

2020

A Phenomenological Study on Adoption Disclosure Experienced by Adult Adoptees

Carmen H. Leggett
Walden University

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Walden University

College of Social and Behavioral Sciences

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Carmen Leggett

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Walden University
2020

Abstract

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by

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MPhil, Walden University, 2019

MSW, Salisbury University, 2016

MAED, University of Phoenix, 2007

BS, University of Maryland, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

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Abstract

This research addressed the psychological experiences that adoption disclosure has on adoptees and their systems. In this phenomenological study eight interviews were conducted that consisted of four females and four males guided by general systems theory. Interviews were conducted via video conference, telephone, and email/telephone. Data saturation was achieved after the fourth interview as no new information had surfaced and similar responses were being echoed repeatedly from the participants. However, the interviews continued because the stories being shared by the participants were invaluable and to ensure the sampling criteria of eight participants was met. The interviews were transcribed, and several iterations of thematic analysis were conducted to construct codes, categories, and themes that would tell the story of the interviewees while simultaneously answering the research question. The findings revealed that adoptees have experienced traumatic psychological impact because of adoption disclosure. Learning the details of the harrowing effects of adoption disclosure from those who have experienced it will contribute to the understanding of those currently researching this phenomenon. This may ultimately enable programs and resources to be developed and implemented prior to adoption, during adoption, and over the lifetime of the adoptee that will help this population and their systems successfully deal with and/or minimize the ills associated with adoption in order to live productive lives.

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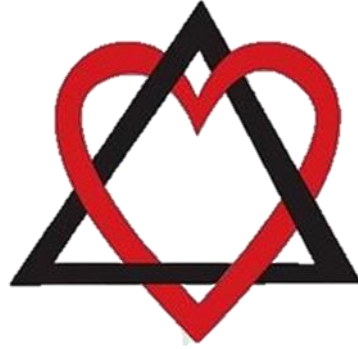
Human and Social Services

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Dedication

Dedicated to all those who have endured the experiences of adoption.



Acknowledgments

I express my sincere appreciation to my Chair Professor Dr. Gregory Hickman, you have been a tremendous leader, mentor, and role model for me. I would like to thank you for encouraging me and for allowing me the opportunity and freedom to grow and mature as a researcher and mentor. Your guidance on my research as well as on my future in this arena have been invaluable. I would also like to thank my committee members, Professor Dr. Kelley Chermack and Professor Dr. Rebecca Stout, for serving as my committee members and offering guidance and mentorship during my journey. I want to thank you for providing the leadership and environment for my first and final oral defenses to be a positive and enjoyable moment and for your brilliant comments and recommendations, thanks to you all! To the fantastic Walden U editing staff, IRB team, Library Team, and all the other resources, thank you. I would especially like to thank the adoptees who so freely offered their most intimate pain, struggles, and experiences to my research. I would like to thank Priscilla Sharps' Search Angel and Cathy Thompson's Adoption Reunion, Search, and Support for your support and assistance with recruiting participants from your private social media communities. A special heartfelt thanks and gratitude to my family! Words cannot express how grateful I am to my mother and father for 'picking me,' for all your prayers, unconditional love, and sacrifices that you have made on my behalf. For seeing more in me than I saw in myself and pushing me to achieve my goals, I honor your memory! I thank my biological mother for her unwavering love and sacrifices. To my children, David, Patrick and Darylyn, thank you for your love, encouragement, role playing, being my audience, and many missed outings

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Chapter 1: Introduction to the Study

Introduction

Adoption is a topic that garners much attention because there are no guaranteed methods that will ensure easy transitions with zero obstacles along the way for the triad: adoptee, biological parent(s), and adoptive parent(s) (Agnich et al., 2016). Adoption has a somewhat mysterious element considering homeostasis is compromised when individuals are separated from their biological families and often placed in homes of strangers with little or no regard for their personal input (Hartinger-Saunders et al., 2015b; Waid & Alewine, 2018). As a result, adoptees are faced with incomprehensible questions regarding where they came from, why they were placed for adoption, perceptions others have of them, and what their parents think of them to name a few (Melero & Sánchez-Sandoval, 2017). Adoption disclosure can be helpful as well as present obstacles in some instances and lead to poor self-esteem, depression, anxiety, feelings of not fitting in, confusion, anger, identity uncertainty, self-harm, and drug use/abuse (Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017; Wydra et al., 2012).

