadopted children. Comprehensive reviews of this literature consistently summarize conflicting results with some research showing no differences between adoptees and nonadopted children, some suggesting that adopted children have higher rates of maladjustment and a small number of studies even reporting better adjustment for adopted children (D. M. Brodzinsky, 1993; Finley, 1999; Freundlich, 2002; Haugaard, 1998). The contradictory findings can be explained, in part, by methodological problems and differences (e.g., sampling, control groups) but also suggest that the results pertaining to adoption adjustment are inconclusive (Finley, 1999; Haugaard, 1998).

A common premise in the clinical and research literature is that adoptees are at risk for psychological problems (Finley, 1999; Haugaard, 1998), and three research paradigms have been used to document adoption risks (D. M. Brodzinsky, 1993). These include epidemiological studies focused on the proportion of adoptees in patient populations, clinical studies of symptomatology in adoptees versus nonadoptees, and a comparison of adjustment problems in adopted and nonadopted children from community samples.

Epidemiological studies consistently demonstrated that unrelated adoptees (2% of the general population) were overrepresented in outpatient mental health populations (5%) and psychiatric residential and inpatient settings (10%-15%) offering support for the notion of adoption risk (D. M. Brodzinsky, 1993; Haugaard, 1998; Wierzbicki, 1993). However, these results have been challenged because of methodological problems (e.g., lack of comprehensive adoption data, inconsistencies in comparison samples,

failing to distinguish between subgroups of adopted children such as abused or neglected adoptees versus those adopted as newborns) (Finley, 1999; Haugaard, 1998). Research also suggests that referral biases on the part of parents and professionals result in adoptees being referred more quickly and frequently for mental health services as compared with nonadopted children (Kim, Davenport, Joseph, Zrull, & Woolford, 1988; Miller, Fan, Grotevant, Christensen, Coyl, & van Dumen, 2000; Warren; 1992). Therefore, it is difficult, if not impossible, to distinguish actual risk from other factors.

A second line of outcome research sought to identify patterns of symptomatology in clinical samples of adopted children that distinguish them from their nonadopted counterparts. While there is some evidence that adopted children exhibit higher levels of externalizing problems during middle childhood (e.g., acting out behaviors, hyperactivity disorders, defiant behavior) (Brodzinsky, Lang, & Smith, 1995; Wierzbicki, 1993), reviewers point to the inconsistency of results (Haugaard, 1998), methodological weaknesses (Brodzinsky et al., 1998), and alternative explanations for adoptee clinical symptoms that emphasize nonpathological processes (e.g., adaptive grieving) (Finley, 1999).

A third line of research compared adopted and nonadopted samples in community-based settings and found few, if any, differences on a range of psychological variables (e.g., school adjustment, social competence, aggression, emotional adjustment) until elementary and middle school years. During middle childhood, small but reliable group differences were observed indicating that adoptees tend to have higher levels of problems and adjustment difficulties at this developmental point (D. M. Brodzinsky, 1993). Often, these differences were small and adoptees, in most cases, did not meet criteria for clinical disturbances. Longitudinal studies comparing adopted and nonadopted children indicated that differences in adjustment that emerge during middle childhood tend to disappear at later ages (Brodzinsky et al., 1998; Haugaard, 1998).

The increased developmental risks for school-age adopted children have been explained in light of findings that show middle childhood to be the point when children come to realize the full impact of adoption—that is, that adoption may involve significant loss and means that they are different from many peers (Brodzinsky et al., 1995; Singer, Brodzinsky, Ramsay, Steir, & Waters, 1985; Smith & Brodzinsky, 1994). However, even these findings have been contradicted by studies showing that adopted children were no different than nonadopted matched controls (Borders, Black, & Paisley, 1998) or that adopted children had higher scores than nonadopted peers (Benson, Sharma, & Roehlkepartain, 1994) on adjustment variables. Haugaard (1998) concluded that the results on overall adoption risk are inconclusive, pointed to different patterns of heterogeneity within adopted children samples that

could explain conflicting results, and underscored the need for research that explains variability in adoption experience.

Research on adopted adults. Despite the fact that adoption is widely conceptualized as a lifelong process (Brodzinsky et al., 1998; Smith & Howard, 1999), research has focused almost exclusively on child samples as opposed to adult adoptees (Freundlich, 2002). The sparse research on adult adoptees primarily falls into two domains: research on psychological adjustment and research on birth family search and reunion.

