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Maureen S. Sweeney
The Nature of Relationships
within the Open Adoption
Triad: A Theoretical Study

ABSTRACT

The purpose of this study was to examine the nature of relationships within an open adoption triad. The adoption triad is defined as the birth parents, the adoptive parents, and the adoptee. The broadest definition of an open adoption arrangement is that it involves the intentional contact or communication between adoptive parents, adopted persons and birth parents before or after adoption. The study looked at children adopted as infants through private adoption agencies.

For this study the major constructs of Object relations Theory and Attachment Theory were applied to each member of the adoption triad. This study found evidence that adoptees can introject aspects from both birth and adoptive parents which can cause splitting during middle childhood and adolescence.

This study found that there is an attachment between adoptive parents and adoptees that mirrors that of biologic families. The adoptee does develop an attachment to the birthparent most often as another supportive adult in their lives. The nature of the relationship between the birth parents and adoptive parents can be collaborative working in the best interests of the child. This collaborative relationship can resolve some of the identity issues seen in closed adoptions that occur during adolescence.

The level of openness has been found to be a mediating factor in the resolution of grief in birthmothers. In addition contact with birthmothers was indicated in producing a sense of entitlement in raising the adopted child for adoptive parents.

THE NATURE OF RELATIONSHIPS WITHIN THE OPEN ADOPTION TRIAD:
A THEORETICAL STUDY

A project based on independent investigation,
submitted in partial fulfillment for the degree of
Master of Social Work.

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2010

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CHAPTER 1

INTRODUCTION

Adoption is a lifelong, life-changing journey for all members of the adoption triad: birth parents, adopted people, and adoptive parents. Children's Bureau, U.S.DHHS (2000)

Practitioners must understand that adoption is not a formula for traumatic loss any more than being female is a formula for passivity. Myrna L. Friedlander, 2003

Following Friedlander's caution I will explore the nature of relationships within the adoption triad - birth parents, adopted people and adoptive parents - within an open adoption arrangement. In the broadest definition an open adoption arrangement involves the purposeful contact or communication between the adoptive parents, adopted persons and the birth families (McRoy, Grotevant, Ayers-Lopez, & Henny, 2007, p. 175). It may begin before or after the adoption. The level of contact and/or communication often occurs on a continuum throughout the adoptee's life cycle. McRoy, Grotevant, Ayers-Lopez, & Henney, 2007, have identified the following three major categories of openness: *confidential* in which no contact and no identifying information is shared between the birth and adoptive parents post adoption; *mediated* in which no identifying information is shared and communication occurs through a third party such as an adoption agency; *fully disclosed* in which direct sharing of information occurred between the adoptive parents and the birth mother, usually accompanied by face-to-face meetings (p. 176).

In addition the degree of disclosure and frequency of contact may vary from

family to family. The contact or communication can include the exchange of information, letters, photos, telephone calls or face to face visits between the birth family, the adopted child and the adoptive parents. This collection of people - the birth parents, the adoptee, and the adoptive parents - are known as the adoption triad. As Clinical Social Workers how do we understand this lifelong, life-changing journey that includes continued contact between the birth parents, the adoptee and the adoptive parents?

It may be easy to imagine some of the changes a birth parent and an adoptive parent may encounter. One relinquishes a child and the other gains a child. Yet in an open adoption these parents continue to have some contact with each other. How does this contact affect the members of the adoptive triad? And how will these relationships affect the adopted child? What changes will the child go through when they still have contact with the birth parent and live with a new parent, the adoptive parent? How do they manage their attachment to both biologic and adoptive parents? Does continued contact with the birth family act as a risk factor itself? As practitioners, we must be informed in order to engage any member of the adoption triad – birth parent, adoptee or adoptive parent.

McGinn, 2007, reports on the findings from The Evan B. Donaldson Adoption Institute's 1997 Public Opinion Benchmark Survey that found that 58% of Americans know an adoptee, have an adopted child, or relinquished a child for adoption (p.61). In addition, research from Brodzinsky, Schechter, and Marantz Henig (1993) found that adoptees constitute a higher percentage of children in outpatient therapy; 5% as opposed to 1-2 percent of non-adopted youth (cited in Seinfeld, 2006, p. 181). Yet there has never been a single, comprehensive, continuous national data collection effort to record

information on adoption activity in the U.S. and its territories (Biafora & Esposito, 2007, p.32). Currently there are no Federal laws in place regarding open adoption. There are eleven states with comprehensive laws governing post adoption contact. Those states are: California, Florida, Indiana, Minnesota, Nebraska, New Mexico, New York, Ohio, Oregon, Rhode Island, and Washington. An additional nine states: Alabama, Alaska, Georgia, Maryland, Massachusetts, Missouri, Montana, South Dakota, and Tennessee, have limited laws regarding post adoption contact.

The number of states with comprehensive and limited laws indicate that currently a large number of adoptions have open adoption arrangements. The Evan B. Donaldson Adoption Institute, 2006, reports that between 13,000 and 14,000 infants are voluntarily relinquished each year. This represents approximately 15 percent of the total number of non-stepparent adoptions that occur each year (p.2).

Since the 1970's, the vast majority of adoption agencies and independent practitioners began offering open adoption arrangements. This demand for more openness was influenced in part by the Freedom of Information Act of 1974. Adult adoptees, birth parents and adoption professionals also advocated for more openness in adoption. This practice has now become the norm for infant adoptions, with 90 percent or more of birthmothers meeting the adoptive parents of their children (Adoption Institute, 2006, p.2).

Some research suggests open adoption can cause difficulties in adjustment and development of the child. Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985 report that open adoptions: intensify adopted children's identity conflicts; increase the probability that the biological parent will intrude; inhibit biological parents' process of grief and loss;

and undermine bonding with adoptive parents (Cited by Berry, 1991, p.640). These statements reflect a clear need for informed clinical approaches.

A further review of the literature shows a surprisingly limited focus and lack of theoretically informed research. Brooks, Simmel, Wind, and Barth, 2005, state that professionals need a better understanding of how particular characteristics of adopted children and families interact with each other (p.5). They cite that most studies are exploratory or descriptive and characterized by methodological limitations (Brooks et al., p.19). Friedlander, 2003, suggests that to move the field forward theorists and researchers would do well to focus on developmental, person-environment, systemic and multicultural perspectives on individual and family behavior (p.751). However, there is not a sufficient review of literature to guide and inform Social Work practice on infants adopted in open adoption settings.

For this study, I will conduct a review of literature on the open adoption of infants from private agencies including empirical studies. From the review of this literature, I will attempt to identify the nature of relationships within the adoption triad and factors contributing to it.

I will use Object Relations Theory and Attachment Theory to investigate this phenomenon. These theories were chosen because they address the most salient issues affected by adoption and an open adoption arrangement.

Object Relations Theory gives a composite understanding of the caregiver-child relationship. Object relations theory relates to the internalized aspects of the other people we are in relationship with. These representations whether conscious or not will also influence our relationships throughout our lives. Both give very basic understanding as to

how one relates to others and why. There are certain and specific concepts that have been gained from these theories. Flanagan, 2008, outlines the most basic concepts for object relations theory:

- is that of the primary, absolute need of human beings for attachment;
- the child's inner world is shaped by internal representations of others;
- human beings need to be both alone and with others, and that struggle to balance and meet these seemingly contradictory needs lasts throughout the life cycle;
- [this] theory looks at why we need others, how we take them in, and how we relate to them internally;
- it looks at the consequences of loss on the development of selfhood (p. 159)

As this theory is a collection of many theorists' ideas, I will be examining aspects from four major contributors: Melanie Klein, Ronald Fairbairn, Donald Winnicott and Margaret Mahler. I will be examining the nature of the triadic relationship using the work of Klein who introduced the idea of the internal object. Klein also introduced the ideas of splitting and projective identification as the self's way of removing unwanted feelings while maintaining a relationship to the person or object. Fairbairn's work informs the clinicians understanding of what aspects of the parents the child has introjected and may be self-blaming. When working with adoptees, regardless of age, this is an important concern in understanding how they see the world. This aspect of the theory applies to the birth and adoptive parents as well. In addition, what each parent may bring to the environment is useful information.

Using Winnicott's contributions are important for understanding the development of the "true self", as an authentic individual, or a "false self" as one who mirrors others desires (Flanagan, p.133). This is important regardless of which individual from the adoption triad one is working with. In addition, using Winnicott's idea of the "good enough" mother and a "holding environment" to assess how each parent feels about their own abilities to meet the needs of their child, can illuminate a great deal about the child's environment (Mitchell & Black, 1995, p.125). This aspect is especially important in adoptions of infants where an adoptive parent is responding to another's biological child.

Mahler contributes to this theory and informs our understanding of the process of separation-individuation the individual continues to be involved in as they mature (Flanagan, p.150). In working with children and their parents, this can inform parenting and one-on-one work with children.

Attachment Theory addresses the bond between the caregiver and the child. This theory was developed in part from working with orphans and institutionalized children during the 1940's. This theory developed primarily by John Bowlby and Mary Ainsworth, states that there is a primary, absolute need in human beings for attachment. Mary Ainsworth extended this idea to insist that children need a "secure base" from which to explore. What then happens to infants who are removed from their birth families and deposited into another family? How do children negotiate their attachment to two sets of parents?

Bowlby introduced the concept of internal working models as the internal mental representations that develop over time with repeated interactions with the caregiver. Once established, these internal working models function in all future relationships. This is an

important concept to apply not only to the adoptee but also to the biologic and adoptive parents.

I will explore Ainsworth and Main's patterns of secure and insecure attachment as they relate to the adoption triad. I will discuss how these ideas have been used in research of the open adoption triad. I will discuss classic literature and current advances in attachment theory.

In my review of literature, I will discuss issues of diversity in open adoption of infants. Interracial and international adoption will not be addressed due to extensive research which exists in these areas.

Organization of Report

This report will have a total of five chapters. The first chapter is the introduction. The second chapter will address the historical and current perspectives on object relations theory and attachment theory. The third chapter will be a literature review on open adoption, and the nature of the relationships within the open adoption triad. The fourth chapter will be a discussion of the literature and conclusions through the lens of object relations theory and attachment theory. The fifth chapter will discuss the significance of the findings for Social Work practice and address questions for future research.

CHAPTER II
PERSPECTIVES ON OBJECT RELATIONS THEORY AND ATTACHMENT
THEORY

Social Work has always valued the biopsychosocial aspects of an individual or group. This translates to looking at the person in their environment. In assessing the relationships within the open adoption triad we need to look at who the person is and their experiences as well as who they are within their culture and society's effect on them. Object Relations Theory and Attachment Theory both focus on the relationship between the individual's self and their environment. As each of these theories have different and important components to them that will facilitate a deeper understanding of the individual.

Object Relations Theory

The theories, collectively known as "Object Relations", were developed by many writers. These theories strayed from the prevailing Freudian theories, which stated that infants were motivated by aggressive and libidinal drives, and Ego Psychology, a theory of how the ego functions with life's stressors (Flanagan, p.124). Object relations theorists put forth the idea that infants have needs which can only be met through relationships with others, making object relations the context within which ego functions develop (as opposed to being one of the ego functions as it was defined under Ego Psychological theory). These needs are for protection, food, shelter, to be seen, valued, cared for and loved. Whether and how these needs are met or unmet in the relationship will have a lasting effect on the individual. The writers that proposed these theories are now considered to be from two "schools" of thought. The British School included Melanie

Klein, Ronald Fairbairn, D.W. Winnicott, and Harry Guntrip. The American School consisted of Edith Jacobson, Margaret Mahler and Otto Kernberg.

Each of these writers had their own theory about "object relations". Some theorist followed aspects of Freudian psychology and Ego psychology. Melanie Klein diverged from Freudian theory when she wrote this summary of the theory, "there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal: in other words, object relations are at the center of emotional life" (Flanagan, p.121). These were powerful ideas that began to emerge in the 1930's and continued throughout the 1970's.

This theory focuses on the complex external interactions that individuals have with other people and on how individuals internalize these interactions. The focus includes what impact this has on the individuals view of themselves and what effect these internalized object relations have on the individuals life (Flanagan, p. 122). The words "object relations" can seem confusing. While we are looking at the complex relationships people have, we are viewing them from the psychological impact they have on the individual. In this theory *object* refers to the other in the relationship. This can sound harsh; however, the people in our lives can be many things including objects of our fantasies, hopes, dreams or fears. It is a much more complex idea than a relationship between two people.

For this study, I will use contributions to this theory from Melanie Klein, Ronald Fairbairn, D.W. Winnicott, and Margaret Mahler. These writers address essential constructs of the object relations theory that relate to the individuals in the open adoption arrangement.

Melanie Klein (1882 – 1960)

Melanie Klein used much of Freud's language and ideas; however she applied them to much younger children. Klein postulated that infants had an innate death instinct which caused them to be filled with fantasies and terrors from the start of life (Mitchell, 1981, p.379). Klein diverged from Freud with her development of the concept of the "internal object" (cited by Lesser & Pope, 2005, p.82). The internal object is created in the infant through its subjective and repeated interactions with the people in its life both real and fantasized which the infant internalizes. According to Klein's theory these fantasies were destructive, guilt inducing and intolerable to the infant. Klein developed the theory of projective identification. This theory states that when one's internal states produce unwanted and dangerous aspects, the internal self is motivated to project these states on to others in an attempt to be rid of the feelings (Lesser & Pope, p.83). In the case of the infant these intolerable states are projected outward onto the caregivers. This projection is a fantasy done to protect the self and to control the other person.

The infant fears the unwanted aspects of itself that it has projected and continues to identify with those unwanted or dangerous aspects within the object. Klein thought that the good elements were also projected to establish the object as good by identifying it with the good aspects of the self (Lesser & Pope, p.83). These repetitive cycles of introjection and projection result in the development of the internalized object relations (Goldstein, 2001, p.57).

Klein developed a theory of "positions" which were internal states, ways of experiencing the world throughout the life cycle (Flanagan, p.134). The first "position"

starting at birth is the paranoid-schizoid position. "Paranoid refers to the central persecutory anxiety, the fear of invasive malevolence, coming from outside...Schizoid refers to the central defense: splitting, the vigilant separation of the loving and loved good breast from the hating and hated bad breast" (Mitchell & Black, p.93). The Kleinian neonatal life was filled with shadows and pieces, light and dark, pleasure, pain and the fear of being overwhelmed (Flanagan, p.135). The infant would experience great pleasure being fed at the breast, but if it drank too much or went too long without food the pain was intolerable. Thus, due to the infant's lack of cognition the breast was seen only as the "good" part if giving pleasure and "bad" part if causing pain. Klein theorized that the infant constantly felt it would be consumed by its internal feelings or its external experience. For Klein the infant's life was full of part objects and fantasies of destroying the "bad" objects and preserving the "good".

The second position starting when the child becomes a toddler is the depressive position. The child starts to see the world as filled with real people as whole objects. However, it is these whole people, "the whole mother who disappoints or fails the infant, generating the pain of longing, frustration, desperation, is destroyed in the infant's hateful fantasies, not just the purely evil bad breast (with the good breast remaining untouched and protected)" (Flanagan, p.95). The infant's internal world contains "the powerful force of inherent human destructiveness [which] creates a dread of the impact of the child's own rage on those she loves"(Flanagan, p.95). Again, the child fantasizes about destroying the "bad" and then also fantasizes about repairing the damage to the loved whole object. In Klein's view, we are all given to intense rage filled fantasies of

destruction of certain people we see as the source of all pain or evil, whether consciously or not. Klein theorized that the child's belief in their capacity for their love to repair the destruction enabled the object to remain whole (Flanagan, p.95). The child's environment is not totally unimportant, good parenting can soothe anxieties, diminish fears and strengthen the relationship to the good objects (Flanagan, p.94).

