CHAPTER 6

Adoptive Families: Are They Nonnormative?

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The primary factor that makes adoptive families nonnormative is that, in most cases, they are composed of persons not related to each other by biology. Spouses in any Western family are usually not biological kin; in adoptive families, however, the children are also not genetically related to the parents or to each other, unlike most other families. A second major factor that differentiates adoptive families is that adopting children is a very conscious decision, unlike the more usual act of procreation. Third, with adoption, the parent-child relationship is created legally by a court. And fourth, three types of principals are involved in adoptive families rather than the usual two, with birthparents adding another dimension to the family picture.

There are other differences as well: Many adoptive families have come into family status somewhat later than couples who conceive their own children; the children arrive at different ages, some at age 2 or 3 days and some already of school age; some adoptive families have members of varied ethnic and/or racial backgrounds; and some adoptive families have ongoing interactions with the children's biological parents, whereas others do not. Not all biological mothers (or fathers) are anxious to reunite with their long-placed children, nor do all adopted children choose to seek their long-gone progenitors.

Not all adoptive families are the same in creation and structure. In this sense, adoptive families have a dimension of diversity in addition to those variations ordinarily found from one family to another. It is this diversity that clinicians must be aware of as they work with adoptive families, as indeed they should attend to the specific characteristics of any client family.

In examining studies of adoptive families, it quickly becomes apparent that in too many cases researchers lump together "adopted children" as subjects without attending to the unique circumstances under which they joined their families. They may also consider all adoptive parents to have come to this role in the same way or for the same reasons. Thus, much of this chapter is arranged in terms of the questions that one of the parties in a therapeutic situation might ask, and some of the answers that might emerge.

it difficult to cope with the prejudice and hostility of peers or others. Adoptive parents in these cases may seek counseling on how best to deal with the race and culture issues. Indeed, they may even seek guidance prior to entering into such an adoption, if only to prevent as many problems as possible.

If clients have experienced a disrupted adoption, on the other hand, they have other concerns. They will need to work through feelings of grief and bereavement if the biological parent(s) reclaimed the child, feelings of anger at the intermediary where they had been inadequately informed of the child's problems, and/or feelings of inadequacy or failure as parents if they had been unable to meet the child's needs.

In this complex world, it behooves all parents to raise their children so that they develop into resilient and responsible adults. What characterizes such a person? Flach (1988) described the resilient personality, and some of its elements that are particularly relevant in the rearing of nonbiological children, suggest goals that the clinician can help the adoptive parents meet:

A strong, supple sense of self-esteem. This has to begin with building a sense of trust and attachment from the start of the relationship (Howe, 1992), but may take extra effort as many adopted children feel, at least at times, as if they must have had little worth to their biological parents.

A high level of personal discipline and a sense of responsibility. Assertive youngsters, especially adolescents, may require extra assistance in light of what they perceive as irresponsibility on the part of their biological parents.

Insight into one's own feelings and those of others, and the ability to communicate these in an appropriate manner. To the degree that the parents know of the difficulties that caused the biological parents to place their child with someone else, such information may be tactfully shared, with the suggestion that the child "put on their shoes" to gain insight into the biological parent(s)'s thinking and subsequent decisions.

Focus, a commitment to life, and a philosophical framework within which personal experiences can be interpreted with meaning and hope, even at life's seemingly most hopeless moments. This is important for everyone, but perhaps especially so for adopted children who may have been moved from home to home to yet another home. Parents may ask these children to reflect on what they have learned in the several families with which they have lived over time, and what the relative stability of the adoptive home has meant to them.

CONCLUSION

The answer to the title question has to be equivocal. Adoptive parents confront the same joys and trials of child rearing that biological parents face. They are usually as proud of or as anxious about their children as are any biological

parents. In addition, however, they have "ghosts" hovering in the background—the biological parents—who may emerge with some frequency in an open adoption, who may be actively sought as the adolescent approaches adulthood, or who may forever remain somewhere "out there." To some degree, the effects of their ghostly presence vary with the era in which the child was adopted, with the parents' perception(s) of their chosen role, and with the relationship that has developed over time between the adoptee and his or her adoptive parents. In addition, the parents may have their own unresolved feelings about infertility, adoption, and genetic predispositions versus the environment they provide.

It is essential that therapists and counselors, when meeting with one member group of the adoption triangle, ascertain whether their clients are seeking help because of the adoption factor in their lives or for more ubiquitous reasons of the life cycle. It is not the professional's role to create new problems by urging reunion of biological parents with their offspring as a solution to the parents' more mundane problems, nor is it appropriate to emphasize the adoption aspect where the adoptee has dyslexia and needs to learn techniques to deal with that problem. On the other hand, acting-out behavior on the part of an early adolescent may be related to identity-seeking that, although perfectly normal behavior at this age, becomes more complex in the adoptive family and should be treated in that context when appropriate.

The stance to be taken by clinicians should be to regard the client(s) first as part of a family and only secondarily to deal with adoption issues as they are relevant to the functioning of the family members as individuals and as a family unit. It is no more appropriate to make unwarranted assumptions about the nonnormative nature of adoptive families' concerns than it is to jump to conclusions about the dysfunctional qualities of biological or remarried families without adequate supporting evidence. On the positive side, therapists can do much to reassure clients that many of the questions they raise are perfectly normal, as are many of the problems they face. As always, the goal is to help the client toward a more fulfilling life and to deal with life's challenges in the healthiest possible way for that client.

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