



pact's

point of view

The newsletter for adoptive families with children of color

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Pact's Perspective on Therapy and Adoption

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Pact is often asked to refer therapists for families who are experienced in adoption. Although we do not always have good referral options in each area of the country, we have developed some guidelines that we recommend when families are considering with a therapist or counselor. Ask them their point of view on these listed topics to understand how they are going to support your family and what kind of approaches and assessment standards they will bring to bear when working with you and your children. Finally we urge all families to strongly consider a family systems model when working with therapists to avoid any triangulation or possible wedges being created within families already at risk for connection and attachment issues.

Being adopted does not in and of itself give rise to extreme emotional disturbance or pathology. The emotional issues that may arise for adopted children, birth parents and adoptive parents are normal in the context of adoption.

For adopted children they often include: grief at the loss of birth family and/or cultural origins, questions about identity vis-à-vis birth parents and adoptive parents and struggle with self-esteem because of being given away and/or abandoned.

For adoptive parents their internal struggle with adoption issues can influence how he or she parents a child. Things like unexamined feelings around infertility, or a lack of entitlement to parent can affect parenting in general, or the parents' comfort level with addressing the child's adoption questions.

While, adoption in and of itself does not result in attachment or learning disorders, particular circumstances such as multiple placements or early childhood abuse or neglect do create risks of these disorders. Children adopted under these circumstances may require special attention to prevent undue difficulties.

Adoptive families can sometimes be sensitive to being seen as a second-class family. They need supportive therapy that always acknowledges their legitimacy and supports their family structure.

A child's internal struggle with adoption issues can give rise to problems that could be misdiagnosed if adoption is not taken into account. For example, distractibility and lack of interest in schoolwork that arise because the child is absorbed in a developmentally new understanding of "adoption" could be labeled as "ADHD" or some learning disability.

Race matters. There is a developmental progression in every child's formation of his or her racial identity. When working with children of color and their families, the therapist needs to be aware of where the child and the family are in the progression.

There are particular issues or "difference" that can complicate a child's sense of racial identity. One example is a sense of self that does not fit the prevalent view of the child's culture – a well-to-do African American child confronting the idea that "true" African American culture is "ghetto". Another is a biracial child's coming to terms with a dual racial identity. The development of a comfortable racial identity can be very complicated for children of color who were adopted transracially.

Transracial adoption presents certain additional and unique challenges. Issues of adoption and race often become tangled in the minds of transracially-adopted kids. They and their families may need help sorting out what issues are arising because of adoption and which are part of the development of the child's racial identity.

It is normal for children to push against and even reject their parents as a normal part of their identity development in a transracial family. If handled tolerantly (vs. rejecting in turn) it will subside as they further integrate their racial identity. It is not unlike the rejection of parents that sometimes accompanies the individuation process during adolescence (and other times). It is somewhat more complicated when there are status and power differences between the racial group of the parents and child. The therapist may assist by helping to educate the family about the process and thus 'normalize' some of the feelings and reactions, including the desire (not acted upon) or rejecting the child in turn. The therapist may support and contain some of this conflict in order to help the families better tolerate this difficult stage. (which may include empathizing with the child's anger at the parent!)

Therapists must closely attend to their own issues regarding adoption and race to be sure that they do not challenge the legitimacy of the adoptive connection.

Therapists must be aware of their own preconceptions about adoption (i.e. most kids placed for adoption have experience in utero drug exposure or most adopted children are ADHD) in order to insure those preconceptions don't color their assessment of the child and the family situation.

Therapists should be aware that search and reunion are sensitive issues that have their own emotional timeline and context. Before advising clients for or against, therapists should seek consultation with experienced professionals in the field.

Therapists should be aware/acknowledge the connection between the birth parents and child, which does not negate the legitimacy of the adoptive relationship, but is rather independent of it. Although the child may or may not vocalize their connection, it is theirs to accept/reject/process. Such acknowledgement of the child's roots is made in the service of the child's development of a cohesive and integrated sense of 'self'.