Ronald Fairbairn (1899 – 1964)

Ronald Fairbairn's theory argued that the human's primary drive is toward relating to others. He believed "that what is inside the self, what actually becomes part of the internal world and the structure of the self, is taken in from experience with "outside others" (Flanagan, p.138). He disagreed with Klein's ideas of the death instinct and infant fantasy. He stated that aggression is a reaction to frustration and deprivation (Fairbairn, 1963, p.224).

In Fairbairn's theory the ego was divided into three parts. The central ego of everyday living was conscious and responsible for ego functions. The libidinal ego was primarily unconscious and the part of the self that is loving and grows with the positive, "good" object experiences. The antilibidinal ego is unconscious and holds all of the negative "bad" object experiences (Flanagan, p.138). He considered this a schizoid phenomenon, meaning fragmented or divided.

He felt that civilization had interrupted the intense mother-infant bond causing a deprivation. He wrote that the real "frustration of not feeling loved or lovable, or that one's love is welcome and valued, results in aggressive impulses" (Goldstein, 2001, p.33).

This was the result of the domestic, economic and social claims on the mother that the "unnatural separation is that early relations with objects becomes "bad" or depriving" (Mitchell, p.387).

Fairbairn believed that these failures in the infant's environment would cause the infant to internalize the "bad" aspects of the parents. His theory is that the child cannot tolerate "bad" parents, as this places the child at risk and alone. Thus, the infant takes on the burden of being "bad" rather than see the parents as "bad". The "bad" aspects are internalized and split off from the parents. Now it is no wonder that the parents don't love this "bad" child. The child then internalizes real admired qualities and values of the good parent to strive for and earn the parents love (Mitchell, p.389). Fairbairn wrote that once this splitting, repression and internalization of the bad object occurred, the child would continue to create relationships that reflected their internal world of bad objects throughout their life (Goldstein, p.34). However he also believed that "if the parents engaged in pleasurable exchanges with the child, the child becomes pleasure-seeking, not as an end in itself, but as a learned form of connection and interaction with others" (Mitchell & Black, p.115). Fairbairn's theory, while harsh on parenting of the day, was reflective of his work with abused children.

Donald Winnicott (1896 – 1971)

D.W. Winnicott had ample time to study mothers and their infants as a pediatrician before he became a psychoanalyst. He based his psychoanalytical theory, in part, on the 60,000 consultations with parents and their children, many who suffered from trauma and environmental deprivation (Goldstein, p.36). Klein was a mentor for Winnicott and yet he developed very different views of the mother-infant dyad.

Winnicott viewed the ideal state for the infant to be with a mother who was in a state of “primary maternal preoccupation”. Winnicott compared this to a “normal illness” in which “a healthy mother must allow herself to lose herself completely in her baby” (Flanagan, p.130). Ideally, she completely adapts her “movements, her activities, her very existence to the baby’s wishes and needs” (Mitchell & Black, p.125). Winnicott was slightly more realistic about this, mother ideal, stating she did not have to be perfect for healthy development to occur. She had to be, “good enough” in her capacity “for attunement to the baby’s changing needs” (Flanagan, p. 130).

Winnicott wrote, “A baby can be fed without love... but lovelessness as impersonal management cannot succeed in producing a new autonomous human child” (Mitchell & Black, p.124). He noticed that it was not just feeding that was essential, but love. There was something crucial in the mother’s responsiveness to the "personal" aspects of the infant's experience (Mitchell & Black, p.125). Another important aspect of parenting was providing what he termed a "holding environment". This was an environment where the mother had the capacity “to create a world in such a way for the baby that she feels held, safe, and protected from the dangers without and protected as well from the danger of emotions from within” (Flanagan, p.131). The “good enough” mother and the “holding environment” allow the infant to “drift in a stream of unintegrated (not disintegrated) moments; discrete wishes emerge spontaneously and, as they are met, melt back into the drift” (Mitchell & Black, p.125). Winnicott termed this “going-on-being”.

This is a drastic contrast to the disconnection, fragmentation and fear that Klein believed the infant experienced. But, for Winnicott this state of unintegrated drift fosters

a sense of being “the all-powerful center of all being or *subjective omnipotence*” as he termed it (Mitchell & Black, p.126). Winnicott theorized that this state of subjective omnipotence allowed the infant to experience their own “spontaneously emerging desires and gestures as real, as important, as deeply meaningful” (Mitchell & Black, p.127). He believed these experiences were essential in developing a “True Self”. The True Self is the essence of healthy individuality and uniqueness. It allows the infant to experience real attachment and for the mother and the child to develop as separate mutually respected individuals (Flanagan, p.133).

Winnicott wrote that the lack of a secure "holding environment" and the "good enough" mother that was attuned to the child's unique needs, led to the development of the "False Self". The characteristics of the "False Self" are seen in a child who is overly compliant and molds their needs to meet the needs of others (Flanagan, p.133).

Eventually even the “good enough” mother will fail, must fail, at providing everything in a seamless manner and the infant’s desires must be negotiated with the objective reality of life. This failure is a motivator for growth for both mother and child (Fonagy & Target, 2003, p.140).

This lead Winnicott to another form of experience termed “transitional phenomena”. This marks the infant’s sense of self as being separate from the mother and generally takes the form of some object like a teddy bear or blanket. The object is “both the infant (the ‘me’ aspect) and the mother (the ‘not me’ aspect)” and helps to bridge the gaps in the ‘me’ and ‘not me’ experiences (Fonagy & Target, p.139). It is important to note that this phenomenon is not a universal experience or a sign of emotional health. It

seems to exist among cultures with strong values of independence and privacy that encourage their children to tolerate being alone at an early age (Flanagan, p.132).

Winnicott contributed many important ideas to object relations theory. However, some of the theory was based on the “nuclear family” and the idealized stay at home mother of the 1950’s. In 2010, when working with children or adults it is still important to assess an individual’s development for a "True or False Self". However, we look at a "caretaker's" ability to meet the unique needs of a child.

Margaret Mahler (1897 – 1985)

Margaret Mahler brings an important aspect to the object relations theory. She was a pediatrician and a psychoanalyst and focused on the mother-child pair. Mahler believed that healthy development began with attachment to the mother and progresses through detachment from the parent (Goldstein, p.26). This process of attachment to significant others, internalizing those attachments and ultimately becoming a separate individual she termed “Separation-Individuation” (Flanagan, p.150). Mahler defined separation as moving away from the “union/oneness with the mother”...to the experience of a “distinct entity who ‘stands alone’ and individuation as “the process of coming to experience oneself as the unique individual self one is” (Flanagan, p.151). This process of Separation-Individuation is made up of the Autistic Phase, the Symbiotic Phase and the four subphases known as; Differentiation, Practicing, Rapprochement, and On the Way to Object Constancy. Though each of these correlates to a specific age or developmental moment and has a developmental challenge they are not fixed and linear and often overlap (Flanagan, p.151).

The Autistic Phase, from birth to twelve weeks, is an objectless and selfless phase. There is much debate about the existence of this stage. Recent research shows “a subtlety and intensity of recognition, interaction, imposition of self, alertness, and relatedness in infants heretofore unknown” (Flanagan, p.151). However, there are children diagnosed with autism that seem to lack the ability to relate to others. This inability to relate to others can occur to adults as well as children at certain times.

The second phase is the Symbiotic Phase, from six weeks to ten months, which Mahler called, “the primal soil from which all subsequent human relationships form” (Flanagan, p.152). Symbiosis is used here to define a time when the mother and infant seem to be in “one orbit... the time of the most complete union, of healthy merger” (Flanagan, p.152). Symbiosis is also used to refer to the “origins of infantile fantasies of omnipotence shared with the mother” (Fonagy & Target, p.90). It is also the time when separation and individuation begin to occur. The mother begins to “mirror the infant’s individual characteristics” and the infant begins to see the mother as the need satisfying object (Goldstein, p.62).

The first subphase of Separation-Individuation Proper is Differentiation. This occurs around four to twelve months and is the beginning of separation from the parent-child unit. Here the child begins to explore the world, assisted by creeping, crawling or rolling (Flanagan, p.152). The second sub-phase, Practicing occurs from ten to twenty-four months and coincides with the greater locomotion of walking. Walking allows the child to move towards and away from something or someone. This greater autonomy is also seen in the cognitive development of the use of the words, "No" and "bye-bye".

These new abilities can lead a child further than they want and it is then that they need the parent's assurance and protection (Flanagan, p.153).

Rapprochement is the phase from twenty-four through thirty-six months. This phase is marked by the child's need to be held close and their need for separateness and exploring on their own. The parent must balance the needs of the child to encourage self discovery and the need for containment. Along with this phase is the developmental struggle of "ambitendency". This term is used in psychodynamic theory to denote "the tendency to swing between two intense wishes – the wish to be close and the wish to be separate – and the two enduring, intense fears – the fear of engulfment and the fear of abandonment" (Flanagan, p.153). Ambitendency often remains through life and is most present during challenges.

"On the Way to Object Constancy" is the final sub-phase. Starting at thirty-six months and lasting to the end of life. Mahler sees this phase as fluid. "Object constancy refers to the establishment in the psyche of a relatively stable, benign, and positive representation first of the mother, and eventually of others, that "holds" even in the face of absence, disappointment, or anger" (Flanagan, p.155). Developing this capacity is necessary for a healthy and mature psychological life. The self must be able to feel healthy and secure even if the object is not meeting its needs at the moment.

The following chart, Stages of Mahler's Separation-Individuation Process, from Lesser & Pope, 2007, highlights the most salient aspects of Mahler's stages.

Autistic Phase	Infant is dominated by physiological needs/primary autonomous ego apparatuses are undifferentiated; this is the pre-attachment phase of object relations.
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Symbiotic Phase	Infant begins to experience the need satisfying object, but the object is experienced within the infant's ego boundary and lacks a separate identity. The mother's ego functions for the infant and the mother mediates between the infant and the external world. This period marks the beginning of the infant's capacity to invest in another person.
Separation-Individuation Phase: The Differentiating Subphase	This phase begins at roughly four or five months when the infant begins to separate him-herself from the representation of his or her mother (first with respect to body image). Transitional objects become important at this time.
Separation-Individuation: The Practicing Subphase	The infant continues the process of self and object representation and the infant's own autonomous ego functions become more important. The term "practicing" implies a testing of one's individual capacities (such as crawling) and of being on one's own in a limited sense (maturation of motor functions but within close proximity to mother). Separation anxiety may ensue until the child becomes reassured that the mother is still there despite his moving away from her. The child attempts to keep track of the mother as he or/she moves away. The mother's ability to support the child's growing individuation while maintaining a continued supportive presence when the child needs her is a critical factor in fostering optimal individuation.
Separation- Individuation: The Rapprochement Subphase	The child becomes more needful of mother's presence. □The child's capacity for attachment to others expands beyond his exclusive relationship with the mother; emotional range becomes greater. The development of language is important-positive resolution of this phase begins to enable the child to overcome the splitting of the self and the object world into all good and all bad and to develop integrated self and object representations. This process is essential to object constancy and

	development of empathic capacities essential to mature love.
□ Separation- Individuation: On the road to object constancy	The two major tasks of this phase are the attainment of individuality and the attainment of object constancy. Gender identity and ego functioning also advance during this time. (p.57)

Object Relations theory as discussed by the previous four writers gives a composite understanding of the complexity of the caregiver-child relationship. An integral part of this relationship is the bond between the caregiver/parent and child. This bond is addressed in Attachment Theory.

Attachment Theory

Attachment Theory was developed in the mid 1900's primarily by John Bowlby, a British psychoanalyst, and Mary Ainsworth, an American psychologist. John Bowlby was the predominate theorist and Mary Ainsworth was the exemplar researcher who studied mothers-infants pairs. Her research was guided by his theory and forced clarification and refinement of the theory. Despite their backgrounds the theory is considered to be a developmental theory rather than a psychoanalytical theory (Shilkret & Shilkret, 2008, p.189).

John Bowlby as a student of Melanie Klein's strongly questioned her idea that the infant predominately internalized fantasy. He theorized that a child's real experiences were internalized. At one point Klein forbid Bowlby to meet with the parent of a young child he was treating. Bowlby "showed with clinical case material that disturbed young children can be helped by working with their parents" (Shilkret & Shilkret, p. 190). In an early theoretical paper published in 1940, Bowlby recommended that psychoanalysts

meet with mothers with difficulties in parenting to trace their problems back to their own childhood,

“Having once been helped to recognize and recapture the feelings which she herself had as a child and to find that they are accepted tolerantly and understandingly, a mother will become increasingly sympathetic and tolerant toward the same things in her child.”(Bretherton, 1992, p.760)

Bowlby was ahead of his time with this approach that was not well received in the 1940's. Today early intervention programs, parenting education programs and child psychotherapists use this approach whenever possible.

In 1944, Bowlby published "Forty-Four Juvenile Thieves: Their Characters and Home Life" a study of maladjusted youth. These children had been institutionalized for stealing. According to reports from social workers all of these children had experienced parental violence and emotional abuse (Kobak & Madsen, 2008, p.24). Bowlby had diagnosed a subgroup of these children as "affectionless". In conducting a comparison study of children with similar parent-child relationships he found the major difference between this group and the "affectionless" thieves was prolonged separation from parents. These separations were due to parent illness, death or other family disruptions that placed the child in foster care (Kobak & Madsen, p.25).

Bowlby was not the only one to study this phenomenon. Anna Freud and Dorothy Burlington had reached similar conclusions about children in a residential nursery during World War II (Midgley, 2007, p.948). These studies revealed that "institutionalized children developed into individuals who lacked feeling, had superficial relationships, and exhibited hostile or antisocial tendencies (Kobak & Madsen, p.25). This led Bowlby to

the strong conviction that "major disruptions in the mother-child relationship are precursors of later psychopathology" (Cassidy, 2008, p.3).

From 1948 - 1952, Bowlby and Robertson, a fellow researcher, documented and filmed the effects of prolonged separations from parents due to being hospitalized or institutionalized. These children between the ages of eighteen months and four years old were separated in residential nurseries or hospitals for periods of a week or more. The studies confirmed the detrimental effect of children separated from their parents even if they were fed and cared for by others (Cassidy, p.3). The children showed progressive phases of disturbance in their separation response, Robertson identified three phases: protest, despair, and denial or detachment (Bretherton, 1992, p.763).

The initial phase of protest was marked by crying, screaming, showing anger, following or looking for the parent; this could last several hours to a week or more. The major emotions are fear, anger and distress and the attitude of this phase is hope that the parent will return (Kobak & Madsen, p.26). The second phase of despair was marked by sadness, crying intermittently, hopelessness, and withdrawal from others. Bowlby theorized this phase to be similar to deep mourning (Kobak & Madsen, p.26). The final phase of detachment is marked by a child's acceptance of alternative caregivers. However the real effect of the prolonged separation can be seen in the reunion with the parent. Children showed an absence of joy, appeared apathetic, or alternated between crying and blank expressionless faces. "Some degree of detachment persisted following the reunions,...mothers complaining that their children treated them like strangers...neutrality alternated with clinging and showing fear that the mother may leave again"(Kobak & Madsen, p.27).