Researchers have noted that adoptees are more likely to be in treatment for comorbid conditions with behavioral health professionals than non-adoptees as a result of dealing with the fact that they are adopted (Moyer & Goldberg, 2017). Furthermore, there are long-term issues from internalized behavior problems resulting in “adoption adjustment” causing far more menace and additional problems for adoptees not only during their childhood but also well into their adulthood (Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017). These problems may include but not limited to poor

academic or professional performance, bullying issues, self-medicating, self-harm, and criminal activity (Darnell et al., 2017; Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017). There is a constant theme in both old and new research that shows adoptees represented in proportions higher than average as treatment seekers in the behavioral health community (Melero & Sánchez-Sandoval, 2017; Waid & Alewine, 2018).

The psychological impact from adoption disclosure can affect the adoptee in a variety of ways (Waid & Alewine, 2018; Yoon et al., 2012). There are several factors, such as whether the individual experienced an opened or closed adoption, adoption via kinship, adoption by a family of dissimilar race, abandonment, or being left at a safe haven institution, that could potentially leave the adoptee with feelings of rejection, abandonment (Williams et al., 2011), and confusion (Baden et al., 2019). Whether an adoption disclosure occurred via family, friends, ancestry sites, on purpose, or by accident also plays a tremendous role in the trauma suffered (Baltimore & Crase, 2009; Sherr et al., 2018; Wydra et al., 2012). Additionally, researchers have indicated that female adoptees present more often with internal problems, whereas male adoptees present more often with external problems (Melero & Sánchez-Sandoval, 2017). Additionally, the overall adoption experience affects not just the adoptee but also the other parties in the adoption triad (Baden & O'Leary-Wiley, 2007; Wydra et al., 2012). Therefore, it is imperative that research be conducted to learn and understand the depth of the psychological and behavioral health distresses experienced (Firmin et al., 2017; Hartinger-Saunders et al., 2015a). Such research would provide those who work with

either adoptees, biological parents, or adoptive parents the tools to help lessen any negative effects (Moyer & Goldberg, 2017; Waid & Alewine, 2018).

Problem Statement

There is a plethora of research on adoption and programs for families during the preadoption and postadoption phase; however, the programs are general and not structured for diverse types of adoption nor do they meet the variety of needs these families require (Baden & O’Leary-Wiley, 2007; Grotevant & Lo, 2017; Waid & Alewine, 2018). Some advocates in the adoption arena believe in keeping adoptions secret, and some believe in being open and honest; both strong opinions have led to controversy and continue not only to lead research but also to affect the psychological and emotional well-being of adoptees (Baltimore & Crase, 2009; Siegel, 2013; Wydra et al., 2012). This disparity in findings previously researched necessitates additional study in order to conduct exhaustive research to effectively and more accurately delineate the psychological and emotional well-being of adult adoptees (Darnell et al., 2017; Greco et al., 2015; Feeney et al., 2007). Precisely identifying the samples and findings could result in programs being developed that can help early on in life and the relationship so as to mitigate any potentially debilitating mental issues that could develop and have a negative impact on the individual and their systems.

Although the aforementioned research regarding adoption disclosure illuminates important findings, I have found no research that has examined or explored adoptees experiences derived from positive and negative adoption disclosure. Therefore, further research is warranted that could examine or explore the adoptees perspective of the

disclosure delivery in an effort to address the documented problem of the psychological issues in adult adoptees that occur as a result of adoption disclosure (Sherr et al., 2018; Wydra et al., 2012).

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of adult adoptees in order to understand the perceived impact adoption disclosure has on the psychological issues of adult adoptees residing in the United States. Through research, it is evident that adoptees suffer with psychological issues; however, the studies previously conducted only address the positive aspect of adoption disclosure (Wydra et al., 2012). The gap in the literature stems from a lack of research regarding adoption disclosure exclusively derived from the negative experience (Sherr et al., 2018; Wydra et al., 2012). The objective of this qualitative phenomenological study is to gain a more precise understanding of adoptees' experience of dealing with psychological issues that occur as a result of adoption disclosure.

Adoption research has confirmed that adoptees seek treatment in the behavioral health arena more often than non-adoptees (Melero & Sánchez-Sandoval, 2017; Waid & Alewine, 2018). Adoptees are more apt to be seen by behavior health specialists due to suffering from comorbid conditions in addition to attachment disorders, identity disorders, and adjustment problems, to name a few, as a result of psychological trauma experienced from their adoption status (Baden et al., 2019; Grotevant & McDermott, 2014; Moyer & Goldberg, 2017). Furthermore, there are long-term issues from internalized behavior problems that result in adoption adjustment causing far more

menace and additional problems for adoptees during childhood and as adults, such as poor academic or professional performance, bullying, drug use/abuse, self-harm, and illegal activity (Darnell et al., 2017; Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017).