Some studies on psychological adjustment have shown only a few differences on specific variables within larger variable sets between adopted and nonadopted adults and concluded that the two groups were quite similar overall (Borders, Penny, & Portnoy, 2000; Cederblad, Hoeoek, Irhammar, & Mercke, 1999; Collishaw, Maughan, & Pickles, 1998; Feigelman, 1997; Kelly, Towner-Thyrum, Rigby, & Martin, 1998; Smyer, Gatz, Simi, & Pedersen, 1998). On the other hand, several studies found substantial differences in psychological functioning between adopted and nonadopted adults with adoptees being more distressed (Cubito & Brandon, 2000; Levy-Shiff, 2001). On specific variables, adopted adults were found to have (a) higher levels of depression (Borders et al., 2000, Cubito & Brandon, 2000), (b) higher levels of psychological distress (Cubito & Brandon, 2000; Smyer et al., 1998), (c) higher levels of obsessive-compulsive symptoms (Cederblad et al., 1999), (d) lower levels of self-esteem (Borders et al., 2000; Levy-Shiff, 2001), (e) fewer instances of being securely attached (Borders et al., 2000), and (f) more employment problems (Collishaw et al., 1998; Feigelman, 1997). When differences were found between adopted and nonadopted adults, most studies noted that both groups functioned within normal limits.

Conclusions regarding adoption outcomes in adulthood are difficult to draw at this point due to the small number of studies, the small magnitude of differences noted between adoptees and nonadoptees, sampling and methodology concerns, and the often-cited presence of considerable within-group variability.

The second body of research on adopted adults concerns birthparent search and reunions and primarily focuses on motivations for searching. Frequently cited reasons for searching include needs for closure, identity, relationships, and connection (Campbell, Silverman, & Patti, 1991; Kowal & Shilling, 1985; March, 1995; Pacheco & Eme, 1993; Sachdev, 1992). Research studying relations between searching and satisfaction with adoption revealed mixed results. Some research indicated that searchers were satisfied with their adoptions (Pacheco & Eme, 1993; Schechter & Bertocci, 1990), while some found more dissatisfaction among searchers (Kowal & Schilling, 1985; Sobol & Cardiff, 1983).

Birthparent research. Some scholars have attended to the experiences of birthparents (A. Brodzinsky, 1990; Winkler, Brown, van Keppel, & Blanchard, 1988); however, there is a paucity of empirical research on this segment of the adoption triad. The limited research on birthparents has focused largely on unmarried teen mothers and primarily falls into two categories: relinquishment studies and postrelinquishment outcome studies. Relinquishment studies indicated that relinquishers are more likely to be non-Hispanic White, older teenagers, from intact families, educated with college-educated parents, and to have economic resources (Freundlich, 2002). In addition, one of the strongest predictors of relinquishment is preference of the birthmother's mother (Chippendale-Bakker & Foster, 1996; Dworkin, Harding, & Schreiber, 1993; Herr, 1989; Low, Moely, & Willis, 1989). More specifically, research through the 1980s indicated that mothers of pregnant teens were likely to favor adoption, whereas recent findings reflected preferences in favor of parenting (Freundlich, 2002).

Findings from postrelinquishment outcome research indicated that the initial adjustment of birthmothers who relinquished compared with those who chose to parent reflected a combination of sociodemographic success, grief reactions, and satisfaction. More specifically, birthmothers who relinquished scored the same or higher than those who chose to parent on measures of subsequent education, employment, and income (Donnelly & Voydanoff, 1996; McLaughlin, Pearce, Manninen, & Winges, 1988). Other research indicated that those who relinquished reported higher levels of grief at 6 months than at the time of relinquishment (Cushman, Kalmuss, & Namerow, 1993). Both relinquishers and parenters reported satisfaction with their decisions 2 years later (Donnelly & Voydanoff, 1996).