Along with these studies Bowlby was introduced to the paper on imprinting by Konrad Lorenz. This paper gave an account of how specific species of ducks would follow a person that imitated the speed at which a mother duck would walk, acting as though that was their parent. This behavior was not based on the mothers "shape, her odor, or other characteristics (Shilkret & Shilkret, p.190).

This further supported Bowlby's thinking "that all complex organisms have an attachment system, one that is highly adaptive in that it keeps the young in close proximity to a critical older animal, and to whom the young seeks to return at times of danger" (Shilkret & Shilkret, p.190). This biologically based desire for close proximity to an older individual would insure security from danger. This process would have developed through natural selection (Cassidy, p.4). Bowlby considered protection from predators as the primary "biological function" of attachment behavior (Cassidy, p.5).

Attachment Behavioral System

Bowlby theorized that attachment behaviors were organized into an "attachment behavioral system". This concept involves inherent motivation. It exists whether children's needs are being met or not, in fact. Bowlby found that infants became attached even to abusive mothers (Cassidy, p.5). Central to the "attachment behavioral system" is the concept that several different attachment behaviors are internally organized within the child in relation to achieving proximity to the mother. These develop over time through experiences, as the child learns which behaviors work best in which circumstances (Cassidy, p.5).

This system is monitored for two classes of events, "those which indicate the presence of potential danger or stress (internal or external), and those concerning the

whereabouts and accessibility of the attachment figure" (Bowlby, 1969, 1982, p.373).

The child will move "towards a mother by running, walking, crawling, shuffling or, in the case of a thalidomide child, by rolling is thus of very little consequence compared to the set-goal of his locomotion, namely proximity to mother" (Bowlby, 1982, p.373). While the set-goal is proximity to the mother, the mother or object, is not the goal. The state – "a maintenance of the desired distance from the mother" – is the goal and once this occurs, the attachment behavior is terminated (Cassidy, p.6).

Bowlby saw parenting as a "caregiving system" which contained specific behaviors "designed to promote proximity and comfort when a parent perceives that a child is in real or potential danger. The chief behavior within the system is retrieval; others include calling, reaching, grasping, restraining, following, soothing, and rocking" (Cassidy, p.10). Theoretically "if the child moves away, the parent will retrieve him or her; if the parent moves away, the child will follow or signal for the parent to return" (Cassidy, p.10). Thus, when the caregiving system is activated the attachment system can be deactivated because the parent is maintaining proximity and safety. However, any behavioral system is activated through internal and external cues.

The internal cues can include cultural beliefs, hormones, and parental health. The external cues can "include the state of the environment, state of the infant, and behavior of the infant" (Cassidy, p.11). These cues are not universal within or across cultures. Ainsworth found that "the mothers of Ganda babies who were securely attached to them almost never played with them, even though they were highly sensitive caregivers" (Cassidy, p.10). Within-culture a parent maybe very adept as a teacher when focused on a task but less comfortable in attachment related interactions; or available as an attachment

figure but not comfortable in play situations. In addition, just as the child's attachment system interacts with other behavioral systems so does the parent's "caregiving system" interact with other adult behavioral systems. A mother may have to work (e.g., food gathering and shelter system) and place her child in a daycare. One theorist suggested that "from an evolutionary perspective, maternal insensitivity to a particular child may be useful to the mother if it maximizes the total number of surviving offspring" (Cassidy, p.11). There is still much research needed on the dynamics of the "caregiving system".

In the first phase of attachment infants begin to use a variety of attachment behaviors from birth to three months which include rooting, sucking, smiling, grasping, crying and visually tracking the caregiver. These behaviors are meant to maintain closeness or attract the caregiver's attention. Gradually as the caregiver and the infant interact the infant begins to learn how the caregiver is likely to respond. "If the caregiver's responses are well attuned and synchronous with the infant's signals, then stable patterns of caregiver-infant behaviors start to establish themselves (Lesser & Pope, 2007, p.216).

During the next phases of attachment advances in cognitive development and motor skills during the three to sixth month period of the infant's life allow greater expression of attachment behaviors. Several of the following hallmarks of attachment behavior were outlined by Davies, 2004, they are:

- Development of attachment: consistent recognition of primary caregivers; clear preferences for interacting with them; responsiveness to parents playful behavior; ability to use attachment relationship to regulate arousal and affect
- Play develops within the attachment relationship (interactive play and baby games)

- The infant shows strong interest in face-to-face, eye-to-eye contact with caregivers.
- The infant increasingly attempts to engage the parent through looking, smiling, cooing, babbling, and motor activity.
- Primary caregivers can now comfort the baby by means other than holding: with voice, looks, or presentation of a toy. (p.151)

The infant's motor, cognitive and communication continue to advance from the ages of six to twelve months fostering new attachment behaviors in this next phase of attachment. As the child's motor skills develop the exploratory behavior system is activated. Bowlby theorized that "the exploratory system gives survival advantages to the child by providing important information about the workings of the environment: how to use tools, build structures, obtain food, and negotiate obstacles" (Cassidy, p.8). Ainsworth expressed "the dynamic equilibrium between these two behavioral systems is even more significant for development (and for survival) than either in isolation" (Cassidy, p.8). This is due to the inherent nature of the two systems.

The infant links the security of the attachment system, a concept Ainsworth described as a "secure base from which to explore", with the exploratory system (cited in Cassidy, p.8). A constant balance must be maintained. If the attachment system is activated due to danger or stress whether internal or external the child at six or seven months will stop exploration or play to seek proximity. Once the child has maintained proximity and been soothed, the attachment system is terminated and the child is ready to explore or play again (Cassidy, p.8).

Another behavior system linked to the attachment system is the fear system. Bowlby felt there was a biological function for a child to be frightened of sudden

looming movements, loud noises, being alone, darkness and heights. These "natural cues to danger", though not in and of themselves dangerous, activate the fear behavioral system which is closely linked to the attachment system (Cassidy, p.8). In addition to the natural cues there are also cultural cues that are learned through experience. If a child is frightened or in pain they will try to avoid the source of the discomfort and actively seek protection and safety through proximity (Kobak & Madsen, p.27).

Due to the cognitive developments in memory occurring between the ages of seven to nine months infants also start to exhibit stranger anxiety and separation anxiety. In stranger anxiety the child begins to withdraw, protest and react with frightened expressions as unfamiliar people come closer. The child can now hold memories of familiar people, objects and situations, "the sight of a stranger may be distressing because the stranger's face does not match the "scheme" the child now holds in his or her mind of the faces of familiar people" (Lesser & Pope, p.217). During separation anxiety the child recognizes the pattern of separation and the anxiety that accompanies it and when separation occurs and signals their anxiety with crying or physical protest (Davies, p.162). Bowlby referred to these cognitive developments as indicating "internal working models" and "representational models" of "mental representations of the attachment figure, the self, and the environment, all of which are largely based on experiences" (Cassidy, p.7). These models allow the child to anticipate what will happen and make plans about which attachment behaviors to use in certain situations with a specific person.

These "internal working models" are a clear indication that attachment has begun to form. They also indicate that the child is starting to develop a sense of self based on feelings of self-efficacy in having some control in meeting their needs and

communicating with caregivers. Self-esteem begins to develop at this time when an infant feels successful at accomplishing a goal. Responsive caregiving is strongly related to a positive sense of self (Davies, p.171).

Attachment continues to develop throughout the life cycle. To gain greater understanding one needs to examine the formation of attachment bonds.

The Attachment Bond

The attachment behavior system is the organization of attachment behaviors within an individual. The "attachment bond" is the affectional tie described by Ainsworth as "entailing representation in the internal organization of the individual" (Cassidy, p. 12). This is not a bond between two people. This bond is developed within one individual for another who is perceived as stronger and wiser, as in a child for a parent. Throughout the life span people develop a variety of "affectional bonds". Ainsworth cited five criteria for "affectional bonds":

First, an affectional bond is persistent, not transitory. Second, an affectional bond involves a specific person - a figure who is not interchangeable with anyone else. Third, the relationship is emotionally significant. Fourth, the individual wishes to maintain proximity to or contact with the person. Fifth, the individual feels distress at involuntary separation from the person. (Cassidy, p.12)

In addition to the above listed criteria for an "affectional bond" an additional criteria exists for it to be an "attachment bond". The additional criterion is that the individual seeks security and comfort within the relationship. If the relationship produces a sense of security the attachment is considered "secure" and "insecure" if it does not. This final criterion separates the "parental bond" which parents have for their children from the "child attachment" children have for their parents. As noted by Bowlby when the roles are reversed and a "parent attempts to seek security from a young child, it is

almost always not only a sign of pathology in the parent but also a cause of it in the child" (Cassidy, p. 12).

Bowlby proposed two important criteria for attachment bonds. First, the attachment bond deals with only one aspect of the parent child relationship - behavior related to the child's protection and security in times of stress. Secondly, one cannot assume an attachment bond exists because of active attachment behaviors (Cassidy, p.14). It is possible for infants to stop crying when comforted by individuals they are not attached to. Similarly, an infant that explores while the mother is present may appear unattached yet is relying on the attachment for the security to explore. While an infant "clinging fearfully to the mother...may reflect insecure attachment or secure use of the mother as a safe haven, depending on the context" (Cassidy, p.13). Most importantly, the attachment bond is considered to exist consistently over time, whether attachment behavior is present or not. "Bowlby pointed out that even cessation of behavior during long separations cannot be considered an indication that the attachment bond no longer exists" (Cassidy, p.13).

According to Bowlby, early on infants are thought to form more than one attachment. This attachment is based on "responsiveness to crying and readiness to interact socially are amongst the most relevant variables" (Cassidy, p.14). Usually these other attachments are to family members: fathers, grandparents, aunts, uncles, siblings and day care providers. Bowlby proposed that infants and toddlers form different types of attachment with different caregivers. However, the potential number of attachment figures is not an unlimited number of people. He used the term "monotropy" to describe the tendency of infants to prefer a principle attachment figure for comfort and security

(Cassidy, p.15). He cited the tendency of children in institutions to select one "special caregiver" (Cassidy, p.15). This tendency was also documented by Anna Freud, 1973, in her writings about the Hampstead Nurseries. Ainsworth stated that "the child would tolerate major separations from subsidiary figures with less distress than comparable separations from the principal attachment figure. Nor could the presence of several attachment figures altogether compensate for the loss of the principal attachment figure" (Cassidy, p.15).

Patterns of Attachment

It is difficult to separate the contributions that Mary Ainsworth made to attachment theory as she worked closely with John Bowlby and conducted much in-home research on mother-infant pairs starting in 1950. Her most famous research project was undertaken in 1969 with one year olds and their mothers. This project entitled the "Strange Situation" was to examine the balance of attachment behaviors and exploratory behaviors under low and high stress,

"The Strange Situation is a 20-minute miniature drama with eight episodes. Mother and infant are introduced to a laboratory play room where they are later joined by an unfamiliar woman. While the stranger plays with the baby, the mother leaves briefly and then returns. A second separation ensues during which the baby is completely alone. Finally, the stranger and then the mother return." (Bretherton, 1992, p.765)

As expected, the infants explored and played more with their parent present than when she was out of the room. However, Ainsworth was surprised by some of the infants' reunion behaviors. These behaviors were similar to the protest, despair, denial or detachment behaviors seen in children that had experienced prolonged separations which had been cited in earlier research and which Bowlby had theorized (Bretherton, p.765).

These behaviors were seen as attachment behaviors that had developed over time and through experience between the mother-infant dyads (Davies, p.12).

Ainsworth developed classifications from these studies which identified patterns of attachment as: secure attachment and two types of insecure attachment, avoidant and anxious resistant. A third type of insecure attachment entitled disorganized/disoriented was noted by Mary Main in 1990 (Davies, p.12). In classifying the results Ainsworth noted that nearly two-thirds of the children were classified as securely attached. Of the remaining third of insecurely attached children the majority fit equally into ambivalent and avoidant with only five percent being classified as insecure-disorganized.

The “Strange Situation” experiment has been repeated by numerous researchers over the years. The attachment pattern results of two-thirds rated securely attached continues to be the norm.

The following chart, Patterns of Attachment, from Lesser & Pope, 2007, outlines the characteristics of the mother-infant dyads in the Strange Situation.

Attachment Pattern	Behavior During Strange Situation	Parent Characteristics	Infant Characteristics
Secure	Actively explored environment and interacted with stranger while parent was present. Decreased exploration and sometimes showed distress upon separation. Upon reunion, pleased to see caregiver, sought contact, and were easily soothed.	Emotionally responsive, available, and loving.	Cry less than other infants. More apt to cooperate with parent’s wishes. Show better adjustment in toddler and preschool years.
Anxious Resistant	Tended to maintain	Inconsistently	Because they cannot

	close contact with caregiver even before separation occurred and showed difficulty using parent as a secure base for exploration. Upon separation, were very distressed and upon reunion, sought contact with caregiver but were difficult to soothe.	responsive to infant's signals. Sometimes ignore distress signals and at other times appear to intrusively insist upon contact with the infant, despite infant's lack of apparent interest. Seem to enjoy close contact with their infants but do not necessarily provide it in response to the infant's needs.	accurately predict parent's responsiveness, they are unable to use parent as a secure base for exploration. Seem preoccupied with parent at the expense of developing other interests. In later stages their ability to develop an autonomous sense of efficacy and competence is compromised.
Anxious Avoidant	Played independently regardless of the mother's presence; showed physiological signs of distress, but no outward signs of distress when she left; ignored her when she returned.	Seem to reject their babies, frequently ignoring them and speaking about them in negative terms. Tend to respond angrily and impatiently to the infant's signals of distress and spent less time holding and cuddling their babies than other mothers.	Seem to focus their attention on exploring the outside world; defensively avoiding attachment behaviors and signals of distress to avoid rejection. As toddlers, show higher levels of aggression and hostile interactions with other children.
Disorganized	*No clear strategies for dealing with distress, separation, and reunion.	Mothers tend to have serious deficits in maternal behaviors and exhibit a variety of problems, including abusive tendencies, depression, and other mental illnesses. Tend to be unavailable and unpredictable.	*Seem confused and fearful with inconsistent and unpredictable behaviors.

*More information is needed to accurately assess this pattern. (p.219)

Attachment theory is considered a developmental theory. We all have a basic primal need to be attached for the continuation of the species (Flanagan, p.127). Once an attachment bond has been created the pattern of this bonding can last into adulthood and be the basis for all other attachments. How this attachment is achieved and who we become attached to will be reflected in our relationships throughout our life cycle.

Methodology

This study will focus on the nature of the relationship within the adoption triad. I will use the constructs of object relations and attachment theories to examine this relationship. By examining the major constructs of each of the theories with the findings from recent research on the adoption triad I hope to enhance my own understanding of this phenomenon. In addition, I hope my findings will have practical application for clinical work.

Limitations

The limitations of this study may be due to my personal perspectives on this subject. As a former foster parent and an adoptive parent involved in an open adoption arrangement my personal experiences may bias my perspective. However, my child was adopted through the foster care system after almost three years in care. The target population of this report is children adopted as infants through private agencies. There are major differences between children adopted from foster care and child adopted as infants from private agencies. As a student I am very interested in applying these theories to examine the question of the nature of relationships within the adoption triad and I am open to learning how to expand my practice.