Research Question

From a theoretical systems perspective, what are the lived experiences of adult adoptees, and what is the perceived impact adoption disclosure has on the psychological well-being of adult adoptees residing in the United States?

Theoretical Framework

The general systems theory initially created by von Bertalanffy in the early 20th century was used to explain relationships among different entities within the field of biology (von Bertalanffy, 1972). General systems theory has since been advanced by philosophers in other arenas who have presented evidence of the interdependent functioning that is constantly occurring in our lives, which results in interrelated systems having an effect on and influencing our behaviors (Crossno, 2011; Malecic, 2017; von Bertalanffy, 1972). Family, friends, teachers, coaches, role models, spouses, children, and clergy all play a role independently and collectively via their influence, thereby resulting in behaviors and personalities that are shaped as a result of connection between the micro, mezzo, and macro systems (Malecic, 2017).

General systems theory in this research illuminated the influence that varieties of relationships have on the systems such as family, peers, colleagues, and the experiences and impacts thereof (see Michalskis & Schirmer, 2014). Additionally, this theory was

used to identify the behaviors that have shaped the individuals because of the disclosure and the impact the behaviors have on the individual and their psychological well-being. Lastly, based on this research, programs could be developed for the adoptees that would be helpful to understand the “why” and “why me,” which would ultimately enable them to explore and define who they are as well as who they want to be and help lessen any negative impact this phenomena has had.

Nature of the Study

The nature of the study was a phenomenological study via interviews that were conducted over online platform and telephonically. The researcher did not travel to the locations to interview the participants, so these chosen platforms were convenient and allowed more opportunity to include participants who reside in locations throughout the United States. This type of study is consistent with delving into the lives of the population studied, getting to the core of the phenomena while looking through the lens of general systems theory, and learning first-hand the lived experiences of the adoptees, both individually and collectively (see Grant & Osanloo, 2014; Ravitch & Carl, 2016). This methodology and design enabled a logical and orderly flow of information to develop as the study commenced and concluded (see Grant & Osanloo, 2014).

I used two sampling techniques to obtain a sample that could provide substantive data for this research: purposive sampling and quota sampling. Purposive sampling provided creditability to this research due to the purposed component of the selection process, which enabled me to reduce the potential for biases as participants were selected (see Ravitch & Carl, 2016). This sampling strategy also allows the opportunity for more

breadth of research findings by sample selecting from a variety of participant sources and locales sharing similar experiences (Rubin & Rubin, 2012). The quota sampling technique enabled me to have an equal number of male and female participants, which will help to avoid skewed data (Darnell et al., 2017). I sought participants from the Walden University Participant Pool, Search Angels Facebook Group, and Adoption Reunion Search & Support Facebook Group.

Individuals were selected to participate in this study if they met specific criteria: were adopted, experienced adoption disclosure, are over the age of 18 years of age, and reside in the United States. From those selected, a second vetting process took place to make certain the individuals were not all from the same location. This ensured that the study would be diverse and representative of adoptees within the United States.

Conducting individual semi structured interviews allowed me to learn the magnitude and extent of the systems relations and influences and what impact they have had. Furthermore, this data collection method is dynamic and emergent and as a result allowed me to discover themes and patterns that were based on the participants' lived experiences and subjective feedback individually and collectively (see Burkholder et al., 2016; Darnell et al., 2017).

Researchers conducting phenomenological studies seek to delve into the participants' lives for a glimpse of their experiences and reality. A sample size of 5-20 participants is typically used for these types of studies (Boswell & Cudmore, 2017; Moyer & Juang, 2011; Sherr et al., 2018). Boswell and Cudmore (2017) conducted an interpretative phenomenological analysis using a sample size of four cases consisting of