Research on long-term outcomes for birthmothers suggests that the emotional impact of relinquishment can be long lasting. Studies have reported that birthmothers experience unresolved grief (Carr, 2000; DeSimone, 1996; Deykin, Campbell, & Patti, 1984) even up to 30 years after relinquishment (Condon, 1986). Conversely, DeSimone (1996) found lower grief levels among birthmothers related to high marital satisfaction, personal achievements, and receipt of information about the relinquished child following placement. Similarly, Christian, McRoy, Grotevant, and Bryant (1997) found better long-term resolution of grief among birthmothers in the context of adoptions that involved some degree of ongoing openness as compared with confidential adoptions or with adoptions where birthmother contact with the adoptive family stopped.

Research on birthfathers is almost nonexistent (Freundlich, 2002). Deykin, Patti, and Ryan (1988) found that well over half of birthfathers reported being uninvolved in the adoption process. In addition, four factors were associated with birthfather absence from the process: pressure from their families, poor

relationship with the birthmother, financial issues, and attitudes of adoption agencies.

Summary. There are broad limitations to the adoption outcome literature that have relevance for this review. Despite the fact that adoption is widely conceptualized as a lifelong process for all members of the adoption triad, research has focused most often on adopted children as opposed to adult adoptees, and studies of other triad members—especially birthparents—are lacking. Second, outcome research largely has addressed pragmatic questions about adoptee problems and has not been based on theory, thereby limiting the empirical understanding of the psychological processes underlying adjustment to adoption. Last, given the failure to demonstrate reliable and meaningful overall differences between adopted and nonadopted children in terms of psychological risk and mental health problems (Barth & Miller, 2000, Brodzinsky et al., 1998; Haugaard, 1998), it is striking to note the persistence of research that studies adoptees as a presumably homogenous group and that focuses on the vulnerabilities and deficiencies of adoptees rather than also addressing strength, resilience, and positive coping.

Some writers argue that the narrow focus on risk or deficit models in adoption research stems from an overreliance on early psychoanalytic thinking and may have contributed inadvertently to the pathologizing of adoption (Miall, 1996; Wegar, 2000). They also point to the fact that researchers generally have failed to recognize the impact of the social stigmatization of adoption on the psychological adjustment of triad members. To address the limitations of psychopathological approaches to adoption research, Wegar (1995) argued for methodologies that include stigmatizing social context variables and for the development of multidimensional theories of adoption that incorporate contextual variables in addition to person variables.

THEORETICAL PERSPECTIVES ON ADOPTION

Attempts to conceptualize adoption in the context of well-grounded theory have emerged in the last 30 years. However, empirical research elaborating and testing these theories has lagged behind, thus limiting the understanding of adoption's impact. The five theoretical perspectives summarized below are not exhaustive, but they were selected because of their relevance for this review.

Psychodynamic perspectives. Psychodynamic theories have thrived in the clinical literature on adoption and have centered on the unconscious conflicts of adoption triad members that can have detrimental effects on individual

development and family relationships (Brinich, 1990). Writers have focused on dynamic issues such as the narcissistic wounding of infertility (Schechter, 1970), the overreliance on splitting defenses in adoptees (Wieder, 1977), and the object relations problems that impede the development of trust in infancy and create problems for identity development at later points (Sorosky, Baran, & Pannor, 1975). Rosenberg (1992) outlined developmental phases for adoption triad members that rest on the dynamics of loss, separation and attachment, and identity search in the adoption experience. Lifton (1994, 1998) drew from Erikson (1968), trauma theory (Herman, 1992), and object relations theory (e.g., Winnicott, 1965) in her conceptualization of adoption as a series of traumas, which in the face of a loving adoptive family lead the adoptee to split the "artificial self" (good adoptee) from the "forbidden self" (bad adoptee). While psychodynamic models have continued to have a significant impact on the practice of adoption and mental health services for triad members (Brodzinsky et al., 1998; Groza & Rosenberg, 1998), they have not been studied empirically (Brodzinsky et al., 1998). Some scholars (Miall, 1996; Wegar, 2000) have criticized a psychodynamic approach as leading to an overreliance on pathogenic models.