The next chapter will be a survey of recent studies on adoption and open adoption. Included will be empirical studies as well as current theories on adoption and the adoption triad. The researcher hopes this study will contribute to an understanding of the adoption triad's experiences.

CHAPTER III

LITERATURE REVIEW

In order to understand the nature of relationships between the birth parent, adoptive parent and adopted infant in an open adoption it is essential to review the available literature. The topics which will be addressed in this review are as follows: (a) a brief historical overview of adoption (b) open adoption (c) the adoption triad: birth parents, (d) the adoption triad: adoptive parents, and (e) the adoption triad: adoptees.

Adoption

Adoption is a social practice that has existed informally for centuries. The Children's Bureau of the U.S. DHHS describes adoption as "the legal transfer of parental rights from one parent to another, [which] provides children with love, nurturance, and stability and promotes their well-being and their opportunity to become healthy, productive adults" (2002). In the United States adoption is regulated by State Laws which must comply with Federal Legislation. The Child Welfare League of America (2005) has estimated that 2% of all children living in the United States are adopted and 4% of all families in the United States have an officially recognized adopted child.

Currently the U.S. Department of Health and Human Services, Administration for Children and Families collects information from three sources to account for the total number of adoptions that occur each year. These statistics are reported by each State through the Adoption and Foster Care Analysis and Reporting System (AFCARS) which reports on the number of adoptions through the State agency, the U.S. Courts where adoptions are legally finalized, and the Bureaus of Vital Records. The most recent year for the culmination of these records is 2001 which estimates that 127,407 adoptions

occurred that year, of that number 50,136 were through federal child protection agencies (USDHHS, 2009). The preliminary estimates from AFCARS for 2008 shows 55,000 adoptions recorded through this government agency. The median age of these children was 5.2 years old (USDHHS, AFCARS, 2009, #16).

Historically, white heterosexual couples unable to have a child, adopted white, healthy infants that they would pretend were their biological child. The children were most often the babies of young, unwed white mothers. Usually the adoption of these children was confidential and conducted through private adoption agencies. Abandoned or orphaned white infants and very young children were often adopted through a Public child welfare agency. Older children whether neglected, abused or orphaned were placed in orphanages or foster homes where they would live until they reached the age of maturity. Because there were far fewer families willing to adopt children of color their mothers' relied on public agencies and state run foster care when seeking to relinquish their children.

During the late 1960's as contraceptives became more available and the stigma of being a single mother lessened, fewer healthy white infants were available for adoption. As the supply of healthy white infants declined a black market in white infants developed which eventually required government intervention. Many White couples looking to adopt chose to adopt International children from other countries primarily China and Japan. Transracial adoptions also began to occur in limited numbers. A transracial adoption is identified as African-American or Latino children being adopted by White families.

However, it is not only couples who have sought to adopt. Single women have

always adopted children formally and informally, and in recent years more single men have sought to adopt. In the past some of these men and women may have been gay and lesbians who did not reveal their sexual orientation. Today many states allow adoption by Lesbian and Gay couples, though often only recognizing one individual as the parent.

In the past thirty years adoption practice has changed significantly. It was influenced in part by the civil rights movement, the women's movement, and the passage of the Freedom of Information Act of 1974. The Freedom of Information Act of 1974 helped to end the era of secrecy surrounding adoption. A trend developed toward more open communication to adoptees about their history and adoption status began when adult adoptee's advocated to gain access to their birth records. Adoption rights groups began to form as well as birth parent's rights groups. By the end of the 1980s most states had opened adoption files for adult adoptees to locate genealogical history.

Open Adoption

While open adoption is considered a new phenomenon it was not unusual before the 1920's for birth parents and adoptive parents to know each other. However, during the 1920's - 1930's as adoption agencies began to proliferate and control adoptions, records began to be closed to protect the adoptive parents, the adoptee, and birth mother. The original birth certificate and all records of the adoption proceeding were sealed by court order. An amended birth certificate was then given to the adoptive parents. These practices were part of the belief that they would protect the child from the stigma of illegitimacy. This would help preserve the privacy and integrity of the adoptive family and protect the birth mother from the stigma of an out-of-wedlock pregnancy

(Brodzinsky, Smith, & Brodzinsky, 1998, p.3). No identifying or health information was passed on to the adopting couple.

Today an adoption is referred to as a closed adoption if no information or contact between the birth parents, adoptive parents or the adoptee occurs. Many international adoptions are closed due to the international nature and circumstances that brought the child to the adoption agency. This can also occur when a parent's rights have been terminated for serious abuse or neglect.

Since the 1970's there have been a gradual shift in societal practices and views around parenting, with fertility donor methods being developed and open adoption becoming the norm (Ge, et al., 2008, p.529). Laws were changed making it possible for the legal transfer of parental rights to occur while retaining contact and communication between members of the child's birth family and adoptive family. This contact is on a continuum from *confidential*, only minimal information is available for a specific period of time; to *semi-open*, no identifying information is shared and communication is mediated through a third party such as an adoption agency, either at the time of placement or ongoing; to *open*, direct communication and contact occurs between parties (Hollenstein, et al., 2003, p.44). The movement toward greater openness has been stimulated by adoption professionals and members of the adoption triad who believed that such contact would be beneficial for the mental health and identity development of the adoptee and the well-being of the birth parents.

The lack of research on open adoption is amazing considering how often it is recommended. Friedlander, 2003, noted that while there is much anecdotal evidence recommending open adoption there is very little empirical evidence on which to base a

recommendation for or against it (p. 746). The nature and scope of research on open adoption has not kept pace with social values or professional concerns related to the practice of adoption. For this study I will examine several empirical studies on infants adopted from private agencies in open adoption arrangements.

The only long term national study on open adoption to date is The Minnesota-Texas Research Project (MTARP) led by Harold D. Grotevant and Ruth G. McRoy. This project was started in the mid 1980's. The first wave (W1) of interviews were from 1987 through 1992, the second wave (W2) were from 1996 through 2000 (McRoy, Grotevant, Ayers-Lopez, Henney, 2007, p.176). Each member of the adoption triad was interviewed and completed standardized questionnaires. The overarching purposes of this project (Grotevant, Perry, McRoy, 2005) are:

- to understand the dynamics of the adoptive kinship networks in which the connection between members of the adoptive family and birth family vary in level of openness,
- to investigate the development of adjustment in adolescents who have grown up with varying openness arrangements,
- to examine outcomes for birth mothers who placed children for adoption 12 to 20 years earlier. (p.169)

Each of these purposes is in line with the overall study question of the nature of relationships within the adoption triad. Because of the enormity of this study some of the specific findings will be examined under specific headings for: Birth Parents, Adoptive Parents, and Adopted Children later in this report.

This project followed 190 adoptive families (married, two parents), 169 birthmothers, and 171 adopted children placed as infants through 35 adoption agencies in 23 states. There were 77 families in "corresponding sets" or "kinship networks" in which

the birthmother, the child placed and the adoptive parents were matched from adoption (McRoy, et al., p.176). By wave 2 there were 177 of the originally participating adoptive families (173 adoptive mothers, 162 adoptive fathers, 156 adopted adolescents), and 127 of the original 169 birthmothers.

The majority of adoptive parents were Caucasian, Protestant, and middle to upper-middle class with some college education or advanced degrees. Virtually all adoptive parents in the study adopted due to infertility (Grotevant, Perry & McRoy, p.169). Of the children 90 were male, 81 were female, and their ages ranged from 4 to 12 (mean=7.8 years) at the first wave of interviews. All children were placed as infants within race with 90 percent being placed by 9 weeks of age (McRoy, et al., p.176).

The birthmothers were between the ages of 14 and 36 (mean = 19.3) when their children were born and 21 to 43 (mean =27.1) at the time of the first interview. The average number of years of education was 13.5. The majority, 92.9 percent, were Caucasian, four Latina, two Native American, one African American, one Asian American, and four did not indicate their ethnicity (Grotevant, Perry & McRoy, p.171).

The researchers indicated that this sample of participants both the adoptive families and the birthmothers are an accurate reflection of those adopting from private agencies and birthmothers who placed their children through private agencies in the 1980's (Dunbar, et al., 2006, p.452). The study specifically limited age at placement, transracial, international, and special needs adoptions so that the clearest possible conclusions about openness could be determined.

This research project has attempted to eliminate adoption by relatives, special needs, and international adoptions from this current study on the nature of relationships

within the adoption triad. Transracial adoptions are included in the populations of one of the studies reviewed for this project. However, information specific to that population was not identified in the report.

The MTARP is one of the most comprehensive studies undertaken to date. It is one of the few studies that actually interviewed each member of the adoption triad including both adoptive parents separately and together for one specific questionnaire. In addition standardized questionnaires were used to gain additional information. This project has contributed significantly to empirical study of open adoption arrangements.

While one of the main focuses of this study is the dynamics of how open the arrangement was, how it maintained and functioned, the findings reveal information on the nature of the relationship within the adoption triad. These relationships occur within four major categories of openness (McRoy, et al.):

- *confidential* adoption, in which no information was shared between birth and adoptive parents after 6 months post placement (W1:n=62 adoptive families, 52 birthmothers; at W2: n=51 adoptive families, 31 birthmothers);
- *mediated stopped* adoptions, in which information was transmitted between adoptive parents and birth parents by agency caseworkers, but the information sharing had stopped by the time of the first wave of interviews (W1: n=17 adoptive families, 18 birthmothers; at W2: n=31 adoptive families, 29 birthmothers);
- *ongoing mediated adoptions*, in which indirect exchange of letters, pictures, or gifts was mediated by the agency and was continuing (W1: n=52 adoptive families, 58 birthmothers; at W2: n=19 adoptive families, 23 birthmothers); and
- *fully disclosed* adoptions, in which direct sharing of information occurred between the adoptive parents and the birth mother, usually accompanied by face-to-face meetings (W1: 57 adoptive families, 41 birthmothers; at W2: n=67 adoptive families, 43 birthmothers). (p.177)

These original categories were expanded during the study to include nine categories to account for changes in the amount of contact and whether it had paused or stopped. These are: confidential; confidential with updates; mediated stopped; mediated stopped with updates, mediated paused; mediated ongoing; fully disclosed stopped; fully disclosed paused; and fully disclosed ongoing. This became necessary due to 50 percent of the participants reportedly experiencing fluctuations within the originally agreed upon openness category in the seven years from Wave 1 to Wave 2 (McRoy, et al., p.182). It is reported that 30 percent experienced a categorical change in openness, with slightly more than half being increases. Overall, the largest increases were reported for the *confidential* to *confidential with updates* and from *mediated ongoing* to *fully disclosed*. The largest decreases in openness reported were from *mediated ongoing* to *mediated stopped* (McRoy, et al., p.179). One of the major findings of this report was that members of the adoption triad with ongoing contact found that their relationships were dynamic and needed to be renegotiated over time. No one category worked for all participants all of the time.

Another major empirical study is The Early Growth and Development Study (EGDS). This is an ongoing, longitudinal study of domestic adopted infants in non-relative placements within 90 days of birth. The purpose of the study was to examine the relationship between the degree of openness and birth and adoptive parents' adjustment and satisfaction, six to nine months, after placement (Ge, et al., p.531).

The study included 33 agencies within ten states: public, private, religious, secular, some proponents of open adoption, and some opposed to open arrangements. The first wave of this study was based on 323 matched adoptive parents, adopted child, and

birthmothers. This study also includes data from 112 birthfathers linked to the matched adoption triads (Ge, et al., p.531). Birthfathers are an extremely underrepresented population in any adoption research including open adoption.

The EGDS study included 94 and 92 percent Caucasian adoptive mothers and adoptive fathers respectively. Their mean ages were 37 for adoptive mothers and 38 for adoptive fathers. Virtually half of the adoptive parents were considered affluent with more than 70 percent having completed college or having advanced degrees. Among birthmothers 77 percent were Caucasian, 11 percent were African American, 4 percent were Hispanic American and 8 percent had other racial/ethnic backgrounds. The majority of birthfathers, 84 percent, were Caucasian, 6 percent were African American, 4 percent were Hispanic American, and 5 percent had other racial/ethnic backgrounds. The mean age for the birth parents was 24.3 and 25.1 for birth mothers and fathers respectively. On average the personal income for birthmothers averaged \$7,400 and \$13,500 for birthfathers and the educational level was a high school degree (Ge, et al., p.532).

The adopted children's racial and ethnic breakdown was as follows: 59 percent Caucasian, 20 percent of mixed races, 11 percent African American, and 10 percent were of unknown race (Ge, et al., p.532). As evidenced by the adoptive parents and the adopted children's racial and ethnic backgrounds this study has included transracial adoptions. However this study did not report on transracial adoption as a subset of the overall findings.

This study used personal interviews with each participant and standardized questionnaires. In addition adoptive parents were observed in a series of teaching and temperament tasks with their child. However the results of these observations have not

been published. These observations may have further explored the nature of the relationship between the adopted child and adoptive parent as well as satisfaction with placement.

The EGDS study chose to measure openness with three sub-scales: perceived openness; actual contact between the birth and adoptive parents; and the amount of knowledge between birth and adoptive parents (Ge, et al., p. 532). The categories of perceived openness was rated on a seven point scale from (1) very closed to (7) very open. Each of the birth parents and each of the adoptive parents rated their adoption process to be slightly open with a mean of 4.5 (Ge, et al., p.535). The findings of this study for satisfaction and post-adoption adjustment will be discussed under the birth parent and adoptive parent sub-headings.

A third study by Hollenstein, et al., 2003, studied 90 families with a non-relative, infant adoption shortly after placement at approximately 5 months and again at 23 months. The two goals for this study are: first, to examine if adoptive parents' knowledge about the birthparents relates to family adjustment; and second, is to determine the role of satisfaction with the level of openness on family adjustment (Hollenstein, et al., p.45). In this study the aspects of adoptive parent marital happiness and depression along with perceived child adjustment and the desire to change openness are considered to play a role in satisfaction.

The majority of adoptive infants and parents were Caucasian, middle-class, two parent families. In 50 families both adoptive parents participated, in 36 families only the adoptive mother participated and only the adoptive father participated in the remaining 4 families (Hollenstein, et al., p. 46). Participants were recruited through private adoption

agencies, adoption attorneys, and adoption support groups. It is notable that no information on the birth parents is given in this study. The focus is on the adoptive parents' satisfaction and functioning which will be discussed further under the adoptive parent sub-heading.

A separate case study using eight of the kinship networks from the MTARP study was conducted by Dunbar, et al., 2006. Four of the families increased their openness arrangement and four decreased the openness (Dunbar, et al., p.449). Each member, the birth parent, adoptive mother, adoptive father, and adopted adolescent, of the kinship network was interviewed. Factors that were identified as contributing to increases in openness between placement and middle childhood were "mutual concern for child's well-being, satisfying personal relationships and unimpeded flow of communication" (Dunbar, et al., p.451). Also cited by Dunbar, et al., were factors contributing to the decrease of openness were the following:

- increased geographic distance,
- perceptions of major difference between birth and adoptive parents,
- discouragement of contact by relatives or friends,
- change in the birth mother's personal situation (e.g. marriage, new child)
- inability to negotiate a mutually agreed-upon comfort zone,
- adoptive parents fear that contact was stressful or confusing for the child,
- problems with agencies as intermediaries. (p.452)

The focus of the study was to examine the ability of the adoption triads to develop collaborative relationships. In a collaborative relationship each party, birth parent and

adoptive parent, monitors the relationship and adjusts their participation based of what they perceive are the child's best interests. The findings for this study will be discussed under the sub-headings on the birth parent, adoptive parent and adopted child.