five children, ages 9 months to 2 years old when adopted, in order to learn what motivations the adults were using in order to place the children. The adults who were responsible for decision making realized they were making decisions based on the children's reactions to the transitions. They also recognized that younger children were less verbal and responsive and so were placed with little to no regard of their emotional state. This issue required research in order to ensure children were being placed appropriately in homes. Moyer and Juang (2011) conducted qualitative research using grounded theory to gain an in-depth understanding of the adoptee and their occupation identity, adoptive identity, and parental roles. The sample consisted of 10 female participants, five of whom were Caucasian with the remaining five being African American, Asian, Asian American, African, and Columbian. Eight of the children were placed for adoption as infants, one child placed at 4 years old, and one child placed at 9 years old. Sherr, Roberts, and Croome (2018) conducted a qualitative study on disclosure and identity experience of children who were abandoned. The sample in this study consisted of 16 adults in the United Kingdom who were abandoned as infants and adopted. Padgett (2017) explained that 6-10 participants, give or take a few, is ideal in a phenomenological study as this process will require single and multiple interviews with the participants and a significant amount of time in the coding and analyzing process in order to learn the depth and gravity of the phenomenon. Based on these studies, I decided to conduct my research with a sample of eight participants, which is congruent with current research on adoption. The multiple venues I am seeking participants from enabled me to reach the desired number and variety of individuals for this study.

I obtained a list of adoptees from the Walden University Participant Pool, Search Angels Facebook Group, and Adoption Reunion Search & Support Facebook Group. I recruited from the lists of adoptees born prior to 2002 to ensure they were adults of legal age. I initially sent an eligibility invitation to the social media sites, and the Walden University Participant Pool posted the information of my study on the site. The questions in the eligibility invitation were used to vet participants for the research. This enabled me to ensure that I had participants of different ages, genders, and locations within the United States. This method supported the diversity and range of experiences in adoption disclosure that provided data to ultimately answer the research question posed in this study.

Upon receiving the responses to the study invitations, I sent the consent form and set up meeting times for the video or telephonic interviews for all participants. Interviews took place via online platform or telephonically. With permission from the participants, interviews were audio recorded and transcribed verbatim (Darnell et al., 2017). I worked around the participants' schedules to ensure that the time was convenient for them, and I was available weekly from 7 a.m. to 9 p.m. For the interview, I asked that participants select a location that offered privacy and was a quiet, distraction-free natural setting that was familiar to them as this would help with their comfortability as well as give me the opportunity to learn their personal constructs of opinions, individual feelings, and unique experiences (see Ravitch & Carl, 2016). My location was my home office. Interviews consisted of 15 questions (see Appendix B) that were formed in a succinct manner comprising of a verb, an inductive and exploratory component, and focus on a single

concept (see Rubin & Rubin, 2012), six probing questions, and one tough/sensitive phrase. There was a supplementary section that could be used for additional input if the participant so desired to share. All interviews were audio recorded with participant approval and transcribed verbatim. This acted as an additional measure for me to ensure that all information of the participants was collected and recorded. Eclectic and in vivo coding was done manually. I used an inductive approach to thematic analysis based on the data derived from the transcription to allow the phenomena's natural progression to surface and be revealed (see Grant & Osanloo, 2014). My guide of terms and themes was on hand during this process and was later filed and became part of the research.

Positionality, reflexivity, and biases can be detrimental to research if not given attention and priority. Therefore, I conducted dialogic engagement periodically throughout this study to ensure that my tacit theories as well as personal biases were all identified and annotated and protocols were accurate so as to not manipulate or contaminate this study (see Ravitch & Carl, 2016). When applied and monitored, these processes enable me to keep the project in good ethical standings (Mason-Bish, 2019; Robinson, 2014).

Definitions

Adoption: legal transfer of parental rights and responsibilities from a child's birth parent(s) to adults who will assume legal parental responsibilities (Williams et al., 2011).

Adoption disclosure: the official release of information relating to the legal adoption of a child adoptee to the child adoptee (Baltimore & Crase, 2009; Wydra et al., 2012).

Adoption disruption: adoption process that ends after the child is placed in an adoptive home and before the adoption is legally finalized resulting in the child's return to foster care or new adoptive family (Child Welfare, 2012a).

Adoption dissolution: adoption process that ends after the child is placed in an adoptive home and after the adoption has been finalized resulting in the child's return to foster care of new adoptive family (Child Welfare, 2012a).

Baby farming: acquiring children via illegal methods for payment to which the children are resold (Swain, 2018).

Black market (Adoption): children adopted through a nonregulated legal system. These children are sold for large amounts of money (Swain, 2018).

Closed adoption: adoption with no identifying information of the biological parents or family and no contact information provided (Farr et al., 2014).

Open adoption: adoption in which biological and adoptive family shares birth and contact information and allows for contact (Farr et al., 2014).