Social role theory. Kirk's (1964) social role theory was the first systematic articulation of differences between adoptive and biological family systems. The theory, which was developed from large-scale survey research on adoptive parent experiences, details the role of loss in adoptive family relationships, the conflicts inherent in adoptive parent roles given that biological parenthood is the standard of comparison, and the stress created for adoptive families by society's stigmatized views of adoption. Kirk argued that adoptive families cope better with the handicaps inherent in adoptive parenting when they openly acknowledge differences and losses associated with adoption as opposed to rejecting differences (Kirk, 1964). Mixed research findings regarding this framework led some scholars to conclude that extreme levels of either coping approach may be problematic (Kaye, 1990; Kaye & Warren, 1988). Despite mixed empirical support, Kirk's ideas are central to how adoption is conceptualized currently. Furthermore, his theory is one of only a few to emphasize the role of social context (i.e., stigma) in adoption adjustment.

Family systems perspectives. The family systems perspective of adoption is rooted in the view that adoption unites the adopted child, birth family, and adoptive family in a lifelong kinship network (Reitz & Watson, 1992) and has focused on the interactions of emotional and behavioral subsystems within adoptive families (Pavao, Groza, & Rosenberg, 1998). The research on family structure and process variables, while informative, has not provided a

unified understanding of adoption (see O'Brien & Zamostny, 2003). One useful framework to emerge from a systems perspective is that of the adoptive family life span (Brodzinsky et al., 1998; Pavao, 1992; Rosenberg, 1992), which rests on the recognition that adoptive families experience different stressors than biological families and that they have unique developmental concerns (see O'Brien & Zamostny, 2002, for a review).

Attachment theory. Attachment theory (Bowlby, 1982) applications to adoption are interesting and informative, but empirical research testing this theory has been sporadic. Authors have used attachment theory to understand adoption adjustment processes such as bonding and loss (Johnson & Fein, 1991) as well as disruption rates in special needs adoptions (Barth & Berry, 1988). Singer et al. (1985) found that transracial adoptees placed within the first few months of life were able to securely attach to their adoptive mothers. Research also has shown relations between attachment difficulties and prolonged institutional care (Tizard & Hodges, 1978) and preadoptive histories of abuse and neglect (Groze & Rosenthall, 1993).

Edens and Cavell (1999) reviewed selected adoption research and reformulated the results in terms of hypotheses grounded in attachment theory. They argued that research on the role of attachment styles—secure, preoccupied, fearful, dismissive (Bartholomew, 1990)—might increase the understanding of complex processes that are unique to adoption. For example, they speculated that dimensions of anxiety and avoidance that underlie Bartholomew's four attachment styles (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994) might be related to which individuals decide to adopt (the high-avoidance styles—dismissive and fearful—would be less likely to adopt) and which adoptees decide to search for birthparents (low avoidance styles—secure and preoccupied—would be more likely to search).

Stress and coping theory. Although the aforementioned theoretical applications shed light on adoption, they focus on specific aspects of adoption rather than overall complexities. In contrast, several integrative theories have emerged that incorporate the multidimensional aspects of adoption (Barth & Berry, 1988; Pinderhughes, 1996). For example, D. M. Brodzinsky (1990, 1993) used stress and coping theory (Lazarus & Folkman, 1984) to develop a model to explain infant adoption adjustment (Barth & Berry's model similarly described older child adoption). The model rests on the belief that adoption involves challenges that test adoptee coping responses and places an emphasis on the mediational role of cognitive appraisal in determining the outcome of adoption-related stress. The model considers biological (e.g., genetics), individual (e.g., cognitive level, personality, attachment style), and environmental (e.g., preadoption history, family environment, social sup-

port, cultural, and societal constraints) factors that directly affect cognitive appraisal, which in turn affects coping and subsequent adjustment. Preliminary efforts to test the model are promising. For example, Smith and Brodzinsky (2002) studied how preadolescent adoptees appraised, coped with, and adjusted to the loss of birthparents. Among other interesting findings, they found that children who had more negative affect about birthparent loss were more likely to be depressed and exhibit lower self-worth. Brodzinsky's model is appealing in that it is based on a nonpathological framework, includes salient variables shown to relate to adoption experience overall, and can account for individual differences in adoption adjustment. Moreover, the model allows for the impact of adverse societal adoption attitudes such as stigmatization, whereas most theories ignore important social context variables.