The Adoption Triad: Birth Parents

The discussion of birth parents must begin with the state that brings them to the adoption triad - the relinquishment of their child. Often this is given one sentence in research on adoption, such as, 'the birth parents suffer the loss of their child' (McGinn, 2007; Leon, 2002; Brinich, 1990). However, Leon, 2002, states that this loss maybe in part a socially constructed myth based on "the powerful cultural belief that the creation of a child inevitably inspires maternal love for that child and intense grief at separation"(p.652). He goes on to suggest that the motivation to parent is the essential variable in determining reactions to placing a child for adoption. Cited in this study is research on surrogate mothers who demonstrate little grief following birth and 'loss' of a child they did not intend to parent (Leon, p.654).

The Evan B Donaldson Adoption Institute, 2006, conducted research into birthparents involved in the adoption process. Their findings show that the predominate profile of relinquishing birth mothers were in their 20's who have graduated from high school, many of whom have other children. According to practitioners the most common situation for choosing adoption for their children is that they are just becoming independent from their parents or they are single mothers that feel they cannot raise another child at this time (Adoption Institute, 2006, p.4). Further findings indicated that expectant parents make adoption plans for their children. They may choose the adoptive

parents from a profile or meet them in person. In addition they may request written agreements for continued contact with their children. In contrast to the past, today only about one quarter were teen parents. This study found little recent research on birthmothers or birthfathers has been undertaken. Most studies they reviewed indicated that birthparents that have contact with the adoptive family have lower levels of grief, regret, and worry (Adoption Institute, 2006, p.4). This evidence also appears in the results from the MTARP study reviewed below.

Grotevant & McRoy, 2009, found that the birthmothers in their study placed their children for adoption because they believed adoption was a better alternative than abortion. They looked for "two-parent families that would offer their child good economic and educational opportunities" (Grotevant & McRoy, 2009, p.214).

The Minnesota - Texas Adoption Research Project (MTARP) focused on the dynamics of openness in the kinship network. For birth mothers this included the measurement of satisfaction in the adoption process. The study reported that 52 percent of birthmothers involved with confidential adoptions stated they were dissatisfied or very dissatisfied with the adoption, while 32 percent stated they were satisfied or very satisfied (McRoy, et al., p.180). Birthmothers reported that while they believed that the agency had chosen good adoptive parents for their child they worried about the adopted adolescent. Some of the birthmothers worried about the health or inherited family characteristics of the adopted child. The majority reported a fear that if the adopted child died or became seriously ill they would not be told (McRoy, et al., p.181).

One quarter of the birthmothers in mediated stopped adoptions were satisfied with this type of adoption and the letters they had received. Almost one quarter expressed a

feeling that this was the best type of open adoption for them and expressed a feeling of "closure" (McRoy, et al., p.181). The major problem with this type of adoption for 23 percent of the birthmothers can be summed up by these statements from one mother: "I think I have the common worries. Every once in a while it'll cross my mind - Is she alive? Did she die of cancer? Has she been in a car accident? Did she die in a car accident" (McRoy, et al., p.181)?

In a separate study on birthmothers grief resolution, connected to the MTARP study, by Christian, et al., 1997, data suggested that "absence or loss of contact with the placed child seems to promote fantasies, regrets, anger, and guilt, while ongoing contact appears to alleviate some of the loss and facilitates acceptance that the child is also part of another family"(p.53).

In a study on birthfathers by Clapton, 2007, one birthfather stated "the adoption rubbed me out legally but not emotionally" another stated "I became an angry person after she was born...I just went violent for a long time"(p.65). This study was based on interviews with 30 birthfathers as much as 30 years after their children were placed in closed adoptions. The majority of birthfathers were opposed to the adoptions. Twelve birthfathers reported being excluded, banned or dissuaded from participating in the adoption process (Clapton, 2007, p.64). Twenty-three of the men interviewed reported feelings of depression, loss, bereavement, anguish as well as physical problems (Clapton, p.65). This is a clear indication that either birth parent may experience grief from the separation of their child due to an adoption, especially when the adoption is closed.

McRoy, et al., 2007, noted that the majority of birthmothers in an ongoing mediated adoption reported satisfaction in receiving letters and knowing the adopted

adolescent was thriving (p.181). Almost half of the birthmothers in this type of open arrangement felt that this was the best arrangement for a birthmother. Some mothers described a sense of peace knowing that the adopted child was happy and developing normally (McRoy, et al., p.181). As mentioned previously this was the category of the greatest decreases from ongoing to stopped. Not surprisingly 41 percent of birthmothers believed that the adoptive parents wanted the contact to stop or had not upheld the original contract agreement. McRoy, et al., 2007, reported birthmother responses ranging from acceptance to betrayal (p.181).

Christian, et al., 1997, found that birthmothers who had ongoing contact with their child after adoption had better grief resolution and the feeling that they made the right decision (p.49). In addition there were birthmothers in confidential adoptions with positive grief resolution scores that had emotional support from family and friends, were satisfied with their careers, and current family situations. They had no regrets as they never intended to parent the adopted child (Christian, et al., p.52).

However, this study (Christian, et al., 1997) did find evidence for poor grief resolution for some birthmothers in fully disclosed adoptions as indicated by the following remarks from one birthmother,

It's kind of tough sometimes after I talk to her [adopted child] to just jump right back into my life...There's a lot of things going on that I wish I could have been a part of. So yeah, there is disadvantages because of the hurt and because the first time you hear that kid call someone else "Mom" and you say, "Wait, that's my name." (p.50)

These remarks demonstrate a better grief resolution from another birthmother in a fully disclosed adoption,

Though it took several years for me to get over my depression, I have decided that I did the right thing. My own family and adoptive family helped me to feel good about my decision...thinking about him [adopted child] makes me feel good. (p.51)

Christian, et al., 1997, suggested that birthmothers that develop a trusting secure relationship with the adoptive family whether through direct or indirect contact, "seems to lead some birthmothers to the gradual acceptance of the adoptive family's entitlement to the child, while allowing the birthmother to develop positive feelings about her role with the adopted child" (Christian, et al., p. 52). Further noted is that having a fully open adoption does not insure grief resolution for the birthmother. In fact a continued relationship with the birthfather seemed to indicate a greater risk for prolonged grieving (Christian, et al., p.51).

In findings from the MTARP study, fully disclosed adoptions revealed that the largest satisfaction was in getting to know the adopted adolescent and developing a relationship with them. One birthmother described this as "the sheer happiness at being able to interact with him" another stated, "That I know who she is" (McRoy, et al., p.182). When some of the birthmothers expressed worry in this type of adoption arrangement it stemmed from issues in the adolescents life they were aware of. Parenting style differences were cited as a concern for 18 percent of the birthmothers in fully disclosed and ongoing mediated adoptions (McRoy, et al., p.182).

In the study by Dunbar, et al., 2006, birthmothers perceived strong boundaries between themselves and the adoptive parents even in fully open adoptions. This led to ambivalence, and dissatisfaction. Two birthmothers expressed their thoughts in the following:

I really try not to be pushy and stuff and kind of let Tiffany lead the way. But I came to find out that she wasn't going to. So I got a little more aggressive with our relationship as far as calling her more and seeing what she's doing. And in turn, she has opened up a little more and - 'cause at the same time it's hard for her too, to know what to do or not to do. You know, how far to go, and how far not to go. (Tiffany's birthmother)(p.458)

I'm not real sure what to do. How much am I supposed to call him? That I'm not sure about....I don't want to push anything on him that he's not comfortable with. And the same with his parents. So, so far this is what he seems to be comfortable with. If he wants more, he hasn't said so. (Carl's birthmother)(p.459)

These statements seem to indicate that the boundaries may not be clear for either the birthmother or the adoptee. It is possible that these statements also indicate that this a time of fluctuation in the openness agreement where boundaries need to be renegotiated.

The Early Growth and Development Study (EGDS) found that the birthmothers' satisfaction with the adoption was positively and significantly correlated with openness. Further their post adoption adjustment was enhanced when they kept in contact with the adoptive parents (Ge, et al., p.537).

Interestingly in this study, the birthfather's report of openness did not correlate with reports from the adoptive mothers and adoptive fathers. Overall, the birthfathers reported more contact with and knowledge of the adoptive parents than the adoptive parents reported with the birthfathers. However, the level of choice or control the birthfather had in determining the degree of openness was positively associated with his satisfaction of the experience (Ge, et al., p.537). Thus being a participating member of the adoption triad has a positive effect on birthfathers. The results also indicate that the birthfather's report of openness was positively related to his post adoption adjustment as well. Because this was a small sample in comparison to the numbers of birthmothers, adoptive mothers, and adoptive fathers more research is needed regarding birthfathers.

Ge, et al., 2008, present an interesting confound in their study that birth parents with troubled backgrounds may opt for closed/ confidential adoptions so as not to share unfavorable information. In addressing this issue they examined any association with anxiety or depression in both adoptive parents and birth parents. No significant connection could be made between self-reported anxiety and depression with degree of openness for any member of the adoption triad in this study (Ge, et al., p.533).

However, one of the purposes in a study by Hollenstein, et al., 2003, was to examine adoptive parent marital happiness and depression. The findings for this study will be discussed in the next section on adoptive parents.

Summary

The lack of research on this population is disappointing. They are the reason that adoption exists yet little is known about these people or their reasons for relinquishment. And even less is known about the birthfathers than birthmothers. The studies have shown that birth parents within an open adoption make adoption plans for their children and often choose the adoptive parents. They participate within the confines of the post-adoption agreements. Clearly many experience grief and mourning after relinquishment. The studies reviewed found that in many cases the more open the adoption produced a lessening of the symptoms of grief and loss. In addition, many of the study participants indicated learning that their children were thriving was of great comfort.

The next section will explore the available research on the adoptive parents within the open adoption triad.

The Adoption Triad: The Adoptive Parents

The literature on adoptive parents usually assumes that they are experiencing loss and mourning due to infertility. Brinich, 1990, states that “There is a loss of an image of oneself or of one’s partner as biologically intact and capable of conceiving a child” (p.46). McGinn, 2007, refers to it as an occurrence that “carries its own issues of shame, sadness, and loss” (p.61). Blum, 1983, perceives a narcissistic injury which must be compensated in order for the adoptive mother to accept the adopted child (cited by Lee & Twaite, 1995, p.583). However, Leon, 2002, reviewed a study that compared adoptive parents to parents that had conceived through in-vitro fertilization or donor insemination and found the parenting to be better than parenting displayed by couples who had conceived a child naturally suggesting that the strong desire to parent may be more important than genetic ties (p.655).

In a study by Lee & Twaite, 1995, on adoptive parents’ attitudes towards birthmothers in open adoptions found that adoptive mothers tended to see birthmothers as more competent and less threatening than those in closed adoptions (p.581). Adoptive parents who meet with birthparents prior to birth “may result in the adoptive mother identifying with the biological mother, enhancing narcissistic involvement of the adoptive mother with the unborn child” (Lee & Twaite, p.583). In addition, they tended to have more information about the birthmothers intelligence, genetics, mental health and the child's prenatal care (Lee & Twaite, p.582). This added information helped to eliminate fears about the adoptees heritage that may be present in a closed adoption.

In an open adoption the adoptive parents come to realize that the birthmother cares a great deal about her child and that this is not a "throw-away" baby (Lee & Twaite,

p. 583). The impact of this on adoptive parents may be to provide the additional incentive to respond to the infants needs more readily. According to this study "a mother with positive attitudes from birth is not likely to interpret the child's tantrums as proof of future uncontrollability" (Lee & Twaite, p.583).

This positive attitude towards the birthmother was then extended to the adopted child when adoptive parents were asked to rate their children. These ratings indicated that the adoptive parents rated their children in terms considered to be more competent (accepting, clean, plans for the future), well-behaved (patient, polite, tactful), and less threatening (conservative, soft, honest) than those in closed adoptions (Lee & Twaite, p.581). The study indicated that adoptive mothers in an open adoption "tended to be less strict and less likely to avoid communication with their children than adoptive mothers reporting no contact"(Lee & Twaite, p.582).

The Minnesota - Texas Adoption Research Project (MTARP) reported that the majority of adoptive families, 71.8 percent, did not change the original open agreement from Wave 1 to Wave 2. A small number of adoptive families, 14.7 percent increased the level of openness while 13.6 percent decreased the level of openness (McRoy, et al., p.183). While overall change was small the greatest level of difference is seen in fully disclosed adoptions. This level increased as almost two-thirds of the fully disclosed adoptions did not start that way, 51 percent started as mediated, 15 percent as confidential before changing. McRoy, et al., 2007, state that as mutual trust and respect gradually developed between the birthmother and adoptive parents the desire to share information increased (p.182). Also stated is that as adoptive parents become more secure in their roles as parents they become more interested in contact. Grotevant, et al., 1994, found

"that parents in fully disclosed adoptions demonstrate higher degrees of empathy about adoption, talk more freely with their children, and are less fearful that the birthmother might reclaim her child than are parents in confidential adoptions"(cited in Townsend, 2003, p.6).

When adoptive mothers were asked what role the birthmother played in their child's life the most common category was kin, such as an aunt, mentioned 40 percent of the time. Other categories named were friend, 16.7 percent, birthparent role, 10 percent, other mother, 10 percent, no role, 6.7 percent, and other, 10 percent (Grotevant, et al., 2005, p.173).

In the separate case study from the MTARP study by Dunbar, et al., 2006 it was noted that in all adoptive kinship networks in this study the adoptive mother was more involved in the management and increasing openness changes than the adoptive father (p.584). However, when decreasing levels of openness the adoptive parent that felt most comfortable managed the process. In all, when adoptive parents felt in more control of the changes whether increases or decreases they expressed a high degree of satisfaction. One adoptive father stated, "I feel good, basically because I'm the one that controls it" (Dunbar, et al., p.458). Adoptive mothers reported satisfaction when they had a sense openness was mutually satisfactory regardless of whether there was evidence for this or not. The adoptive parents also expressed satisfaction when they felt the birthmothers respected the family's boundaries and let the adoptive family initiate contact. The following (Dunbar, et al., 2006) was reported by an adoptive mother shortly after openness changed to face-to-face meetings between the birthmother and adopted child,

It was very intense, [the birthmother] called everyday. Brooke would call her... We talked to [the birthmother] on Saturday. We talked to her on Sunday. I don't know how many times Brooke talked to them. But that became very hard for me, which was really weird because I had been totally comfortable and you know, I thought I had slain that dragon years before... I just felt like we just had no breathing room. It was immediate and really overwhelming. You know, we had been so comfortable with this until the actual meeting that it was really hard to explain this irrational person screaming through my head just going, "Goll, just leave me alone. Get away from my family." (p. 458)

Clearly these statements indicate an adoptive mother that is overwhelmed by the recent change in openness. Dunbar, et al., 2006, found that during adolescence the level of openness was likely to change as both the birthmother and the adoptive parents reported that it was the adolescent that now had responsibility for contact (p.459). In the case of increases in fully open adoptions the adolescent and the birthmother shared the responsibility for the maintenance of the relationship (Dunbar, et al., p. 459). This allowed for a collaborative relationship to develop as evidenced by the following remarks,

Whatever is comfortable for him, whatever he decides is comfortable which I imagine will be a couple times a year, contact. He's an adult. Whatever he wants, so that's his decision and he needs to be in control. [We wanted] open communication with [birthmother] and Carl to be able to share with her and talk to her and find out about her family and his roots and find out why she placed for adoption and I think she's answered that for him, so just everything that we've wanted. (Carl's adoptive father) (Dunbar, et al., p. 459)

She's always thrilled to hear from him and they do have long conversations... I think that the times they talk I think are sufficient. I kind of get the feeling that she doesn't want to call too much. She's very happy that he initiates the calls but she doesn't want to be seen as interfering or whatever.... I want them [birthmother and adopted adolescent] to be the way they are now, good friends... I hope he gets to see her regularly. I think the only change I can possibly see is Carl maybe having some contact with his birthfather. (Carl's adoptive mother) (p.459)

These parents demonstrate a sense of value and comfort with their child's dual connection to both their adoptive and birth families. Their ability to communicate this in

an open and honest manner may have a positive impact on their adolescent's adjustment and identity development.