Postadoption period: after the adoption has been finalized (Moyer & Goldberg, 2017; Waid & Alewine, 2018).

Preadoption period: during the conception phase and/or before the adoption has been finalized (Moyer & Goldberg, 2017).

Assumptions

For the purpose of this study, there are several assumptions that arise. The first assumption is that adoption disclosure for adoptees in the United States is either positive or negative. As a result of adoption disclosure, the adoptee has psychological impact that

would either be minimal or severe. Additionally, the impact could be slight or a domino effect with comorbidity from internalized behaviors, adoption adjustment, and issues that the adoptee is seeking professional treatment for that is intrusive and prohibits a sense of normality in their lives. These assumptions are critical to the study because knowing the effect of the disclosure and the impact thereof will lead to the way ahead for resources and programs to be implemented in order to help the adoptee and their systems.

Scope and Delimitations

I recruited participants who were adopted and live within the United States to participate in my study. I sought eight individuals from different locations nationally and who are 18 years of age and older. These selection criteria allowed me to have a diverse population who could provide their subjective perspectives of the psychological impact they experienced, resulting in a wealth of information that the phenomenological study produced.

Limitations, Challenges, and Barriers

The interviews enabled me to get uncomfortably personal and ask questions that had the potential to reveal some unpleasant truths that are also painful as participants shared subjective perceptions of their realities (see Babbie, 2017). Reaching saturation was paramount for this study, and not reaching saturation could have limited the accuracy of the research. I provided the purpose of the study in the initial letter I sent out to prospective participants. I reminded them of the potential for harmful effects of the research during the interview and ensured that I had written consent prior to the interviews in order to mitigate miscommunications. I also reminded the participants that

they had the power to terminate the interview at any time, and I offered referral services in the event participants needed to speak to a mental health professional.

I foresaw a possible challenge to my research if I did not have a substantial number of participants for my project. Not having a substantial number of participants would garner insufficient data that would not effectively address nor answer the research question of this study. Remaining unbiased and impartial throughout this project would be a key focus at all times and I would ensure to not only remain vigilant in this aspect but, would utilize my researchers guide and dialogic engagement as additional measures to maintain privacy and confidentiality and overall transparency while continuously assessing and assuring reflexivity and accuracy.

Ethical Considerations

Qualitative research has the potential to open the pathways for possible unethical situations because this type of research digs deep into people's personal lives and studies their "lived experiences." Knowing the potentiality of privacy being violated and possibly harm that could occur, I implemented methods that would protect the interviewees, interviewer, and overall research from unethical issues (see Stahl et al., 2014). As a result, I had an ethical responsibility to the interviewees, the research, and the research community to ensure all avenues that could potentially taint the research are transparent in this research addressed and annotated (Ravitch & Carl, 2016). According to Ravitch and Carl (2016), reflexivity, confirmability, credibility, and rigor must be assertively addressed to identify the researchers' biases and put a method in place to monitor these during the project. Overall, researchers want to ensure their study is not swayed because

of their biases or reflexivity as both can directly and indirectly affect the interviewee, data collected, findings, and reporting. As an adoptee, I utilized my committee and set a schedule periodically throughout the research to participate in dialogic engagement to ensure that no personal views, ideas, thoughts, and biases were in the research and the phases and processes were being conducted properly. This constantly tested my reflexivity, biases, material, and so forth, which allowed me to produce a quality and ethically sound study (see Stahl et al., 2014). I informed the interviewees verbally and in writing of the nature of the research and acquired a signed consent form, including responsibilities to protect the information, to maintain the fidelity of the research. Additionally, having an organization and management system in place to securely store all documents with access authorized only to those with a need to know will also be used in order to preserve the fidelity of the research (Shenton, 2004; Stahl et al., 2014). All participants will be given a pseudonym as an additional measure to secure and protect their identity.

The participants from the Walden University Participant Pool, Search Angels Facebook Group, and Adoption Reunion Search & Support Facebook Group acknowledged via email their willingness to participate on the consent form. The consent form defined the purpose of the research, the desired population sought, and outline of the research. It also explained that participation was voluntary, possible risks of self-disclosure, that participation could be discontinued at any time, and included an online link for behavioral health specialists. This email with consent was filed and become part of the research project. Participants, once confirmed and for the duration of the study,

were listed as PF1, PM1, and so on. All consent forms, correspondence, interview questions, additional shared information, list of online resource for behavioral health specialists, Microsoft Excel and Word documents with data, and recorded interviews became part of the research project, stored electronically on a hard drive and in a locked filing cabinet controlled by the researcher.