CONCLUSIONS AND RECOMMENDATIONS

This broad overview of the practice of adoption has highlighted several themes. First, adoption is a highly varied and complex practice that is well established in American society, although data-keeping mechanisms that would allow for accurate tracking of this sizeable segment of society are wanting. Given the increase in alternatives such as international, foster care, special needs, and single parent adoptions, there is a growing diversity among adoption triad members and increased complexity in the adoption experience that need to be better understood. While there is clear evidence that adoption is successful overall (e.g., comparisons with institutional and foster care, overall satisfaction ratings), findings regarding adoption risks are inconclusive, positive outcomes are understudied, and many questions regarding the specific impact of adoption have not been addressed. Furthermore, theoretical models of adoption have not been elaborated adequately and tested empirically, thereby limiting the understanding of adoption experience and the use of theoretical models for clinical practice.

Practice recommendations. Practitioners need to be informed about adoption so that they can confront myths within themselves, their clients, and the general public. They also need to be aware of cultural biases concerning infertility, childlessness, and centrality of blood relationships as well as biases that deny the impact of the aforementioned on some triad members. Some writers have argued that psychopathological models have had a detrimental effect on service delivery to adoption triad members (Miall, 1996; Wegar, 2000). To guard against this possibility, practitioners need to maintain a balanced perspective that allows them to acknowledge therapeutically the

positive and the negative impacts of adoption and to use assessment and treatment models that attend to the array of person and contextual factors that promote or impede adoption adjustment. Furthermore, they should use theories that are supported by research and be cautious in the use of concepts that have not been tested empirically. Finally, clinical themes in adoption overlap with traditional themes of counseling psychology (e.g., relationship and attachment processes, stress and coping skill enhancement, coping with loss and transitions, cross-cultural issues), which should help counseling psychology practitioners be responsive to members of the adoption triad and also contribute to adoption treatment literature.

Research recommendations. Limitations in the adoption literature have relevance for researchers in counseling psychology. First, adoption theory and research have been too pathology oriented. The relentless focus on adoption risks in the face of inconclusive results has stymied the creativity and utility of research. While it is important to not revert back to myths that ignore the unique stressors that adoption triad members face, it is time to both move beyond deficit paradigms that fail to explain the complexities of adoption experience and shift to models that incorporate the strengths and risks of adoption, that describe and explain the experiences of triad members, and that shed light on how triad members cope with the stressors of adoptive family life.

Second, adoption research and theory need to address the wide variability in adoption experience. It seems likely that the conflicting results regarding adoption risk are related to the nature of underlying variability in adoption adjustment (Finley, 1999; Haugaard, 1998). It is highly possible that adoption does not pose an overall risk for triad members but that there are subsets of individuals who are vulnerable to the stressors and losses inherent in adoption. Thus, more specific outcome questions need to be addressed: What elements of adoption are stressful for what subset of triad members under what conditions? Or keeping in mind the points made earlier about the pathologizing of adoption, what conditions or variables allow which subset of triad members to cope successfully with specific aspects of adoption? Brodzinsky's stress and coping model of adoption adjustment provides a useful foundation for posing and asking such research questions. Alternatively, the literature on resilience—that is, positive development or adjustment in the face of significant adversity (Masten, 2001)—may shed light on variability in adoption adjustment given that the goal of resilience research is to explain the variability in outcomes (often positive) among high-risk children (see Luthar, Cicchetti, & Becker, 2000).

Last, the history of and trends in adoption practice highlight the significant, and often detrimental, effects of social and cultural factors on adoption.

It is clear that race, culture and socioeconomic status matter in the practice of adoption—in terms both of possible biases that could lead to differential and unfair treatment and of creating considerable diversity in the practice and experience of adoption. Adoption research and theories need to better address the roles of race, culture, and socioeconomic status in adoption experience by including variables that shed light on diversity in adoption adjustment. Moreover, scholars need to be sensitive to the negative impact on research and theory development of the social stigmatization of adoption by selecting research paradigms that do not inadvertently perpetuate stigmatized and pathologized views of adoption and by incorporating social context variables into designs and theoretical models. It is impossible to fully understand adoption historically and its impact on our society and individual triad members without considering the powerful effects of social context.

In summary, adoption research and theory will be advanced by shifting the focus to coping models rather than pathology models, by studying the wide variability in adoption experience rather than studying triad members in aggregate groups, and by considering the powerful effects of race, culture, socioeconomic status, and social context in research designs and conclusions. In light of these recommendations, counseling psychology has much to offer given its foundation in strength and coping theories, its attention to person-environment models that study people in context, and the importance it places on cultural diversity factors.

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