Some of the adoptive parents in the study were not clear about supporting or discouraging their adolescent's interest in knowing more about the birthmother (Dunbar, et al., p.460). This seemed to occur in adoptions where contact was or had decreased. Thus in these adoptive kinship networks the change in responsibility for contact in the relationship was not always communicated in a manner understood by each member.

In another study the benefits of contact for the adoptive parents were listed as: an increased sense of having been chosen to parent; information on the health of the birth parents; control over which birth parent they worked with; increased comfort in telling the adoption story; and having empathy for the birth parent (Townsend, 2003, p.5).

The Early Growth and Development Study (EGDS) report that there was a statistically significant correlation of openness to satisfaction for both adoptive fathers and mothers. The connection between openness and adoptive father's post-adoption adjustment was not significant and only marginally significant for the post-adoption adjustment of adoptive mothers (Ge, et al., p.536). Interestingly, this study found that adoptive mothers without biological children of their own were more likely to report both a positive adoption experience and post-adoption adjustment than adoptive mothers who had biological children of their own.

The adoptive parents in this study reportedly felt open adoption was in the best interests of the child. However as this study suggests evaluating post-adoption adjustment at nine months may be a challenging time for newly adoptive parents. As they adapt to

their new roles as parents of a nine month old with the addition of contact with birth parents could create a more intensive period (Ge, et al., p.538).

In the Hollenstein, et al., 2003, study the majority of participants did not want to change the level of openness. Only 31 percent desired a change, of these 57 percent wanted a more open adoption and 43 percent wanted a more closed arrangement (Hollenstein, et al., p.48). Adoptive parents wanting a more open arrangement also wanted more information on the birthfather. These parents reported having more information about the birthmother than birthfather.

This study showed a higher correlation between knowledge of birthmother and a positive influence on the adoptive parents' perception of the birthparents (Hollenstein, et al., p. 49). There was no positive influence on the adoptive parents from knowledge of the birthfather. Also noted was that a desire for more information on the birthfather and more openness were unrelated to child behavioral problems.

However adoptive parents who rated their child as difficult to raise expressed a desire for change in the openness arrangement. Suggested by Hollenstein, et al., 2003, is that adoptive parents who perceived their child difficult to raise may have attributed that to the adoption process or contact with the birth parent (p.50). The study is unclear as to whether this was a desire to change to a more open or a more closed arrangement.

Finally, the study found a correlation with the desire to change the original agreement was related to lower marital happiness and more parental depression as reported by the adoptive mother than specific aspects of the adoption process (Hollenstein, et al., p. 50). However also noted in this study is that the adoptive parents may have wanted a more open or more closed adoption arrangement at the time of

placement and may have compromised with the agency or birthparent(s) (Hollenstein, et al., p. 49). This study leaves many questions unanswered as to the direction of desired change and level of depression or marital unhappiness before the adoption. Further study in this area would enhance knowledge about the nature of relationship between the adoptive parents and within the adoption triad.

The MTARP study also used the Parenting Stress Index to assess the concept of compatibility between the adoptee and the adoptive parents. This index showed that “perceived incompatibility was positively correlated with poor emotional control, social isolation, and symptoms, and negatively correlated with intellectual engagement, for both adoptive mothers’ and adoptive fathers’ reports” (Grotevant & McRoy, p.219).

Further, these analyses of perceived incompatibility provided a strong predictor of problematic adjustment in middle childhood linking parents’ perception of compatibility with child adjustment. Perception of compatibility was not stagnant and did show some change over time. However, higher degrees of perceived compatibility maintained into adolescence and were connected to higher levels of social competence and adjustment in adolescence. Grotevant & McRoy, 2009, suggest a circular dynamics such that when parents feel their child is a good fit, the child feels accepted and valued, and is better adjusted, which makes the parents feel the child is a good fit (p.220). The converse would also be true that the less accepted and valued the child feels, the greater the adjustment difficulty, and the more likely the parents feel the child is not a good fit.

Summary

The majority of the studies reviewed focused on the adoptive parents. The findings from these studies indicate that the adoptive parents gain much from contact

with the birth parents. Aside from medical, genetic and prenatal care information, contact with the birthmother could provide a narcissistic repair to the adoptive parents. In addition the findings indicate that positive regard is extended to the child when the adoptive parents are in contact with the birthmother as well as increasing satisfaction in the adoption process itself. Findings also indicate the possibility of developing a collaborative relationship with the birth parent that places the interests of the child in the forefront. Research is lacking on attachment and the nature of the relationship within the adoption triad.

The next section on the adoptee continues to reveal findings from the major empirical studies outlined in the section on open adoption.

The Adoption Triad: The Adoptee

The apex of the adoptive triad is the adoptee. Much has been written about the losses incurred by the adoptee. Even the adoption of infants has been characterized by some as the “primal wound.” Verrier, 1993, wrote,

When this natural evolution (from conception to care) is interrupted by postnatal separation from the biological mother, the resultant experience of abandonment and loss is indelibly imprinted upon the unconscious minds of these children, causing that which I call the “primal wound.” (cited by McGinn, 2007, p.63)

However, many researchers and specialist do not agree with this characterization. Brinich, 1990; Fahlberg, 1991; Brodzinsky, 1998; and Leon, 2002, do not believe that infant adoption constitutes an immediate experience of abandonment and loss. Again Leon, 2002, reports that it is the “readiness to parent the needy infant mammal who in turn attaches to that nurturing parent” not procreation that creates the bond (p.653).

Goldstein, Freud, & Solnit, 1979, indicate that “This attachment results from the day-to-day attention to his needs for physical care, nourishment, comfort, affection and stimulation” (cited by Leon, p.653).

Further most adopted children’s sense of loss emerges as they begin to attend school and learn how families are formed. Leon, 2002, suggests it is the learning that the child was not carried by their adopted mothers that is the first loss which grows out of the attachment that has developed between adoptive mother and the child (p.653).

Brodzinsky, Singer, & Braff, 1984, studied children’s ability to understand adoption and found several progressive levels of understanding. These were delineated along developmental changes in comprehension of social knowledge. Even young children that knew they were adopted had only a basic understanding of its meaning as in the following example from a six year old, “Adoption means that the mommy and daddy have a baby that someone else had... in their tummy. It’s their baby now...no one can take it” (Brodzinsky, et al., p. 872). This demonstrates a level 2 understanding that there is a difference between a birth and adoptive parent this understanding usually occurs by age six or seven; older children from eight to eleven often become unsure if the adoption is permanent, marking level 3.

Brodzinsky et al., 1984, noted that much of the child’s fantasy life at this time is centered on the biological parent’s potential for reclaiming the child or a disruption of the adoptive family (p.876). As children develop the capacity to conceptualize another’s perspective they begin to reevaluate the relinquishment decision by the birth mother and offer possible alternate solutions,

“If she was too poor to care for me, the child might ask, “why didn’t she get a job?” “If she was alone and didn’t have anyone to help care for a baby, why didn’t she get married, or ask her parents for help?” (Brodzinsky, 1998, p.29)

Children at this age also begin to develop logical reciprocity and automatically realize that to be adopted means to have been relinquished by their birth parents.

According to Brodzinsky, 1998, this is the first time adoption is associated with “loss of birth parents, birth siblings, and extended family; status loss associated with adoption-related stigma; loss of cultural, ethnic, and racial heritage; loss of genealogical connections; loss of stability within the adoptive family; and loss of identity” (p.30).

This list presents a profound sense of loss for middle childhood, yet it does not consider the validating effects of an open adoption and continued contact with birthparents or other birth relatives.

The levels identified by Brodzinsky, et al., progress to the understanding of adoption as a permanent legal transfer of rights from the biological parents to the adoptive parents which usually occurs around adolescence (p.872).

The Minnesota - Texas Adoption Research Project (MTARP) had as one of its purposes to investigate the development of adjustment in adolescents who have grown up with varying openness arrangements. The findings were divided into several categories, two of which have applicability to the nature of relationship within the adoption triad. They are: adolescents who were satisfied with the contact they were having with their birthmothers and adolescents who were not satisfied with the contact they were having with their birthmothers (Berge, et al., 2006, p.1021).

In the category of adolescents that stated a positive affect toward their birthmother were 30 males and 26 females. They often used the terms such as "relationship" or

"friend" in their descriptions of their birthmothers (Berge, et al., p.1022). One female adolescent stated,

She, I mean, she's really easy to talk to and we got along really good, I guess, and we have a really good relationship. I feel like, I feel like I want to tell her everything, or anything. I mean, I love her. (p.1022)

A male adolescent shared, "Mainly a friend, I guess. I mean she doesn't have like a parental role, because I already have that. She's mainly just another person who loves me" (Berge, et al., p.1022). The relationships were also seen as providing extra support for the adolescents. One female adolescent stated, "The support that comes from having another strong relationship in my life is irreplaceable." another female stated, "it's nice to have another person looking out for you and caring about what happens to you"(Berge, et al., p.1023).

These relationships contributed to the adolescent's identity formation through information about physical features and personality traits. This is evidenced from the following statements by two male adolescents, "I know why I look the way I do." and "I act just like my birthmother" (Berge, et al., p.1023). A third contribution to identity is through the biological information shared. A female adolescent shared, "I feel like, more like, complete, I guess, because I know everything about myself now." a male echoed those sentiments when he stated, "I feel like I know who I am now" (Berge, et al., p.1024).

Adolescents shared that knowing the whole story about their lives was an invaluable aspect of contact. A female shared the following experience:

Yeah, I remember in, like fifth grade, this one girl was like, "I feel sorry for you because your parents, like, gave you up," and I'm just like, "you know it's not like that. I've met my birthmother and know the whole story, and she loves me and

still does and did me a favor letting me be raised, you know, in a better situation." If I hadn't met Karen I wouldn't have been able to answer that question and it would have probably screwed me up and made me feel less of a person or something. (p.1024)

This adolescent was supported with more complete information of her past and demonstrated her ability to integrate that information into a more secure identity.

Adolescents that were satisfied with the contact they had with their birthmothers expressed a desire to meet other birth family members as well. The next most requested birth family member was siblings followed by birthfather, grandparents, aunts /uncles, and cousins (Berge, et al., p.1024). It was theorized by Berge, et al., 2006, that meeting a sibling was less intimidating than the birthfather.

Of the twenty adolescents that were not satisfied with the contact they were having with their birthmother only three wanted the contact to stop (Berge, et al., p.1025). The majority wanted more contact or contact that was more intense. One female stated, "I want to have a deep conversation with my mother about who she is" (Berge, et al., p.1026). Some adolescents were in contact by mail and wished to have phone or face-to-face contact. Some of these adoptions were open with mediated contact and the adolescents were unsuccessful at changing the current contract to more direct and open contact. The overall response from this group was gratefulness towards the birthmothers for giving them a better life through the adoption. They tended to view this decision as acts of selfless love (Berge, et al., p.1027).

Summary

Research on the adopted infant in an open adoption is extremely limited. Clearly, they experience loss as they mature and their cognitive abilities develop along with their

social knowledge. These developments also lead to a more complete understanding of adoption. The studies presented here indicate that adoptees appreciate having contact with their birth parents. These relationships provided feelings of extra support in their lives. In addition, the contact contributed to an understanding of their identity that some found great value in. For some this inspired a desire for a deeper connection and more contact with other members of their birth family.

The next chapter will begin to examine the nature of these relationships through the lens of object relations theory.

CHAPTER 4
OPEN ADOPTION THROUGH THE LENS OF OBJECT RELATIONS AND
ATTACHMENT THEORY

Open adoption is not a heterogeneous definition. There are as many different constellations of an open adoption arrangement as there are families involved in it. And as the research has indicated it is a dynamic relationship that fluctuates over time. Still there are the core members of the adoption triad on which to focus: the birth parents, the adoptive parents and the adoptee. The research used in this study indicated adoption took place at birth or within an average of about 4 months. Four months is a long time in an infant's life however in these studies the risk for abuse and neglect was rated as extremely low.

Object Relations Theory

Melanie Klein

Using the lens of object relations we can apply Melanie Klein's theory of the internal object to the infant adoptee. This infant adoptee has two families that it will be in relationship with. According to Klein, the infant would start to internalize interactions with the caregiver from birth. Once adoptive parents became the primary caregivers the infant would begin to internalize the relationship with these objects as well. Thus, the infant has begun to internalize pieces of each of these parents. This sets up the infant and the biological and adoptive parents for splitting into the "good" parent(s) and the "bad" parent(s) throughout life. This splitting may begin at a very early age when one parent is

able to understand and respond to the infant's needs better than the other. During middle childhood and adolescence splitting may be used as a manipulation to gain what the adoptee feels they need or want.

We cannot assume which parent will be the "good" parent and which will be the "bad" parent. The infant projects both its unwanted, frightening feelings as well as its good feelings onto the objects in its life. In addition, both mothers, birth and adoptive, may be experiencing mourning due to the loss of her child in the case of the birth mother and loss of potential offspring due to infertility in the adoptive parent which may affect their relationship with the infant.

Research indicates that the level of openness in the adoption is a mediating factor for both sets of parents. Research has found that birth parents that have made arrangements for ongoing contact in an open adoption resolve their grief better than those in a closed adoption. For the adoptive mother there is the opportunity to begin bonding when being in contact with the birthmother before birth.

Using Klein's theory of the depressive position to examine what the adoptee may bring into therapy could be very illuminating. This aspect of the theory looks at splitting and the phenomena of rage filled fantasies that one person is the source of all pain or problems in life. In an adoptee the rage may be towards the birthmother who relinquished them as the source of all their problems in life; it may be the adoptive parents who is seen as interfering in the relationship with the birth parent; or it may be adoption itself that is the source of all pain.

This aspect of Klein's theory may be important in understanding the birth parents and / or adoptive parents and what each may bring to the open adoption relationship. A

birth parent that has not resolved their grief may blame themselves or others for the decision to relinquish the child. In the case of the adoptive parent they may blame their partner for the infertility or the birth parent for a difficult child as the source of all the pain in life. Each of these examples reflects an immature state that the individual is relating from.

However, Klein theorized that the child's environment was important, that good parenting could soothe anxieties, lessen fears and strengthen the good object (Flanagan, p.94). Using the Kleinian theory it may be the task of the birth and adoptive parents to work against the adoptees tendency for splitting by clarifying each person's role in supporting the healthy development of the child.

Ronald Fairbairn

Ronald Fairbairn's theory emphasized the environmental factors and the real people in an infant's life. He was influenced by Melanie Klein's idea of the internal object and theorized that the internal object developed from "unnatural separation" and deprivation. He theorized that as these "bad" experiences happened they were introjected. Thus the infant takes on the burden of "badness" and the reason that "bad" things happen.

Due to early neglect or abuse the adoptee may see themselves as inherently flawed, the child that was not good enough to keep. There may even have been abuse, neglect, or the adoptive parent's perception that the child is a poor fit for their family. This perception can come from parents who lack the ability to read their child's cues as well as differences in temperament from infant to adoptive parent.

Fairbairn noted the importance of recognizing that the child, and later the adult, experiences "shame through his associated relationship with the bad object" (Cooper &

Lesser, p.84). Thus the clinical symptoms are attempts to remove the internalized bad objects without really losing the objects. “For the child it is better to have bad parents than no parents at all” (Cooper & Lesser, p.84). However to really separate from this dynamic the child must see that the badness is in the caregiver and not in them.

It is possible to see this self-blaming stance in each of the adoption triad members as well. A young woman can blame herself for becoming pregnant at a young age like her parents did or even as a result of a crime of rape. The relinquishment of her child can be a source of self-blame. And either adoptive parent can become self-blaming for being a “bad” parent or spouse. This self-blaming aspect is often seen in abusive relationships where the individual being abused takes on the blame for the others behavior.

According to Fairbairn once this splitting, repression and internalization of the bad object occur the individual will continue to replicate these relationships in the future. As discussed previously the replication of these self-blaming relationships can occur at any point in the adoption triad. It may be the adoptee that continues behaviors that ‘prove’ they are the child that is not good enough to keep bringing the adoptive family close to disruption. It could be the birthparent who continually appears and disappears due to any number of adult problems proving that they cannot be counted on. It could be either adoptive parent that suffers from depression, low self-esteem due to their own history of abuse or neglect which causes a repeat of those dynamics in their current family. As cited in the study by Hollenstein, et al., 2003, a correlation was found with the desire to change the original openness agreement with lower marital satisfaction and depression as reported by the adoptive mother (p. 50).

Fairbairn also believed that if parents sought pleasurable exchanges with their child, the child would learn how to interact and connect to others in this way.

Applying Fairbairn's theory to the relationships within the adoption triad it would be essential for the birth parent to be honest about any prenatal or post-natal neglect. Both biological and adoptive parents need to coordinate regarding the retelling of the adoption details to be age appropriate and the least detrimental as possible. In addition both sets of parents need to develop empathy for the others situation.

D.W. Winnicott

D.W. Winnicott theorized that the ideal state for the infant was to have a mother who was in a state of "primary maternal preoccupation", where she losses herself completely in her child (Flanagan, p.130). Adopted infants may not start their very first weeks in this manner as they move from the birthmother to the adoptive mother.

However as the literature has indicated there is a primary desire to parent in adoptive parents which may mirror this 'primary preoccupation'. In addition, Leon's, 2002, review of several studies concluded that infant adoption does not constitute an immediate loss at placement that inevitability disrupts early attachments (p.653).

Winnicott did modify this stance slightly when he stated that a "good enough" mother, who would be attuned to the infants needs, was essential. He extended this idea to the "holding environment" in which the caretaker creates an environment where the infant feels held, safe and protected from the dangers outside as well as the unwanted feelings inside (Flanagan, p.131). This caretaking affords the infant the ability to develop a "true self" the essence of healthy individuality. The following remarks by an adolescent adoptee indicate this sense of a true self:

Yeah, I remember in, like fifth grade, this one girl was like, "I feel sorry for you because your parents, like, gave you up," and I'm just like, "you know it's not like that. I've met my birthmother and know the whole story, and she loves me and still does and did me a favor letting me be raised, you know, in a better situation." If I hadn't met Karen I wouldn't have been able to answer that question and it would have probably screwed me up and made me feel less of a person or something. (Berge, et al., p.1024)

As most fifth grade children are usually between the ages of ten and eleven years old this person was quite young to manage such a personal assault. And this was accomplished with a clear sense of self. Clearly both birthmother and adoptive parents provided the secure "holding environment" for this adolescent to integrate the often complex adult situations involved in adoption.

This is quite different from the following remarks of two adolescents that had not met their birth parents and felt adoption did not have much relevance in their life: A male shared, "We, I mean my family, never talk about the fact that I'm adopted, it just doesn't come up, I'm just me," and a female stated,

I don't really tell my friends that I'm adopted, you know, and like, those who know never ask me about it, you know. I don't really think, like, that it is so important to bring it up all the time, you know. (Berge, et al., p.1028)

These remarks are interesting as these adolescents were in open adoptions that shared information, if not with the child, than between the birth and adoptive parents. It's unclear if the adoptive parents have created a safe holding environment in which to examine the event of being adopted.

These next quotations clearly represent the adolescents concern with how they thought contacting their birth parents would affect their adoptive parents. A female adolescent stated, "My parents [adoptive parents] would be hurt, you know, if I tried to

search for my biological mother”, a male shared, “I worry how my adoptive parents would feel, you know, like I’m betraying them or something” (Berge, et al., p.1029).

Winnicott may consider these last remarks to represent the “false self” which is marked by the need to please others, as there seems to be a motivation to please or at least not offend the adoptive parents by curtailing contact with the birth parents.

The adoptive parents may in fact be waiting for the adolescents to express a desire for this opportunity of connection. As according to some of the literature many birth and adoptive parents move the responsibility for maintaining a relationship with the birth parent to the adolescent as they mature.

Winnicott also contributed the idea of the transition object. This is an object such as a toy or blanket that represents both the infant and the caregiver and helps to bridge times when the child is without the parent. This could be a valuable tool for the birth parents to use as an expression of love and care. It would require a commitment from the adoptive parents to use and save the object for those times when the child needs reassurance that they were not a “throw-away” child.

Applying Winnicott’s theory of object relations to the nature of the adoption triad indicates that the adoptive parents must learn to be attuned to the child’s needs. Both birth and adoptive parents need to put the best interests of the child first to help them develop their “true self”.

Margaret Mahler

Margaret Mahler’s object relations theory described a separation and individuation process of how object relations are internalized. She believed that attachment to the parent was essential as was the eventual detachment to becoming a

complete individual. This process starts in infancy from birth to twelve weeks with the autistic phase considered by Mahler to be an objectless phase. This may be the period of transition for the adopted child. Each study reviewed was unclear how placement actually took place and whether foster care was used or not. In addition no state statues were recognized in the research reviewed making it even more unclear whether the infant was placed from birth or at sometime within the average of four months. This is an important unknown as relates to this autistic phase and the symbiotic phase.

This autistic phase has been questioned by some theoreticians who believe in “the infant’s capacity to relate from the moment of birth” (Flanagan, p.151). The work of Beebe & Lachmann, 1988; Lyons, 1991; and Stern, 1985, indicate an “intensity of recognition, interaction, imposition of self, alertness and relatedness in infants heretofore unknown” (cited in Flanagan, p.151).

Mahler’s second phase overlaps the first. This is the symbiotic phases, starting at six weeks to ten months. During this time it is important for a healthy and safe holding environment to be provided. The infant begins to experience the other, the adoptive parent, in the relationship. However this other, the caretaker is not experienced as separated from the infant at this point. “The mother’s ego functions for the infant and the mother mediates between the infant and the external world” (Lesser & Pope, p.57). The development of trust between caregiver and child is essential at this point. The trust is developed through repeated correct responses to the infant’s needs. This is the basic challenge for any parent at this stage. The adoptive parent that feels a sense of entitlement to parent will be far more ready for this challenge than one without this sense.

As cited in Mendenhall, et al., 1996; Townsend, 2003; Hollenstein, et al., 2003; Grotevant et al., 2005; Dunbar, et al., 2006; and McRoy, et al, 2007; were findings that a sense of entitlement grew out of the initial contact with the birth parent. In addition, Lee & Twaite, 1995, reported that contact between the adoptive and birth mother appeared to be related to more positive parenting relationship between adopted mother and adoptee (p.582). By participating in a more open adoption arrangement the birthmother has a more active role in her child's future as well (Mendenhall, et al.,2004, p. 177). As Separation-Individuation Proper begins with the differentiation phase beginning at five months to twelve months and the practicing phase beginning at ten months to twenty-four months this is also the beginning of the toddler period. Much development takes place in the infant which is now able to explore by creeping and crawling. The parent remains the safety zone that the child moves both toward and away from as the child practices separation.

This is when separation anxiety and stranger anxiety begin to appear as the child becomes more aware of who belongs in their world and who is new to it. Mahler, et al., 1975, has suggested that acute stranger anxiety may occur in children whose basic trust has not been optimally developed (cited in McGinn, p.68). This may occur in adoptive families that do not feel they are entitled to raise the child or where goodness-of-fit may appear to be an issue.

A mediating factor to the goodness-of-fit theory offered by Kirk, 1981, 1984, has suggested that the degree to which adoptive parents are able to acknowledge differences between adoptive and biological parenthood rather than deny or exaggerate those differences will enable them to better empathize with their children (cited in Leon,

p.660). Thus the adoptive parent becomes more sensitive to possible differences in temperament, intelligence and personality. This is may be a critical factor in fostering individuation at this and later stages.

During the rapprochement phase which occurs from twenty-four through thirty-six months the child enters the push-pull stage of separation. They desire to expand their own comfort zones of discovery while maintaining the current holding environment. “A needy parent might cling too hard when the child needs to let go, while an overburdened parent might push the child away too soon when she needs to be held close a little while longer” (Flanagan, p.153). Any parent must maintain a reliable presence while allowing the child to expand its attachment to others. This may be an important time for the birth family to establish their role in the child’s life.

Mahler’s final sub-phase is “On The Way To Object Constancy” which starts at about thirty-six months and lasts to the end of life. There are two important developments at this phase. One is the development of individuality and the other is the attainment of object constancy. Object constancy refers to the relatively stable and positive representation first of the mother, or primary caretaker, and eventually of others. Object

constancy is the idea that even during absence, anger, or disappointment the other, mother/ caretaker, maintains as a good person. As this is considered a fluid state lasting until the end of life it is expected that one will come into and out of these phases. The adoptee will need support not to enter into a splitting state with either parent birth or adoptive as the all good parent or all bad parents. This will require honesty and empathy from each biologic and adoptive parent for the others circumstances.

As this sub-phase begins at about three years of age, Brodzinsky, 1998, in his model for Family Life Cycle Tasks of Adoptive Parents and Adopted Children suggests that the toddlerhood and the preschool years are the time to begin learning one's adoption story (p.23). This will help the child to begin to integrate their adoption story into their identity.

As the development of identity is one of the hallmarks of adolescence it is important to note the effect of open adoption on adolescence. As discussed earlier having access to one's birthparent while maturing can answer many questions about one's identity. One female adolescent stated "I finally know why I look and act the way I do" another female shared the following,

It's hard when everybody's like, like my mom's family looks a lot alike, and I don't look anything like them. And you know, they say "so and so looks like so and so" and it's really hard. When I see the pictures of my birthmother or visit, I see the similarities and can say I look more like her. Or my birthmother would write me in a letter something that would sound like me and I'd say, "Well, oh that is where I get this from." That's I think, the part that interests me the most about it. It's discovering why I am the way that I am. (Berge, et al., p.1024)

The ability to experience and develop a relationship with the birth parents adds invaluable information for the adolescent adoptee. As one mother commented,

The normal "who am I" issues of adolescence are compounded by adoption "who am I" issues. But because of open adoption he has always known who he is, [who his birth parents are, his genetic heritage, the reasons for his adoption]; hopefully, this has alleviated some of the compounded difficulty adoptees in closed adoptions have. He has those answers in place. His bewilderment is less intense. Adoption is less of an issue during adolescence when there is openness than when it's closed. (Siegel, p.369)

According to another adoptive mother who had annual visits with several birth family members, "Having an adolescent eclipses open adoption. Open adoption is a kind of nonissue. Being a teenager is the issue" (Siegel, p.369).

Summary

Using the constructs of object relations to examine the nature of the relationship within the adoption triad enhances the understanding of how the adoptee internalizes two families. Each parent biologic or adoptive can contribute to the healthy development of the adoptee. Developing the ability to collaborate in the relationship increases the adoptees positive development as they mature.

Attachment Theory

Using the attachment theory as a lens through which to view the members of the adoption triad can help the clinician understand the dynamics of these relationships. However as evidenced in the review of literature there are those theorist and researchers that see attachment of the adoptee as natural and those who see it as blocked by the event of adoption. From McGinn, 2007,

When relinquishment occurs at birth and a child is placed directly into a permanent adoptive home, the repercussions of the prenatal physiological stressors, the “primal wound,” and the disadvantage for the mother/child dyad in becoming attuned to one another’s cues due to the lack of prenatal bonding all may still come into play and contribute to challenges in forming a secure attachment. (p.65)

Yet, Fahlberg, 1991, believes that despite the severing of the prenatal bonds attachment can develop after birth in nearly an identical manner whether the infant is genetically connected to the parent or not (cited in McGinn, p.65). This is furthered by Bayless, 1989, who remarks, “The most important element in developing healthy attachment is neither blood ties nor gender of the caretaker, but the nature of the relationship of this person to this child” (cited in McGinn, p.66).

It is important here to reiterate that attachment is not something that the parent does to the child. In fact the infant uses a variety of attachment behaviors from birth which include rooting, smiling, grasping crying, and visually tracking the caregiver. The infant's aim is always to achieve close proximity to a critical older adult especially during times of danger (Shilkret & Shilkret, p.190). Attachment is created in a reciprocal cycle between parent and child through understanding and meeting the needs of a child. If the child expresses hunger by crying or fussing and the caretaker responds by:

Picking up the child while fixing the bottle, by holding the child while warming the bottle and by continuing to hold, stroke and talk to the baby during feeding, the cycle will continue as the baby responds by relaxing, smiling and cuddling. (cited by McGinn, p.64)

Fahlberg, 1991, termed this the "arousal-relaxation cycle" and concluded that after successful and repeated completions of this type of cycle the infant will develop trust, security and become attached to the caregiver (p.34). These early months are challenging for any new parent and require that the parent develop an attunement to the adopted child's needs.

As reported in the Ge, et al., 2008, study which assessed post-adoption adjustment after six to nine months, openness was not associated with post- adoption adjustment for adoptive fathers and only minimally for adoptive mothers. The study suggested that "their adjustment and well-being may be more affected by how they adapt to their lives of raising the adopted child than by the degree of contact with the birth mothers" (Ge, et al., p.538). However this study did report that some adoptive mothers in direct contact with birthmothers had expressed concerns regarding the amount of time and energy contact with birthmothers demanded (Ge, et al., p.538). This may be an added stress

which was not anticipated in the original openness agreement. The research reviewed did not specifically assess stressors in an open adoption.

The study also cited the benefits for the adoptive parents of increased sense of entitlement to the adopted child, and knowing the psychological and medical background of the child (Ge, et al., p.538) all of which can support the attachment process.

As the child matures, including the adopted child, it begins to develop what Bowlby termed “internal working models”. These models are based on the reality of experiences that the infant has generalized into expectable interactions with the primary caregiver and others (Hodges, et al., 2005, p. 96). These models become apparent around the ages of seven to nine months when stranger anxiety and separation anxiety develop in the infant. These are normal expressions of anxiety and are representative of the child’s internal working models. The sight of someone new who does not fit the expectable model approaching the infant can cause anxiety. Or the parent that follows the same pattern every time she leaves the house without the child indicates to the child a pattern that leads to separation. Mental representations of the attachment figure are a clear indication that attachment has begun to form for any child, including the adoptee.

Because the research reviewed indicated that the adoption was of infants placed at birth or within the average of four months it is possible that some infants will have begun to develop some internal working models before adoption. Whether these are foster placements or with the birthmother the infant will be relearning what to expect through repeated experiences with the adoptive parents. This may increase the difficulty in communication between the adopted child and the adoptive parents. However, one can

hope that the adoptive parent is open to discovering who their adopted child is as “when parenthood is planned - as it must be in adoption – infant functioning excels” (Leon, p.660).

These early stages of attachment develop trust between the infant and adoptive parent. As the infant learns that the parent will provide a secure base from which to explore, they begin to physically and intrapsychically separate from the parent (McGinn, p.68). The weaker the trust in the secure base and the more difficulty the child will have in separating. Thus it becomes the adoptive parents aim to provide the secure base and for the adoptee to begin to separate. The birth parent must support this development for the well-being of her child.

The child is able to develop affectional bonds by one year of age. These bonds are persistent; specific to a person; are emotionally significant; contain a desire for close proximity; and cause distress when involuntarily separated (Cassidy, p.12). In order for these bonds to be considered attachment bonds they must also produce a sense of security and comfort. These bonds are developed within one individual for another. It is possible for the adoptee to have a bond to their adoptive parent without the adoptive parent feeling that bond toward the child or visa versa. Or the birthmother may feel a bond to the adopted child that the adopted child feels or not towards the birthmother.

An important aspect of this attachment bond is that “even cessation of behavior during long separations cannot be considered an indication that the attachment bond no longer exists” (Cassidy, p.13). Another important aspect of this bond is that while the numbers of attachments are not unlimited the child can create more than one attachment

bond within the first year of life. While it is hoped that a secure attachment will form between the adoptee and the adoptive parent it is possible for other patterns of attachment to develop within the adoption triad based on the nature of the relationship. In addition if the adoptee develops a secure attachment to the adoptive parents it is more likely they will develop other secure attachments providing the relationship with others are not abusive or depriving. It is also possible for the child to develop an insecure attachment to the birth parents as the development of attachment is specific to the nature of the relationship between each parent and each child.

This opens the role of the birth parent to develop a secure attachment and play a truly supportive role in the child's life. Grotevant, et al., 2005, cited birthmother roles most commonly identified as kin such as an aunt, friend or birthparent role (p. 173).

The following quotation comes from the Berge, et al., 2006, study:

I love her, she's awesome, and she's really supportive, really nice. Oh, it's like having another close older role model, like my parents. Yeah, it's a blessing, I think, and it's really nice having an open adoption because you can just interact with her and like, know what she's like, instead of wondering throughout your life how your birthmom's like and everything. And I know her personality and so it's good. It's also like having another family, sort of. I get lots of support from both of them. You'd want that, no matter what happens in my life, I'll know I have a lot of support. (p.1023)

The positive statements made by this male adolescent indicate that he is securely attached to both birth and adoptive parents and has begun to integrate the other family into his identity. In remarks from another male adolescent about his relationship with his birthmother he shared, "Mainly a friend, I guess. I mean she doesn't have like a parental role, because I already have that. She's mainly just another person who loves me" (Berge,

et al., p.1022). This indicates a secure attachment to the adoptive parents as the 'real' parents and a secure attachment to the birthmother as a loving presence.

An adoptive mother stated the following about her son,

In two years, when our son has his driver's license and more freedom and mobility, I know anything can happen. He's bonded to us. I don't picture him saying, "I've had enough of this adoptive family. I'm going to see if I can live with my real mother." Things do happen. You can't tell. But I'm not worried about it. (Siegel, 2008, p.369)

This adoptive parent indicates that there is a secure attachment between her for her son and between him for his family. Another adoptive mother stated she felt painfully excluded while watching her adopted son and birthmother sitting together looking at a family photo album. She reported,

But later, after his birth mom left, my son took my hand and said, "Mom, let's go for a walk." That was his way of saying to me, "It's okay, Mom. You're still my mother. I still love you in a special way." I felt completely better after that. There is no reason for me to feel threatened. (Siegel, p.370)

The adoptive parent's reaction to his closeness with the birthmother seems to have brought up some anxiety about her place in her son's life. She may have an insecure/ anxious attachment pattern to her son. His adoptive mother interrupted his actions as reassurance which may indicate that he has an insecure/ anxious attachment to his adoptive mother as well. Certainly more information about this family is needed to make an accurate assessment.

Grotevant, et al., 2001 found that the greatest indication of secure attachment to the adoptive parents was indicated by the lower incidence of problem behavior during middle childhood (Grotevant, Perry & McRoy, p.177).

Summary

Attachment theory suggests that secure early parent-child bonds, whether genetic or adopted, are essential for healthy psychological adjustment. This affects development in infancy and throughout adulthood. The more securely attached children are the more positive their adjustment is across a host of domains.

CHAPTER 5
DISCUSSION CHAPTER
Open Adoption

The research reviewed indicated that open adoption arrangements for children adopted as infants has increasingly become the norm over the past thirty years. The exact meaning of what an open adoption arrangement is remains open to the construction of each family involved.

Some empirical studies have considered the adoption closed if non-identifying information was shared only prior to adoption and fully open if all parties were in direct contact with each other (Hollenstein, p.44). McRoy, et al., 2007 considered the adoption to be confidential if no indentifying information was shared between birth and adoptive parents after six months post placement; and fully disclosed if direct sharing took place between the birth and adoptive parents (p.176). Still others have rated openness using a seven point scale from 1 = closed or somewhat closed to 7= visit with the family at least once a month and communicate several times a month by phone, letters, or emails (Ge, et al., p.532). It is often unclear if the contact and communication occurs only between adults or if and when the adoptee is included.

What is clear throughout the studies reviewed for this report is that the arrangement is as dynamic as are the relationships which develop from it. As such the arrangement is likely to change becoming more open and at times more closed. In the following are the reflections of one birthmother and one adoptive mother about ending contact,

I think that we both needed to let go. When I say “we” I mean his parents and myself. They needed to let go of me and I needed to let go of them.
(James’s birthmother)

All of a sudden it just stopped....I think it may have been a life – maybe something she didn’t share with me, but she said she’d come to grips with the fact that she had given a child up. And it was kind of like “life needs to go on” or something like that....I had to respect what I felt might be going on. (James adoptive mother) (Dunbar, et al., p. 457)

As this arrangement ended another may have become more open due to both the birth and adoptive mother’s belief that the adolescent was curious, needed reassurance and was ready for contact (Dunbar, et al., p.457).

In reviewing the research on open adoption some of the initial concerns of this type of arrangement were that it would inhibit the birth parents grief process (Berry, p.640). The study by the Adoption Institute, 2006, indicated that when parents are involved in planning for their children, choosing the parents and the openness arrangement they are empowered and the resolution of their grief is correlated to the openness of the adoption (p.4). Christian, et al., 1997, found that for many birthmothers in fully disclosed adoptions who demonstrated good grief resolution there was indication that the open adoption arrangement was a factor in their adjustment to the loss (p.53).

In addition there were birthmothers in confidential adoptions that had support from family and friends, were satisfied with their careers, and current family situations with positive grief resolution scores (Christian, et al., p.52). For some birthmothers their continued relationship with the birthfather indicated a greater risk for prolonged grieving (Christian, et al., p.51).

A concern of open adoption by Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985, was that the birth parent would intrude, attempt to parent the child and the adoptee

would not know who the “real” parents were (cited in Grotevant & McRoy, p. 215).

However, research revealed much more of a collaborative relationship between the birth and adoptive parents working in the best interests of the child. The following incident is an indication of clearly defined roles and boundaries,

When we were visiting with his birth mother, our son said to us, “I want to talk to Sue [the birth mother] alone.” We said, “of course.” After he and Sue talked, Sue told us that he’d asked if he could live with her. And she said she made it very clear to him that we are his parents, we are all family, and yes, he can come and visit, but he cannot come and live with her. His birth mother is clear about the boundaries and roles. (Siegel, p.369)

This incident reveals a supportive relationship between the birth and adoptive parents. The roles of each parents, birth and adoptive, are clearly defined. The identification that this is a family matter further indicates a collaborative relationship that has developed between the birth and adoptive parents.

Kraft, Palombo, Woods, Mitchell, & Schmidt, 1985, also expressed concerns that open adoption would interfere with bonding and intensify identity conflicts (cited in Grotevant & McRoy, p. 215). However the research reviewed indicated that contact between the adoptive parents and the birth parents resulted in the adoptive parents feeling that they had been given permission to parent the child (Ge, et al., p.538). As well as providing the opportunity to clearly define roles as in the example above.

The questions about open adoption interfering in the bonding process are an indication that the use of attachment theory to explore this phenomenon was warranted.

The research on attachment of infants in an open adoption arrangement is nonexistent at this time. Most research on attachment in an open adoption setting was with children from public welfare agencies, adopted at a later age with documented

histories of abuse and neglect. These were inappropriate for use in this report. However attachment in an open adoption is an important area of study which has been neglected for too long.

Using the major constructs of attachment theory provided a valuable look at the nature of the relationships within the adoption triad. Attachment of the adopted infant will occur if the primary caregiver responds in a sensitive and timely manner to the infant's cues. As it is the infant whose aim it is to remain in close proximity to the older adult. The adoptive parent must provide a secure base for the infant to explore from just as a biologic dyad would need to.

The adoptee will develop internal mental representations as will non-adopted infants. Here the adoptive parent's sense of entitlement to raise the infant may be most important as it allows the adoptive parent to respond as needed without hesitation. This lack of hesitation gives some assurance of a securely attached infant. However it is always possible that the adoptive parent brings their own insecure pattern of attachment with them which they then pass on to their children. Certainly research in this area of adoption would be valuable to clinicians and adoption workers.

Using attachment theory to explore the research indicated that adopted infants are able to and do develop meaningful attachments to both their birth parents and adoptive parents that support their development. In addition there appears to develop collaborative relationships between some of the adoptive and birth parents which further promote the development of the adoptee.

As previously discussed these statements shared by a male adolescent reflect his relationship with his birthmother, "Mainly a friend, I guess. I mean she doesn't have like

a parental role, because I already have that. She's mainly just another person who loves me" (Berge, et al., p.1022). They indicate a clear sense of attachment, understanding of who the parental role belonged to and the value of having the birth parent in his life.

The relationships with the birth parents were seen as providing extra support for the adolescents. One female adolescent stated, "The support that comes from having another strong relationship in my life is irreplaceable." another female stated, "it's nice to have another person looking out for you and caring about what happens to you" (Berge, et al., p.1023). Again these statements indicate that the adolescent has an affectional bond with their birth parent that does not interfere with the relationship with their adoptive parents.

The research revealed that the role the birthmother played in the adoptees life was as kin, such as an aunt (40%), friend (16.7%), birthparent role (10%), other mother (10%), no role (6.7), and other (10%), (Grotevant, Perry, & McRoy, p.173).

The questions regarding conflict in identity due to the open adoption arrangement indicated that using object relations theory was valuable in exploring these dynamics. The major constructs of object relations theory were useful for looking at how the infant may internalize having two sets of parents. There appears to be the opportunity for the child to internalize aspects of each parent or caregiver. This may set up the child for splitting one set of parents into all good or all bad. As noted in the research there will be times such as middle childhood and adolescents where this is more likely to occur. The previous example of the child asking to live with his birthmother is just such an example of splitting that may be expected during adolescence.

As stated previously the adoptive parents sense of entitlement is strategic in developing as a 'good-enough' parent. The adoptive parent must also provide the safe and secure holding environment which allows the child a secure base to separate from and the ability to develop a 'true self'.

The tasks of separation-individuation need support and collaboration from the birth parents and the adoptive parents. This allows each parent to develop appropriate roles to support the child's development and reduce splitting. Reviewing the available research indicates that when adopted adolescents begin the process of developing their identities they are on much more of an equal level with non-adoptees than may have been previously understood.

The empirical studies reviewed found ample evidence that contact with the birth parent answered many questions. This is evidenced from the following statements by two male adolescents, "I know why I look the way I do." and "I act just like my birthmother" (Berge, et al., p.1023). A third contribution to identity is through the genetic information shared. A female adolescent shared, "I feel like, more like, complete, I guess, because I know everything about myself now." a male echoed those sentiments when he stated, "I feel like I know who I am now" (Berge, et al., p.1024). As one adoptive mother explained,

The normal "who am I" issues of adolescence are compounded by adoption "who am I" issues. But because of open adoption he has always known who he is, [who his birth parents are, his genetic heritage, the reasons for his adoption]; hopefully, this has alleviated some of the compounded difficulty adoptees in closed adoptions have. He has those answers in place. His bewilderment is less intense. Adoption is less of an issue during adolescence when there is openness than when it's closed. (Siegel, p.369)

The two theories object relations and attachment theory build on each other and support the constructs of each. In attachment theory the infant must attach to survive. In object relations the infant must attach to the primary caregiver to internalize the good aspects of the parent and eventually detach from the parent. In attachment, "If the caregiver's responses are well attuned and synchronous with the infant's signals, then stable patterns of caregiver-infant behaviors start to establish themselves (Lesser & Pope, 2007, p.216). Translated into object relations terms the 'good enough' mother is beginning to provide a secure holding environment. Attachment theory is the developmental base and Object relations the intrapsychic foundation for the development of the child.

Implications for Social Work Practice and Research

Grotevant & McRoy, 1998, note that given the diversity among adoptive families and birth families there is no single adoption arrangement that is best for everyone (cited in Berge, et al., p.1037). Unfortunately the paucity of research on the birth parents is alarming. The reasons they choose to relinquish have not been studied. Birthfathers have been all but neglected within the legal realm of adoption. The research on birthfathers is virtually nonexistent. Their feelings about relinquishment and the opportunity to participate in an open adoption need research.

Birthmothers must be helped to understand the importance of including the birthfather in all aspects of relinquishment. Birthfathers can develop significant and enduring attachments to their birth children from which both will benefit. Clapton recommends the practitioner use a model of grief work that "stresses the disenfranchised

grief” for loss that has never been adequately expressed for birthfathers excluded from the adoption process (Clapton, p.69).

While open adoption is being practiced it is a relatively new form of family constellation and as such needs research in many areas. Certainly, research on attachment within the open adoption arrangement for children adopted as infants would be an important contribution to attachment theory. Research on infants has already expanded many of the constructs of this theory.

As Bowlby recognized during the 1940’s working with a child’s parent supports both the child and the parent. This certainly applies to both the birth and the adoptive parents in an open arrangement. Research has revealed that adoptive mothers play a key role in managing contact and communication between the adoptive family and the birth family. This contact is noted to fluctuate at different times in the life of the adoptee for many reasons. Both birth and adoptive families may require support as members renegotiate their openness arrangements. The practitioner needs ongoing training when working with families that are experiencing these new forms of adoption.

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