My ontological and epistemological stance is that of a constructivist perspective. Basically, an individual's subjectivity is their truth, and their perception is their reality (Burkholder et al., 2016). Research has shown that adoptees can endure feelings of not fitting in, confusion, anger, and identity uncertainty (Crossno, 2011). These feelings can lead to issues that could potentially be detrimental to the adoptee throughout their life such as low self-esteem, poor academic/professional performance, bullying issues, and criminal activities, to name a few.

Significance

This research addressed the gap in the literature by explicitly focusing on the experiences derived specifically from the adoption disclosure of the adoptees. Researching adult adoptees in the United States who have experienced adoption disclosure was the focus of this study. This focus allowed a voice for those who have not had one thus far as well as those who may need a voice in the future. Furthermore, the results will provide those individuals in the adoption arena, not limited to the adoption triad but also including social workers, teachers, peers, friends, and other stakeholders, with knowledge to identify the signs of potential future danger. Furthermore, the results and way ahead would also provide an opportunity to receive help for those who are at

risk of developing psychological issues that compromise their well-being (Agnich et al., 2016; Keyes et al., 2008). Understanding this phenomenon is critical for this population. The knowledge gained will also arm stakeholders with the tools they can use to create resources, programs, and literature that can be implemented into the overall adoption process in an attempt to mitigate psychological issues developed as a result of adoption disclosure that possibly can be damaging to the adoptee (Sherr et al., 2018; Wydra et al., 2012).

Summary

Adoption disclosure can have positive or negative results on the adoptee as well as those within their systems. If the results are positive, the adoptee will more than likely have minimal to no psychological impact and not seek out behavior health services and will live a considerably normal life. If perhaps the adoption disclosure has a negative effect, the results can wreak havoc not only on the adoptee but on those connected to them and society as well.

My study may have a profound positive impact on the adopted community as there appears to be a need for adoptees and their systems to have resources and programs that are age appropriate and relevant. The programs could be available to adoptees and their systems and can be utilized as early as the adoptive parents contemplating adoption and as soon as the child learns of their adoption and throughout their lives. I would like to see resources and programs grow from my research and offered nationwide in an attempt to eradicate the ills associated with the current adoption system.

Chapter 2: Literature Review

Introduction

Adoption is a unique phenomenon and impacts adoptees and their systems quite differently (Waid & Alewine, 2018). Adoption of children is defined as legal transfer of parental rights and responsibilities from a child's biological parent(s) to an adult(s) who will assume legal parental responsibilities and be known as their adoptive parent(s) (Williams et al., 2011). The introduction of adoption in the United States began in the mid-1800s to the early 20th century when a large number of settlers arrived in the United States from various countries in Europe (Herman, 2012). With little money and inadequate and unhealthy living arrangements, parents were falling violently ill and children were becoming orphaned at an alarming rate (Herman, 2012). Black market adoption and baby farming were on the rise, profitable, and detrimental to the children who had been orphaned (Herman, 2012; Raleigh, 2012). Herman (2012) shared details on the vast number of organizations and facilities that were opening up their doors for this population at this time and unfortunately they too were not the best-kept nor did they provide a safe or healthy environment for the children. Riker's Island in New York City was one such location that opened its doors as they were able to provide shelter in several buildings on the compound to the orphaned children; however, 90% of those housed at on the Riker's Island compound died there in a short amount of time after arriving (Bartel, 2015; Herman, 2012).

The state of Massachusetts recognized child adoption as a social welfare issue and was responsible for pioneering the first recorded legislation on adoption of children, the

1851 Adoption of Children Act, which was designed for those social workers, counselors, and others responsible for placing the children in their adoptive homes to do so with the children's best interest as the priority and primary focus of the adoption process (Bartel, 2015). Charles Loring Brace established the Children's Aid Society in New York City in 1854 and initiated the "Orphan Trains" that shuttled orphans state to state within the United States as well as through Canada and Mexico in order to auction and/or sell the children as farm workers and house servants (Bartel, 2015; Herman, 2012). The Adoption History Project timeline between the years of 1868 and 1935, illustrates actions from the U.S. Children's Bureau in the Department of Labor, the Child Welfare League of America, and Social Security Administration to name a few that were established and participated in the evolution of the adoption process of children in the United States (Herman, 2012). Many laws had been enacted that would prove to be a positive and progressive move that helped those who were placed for adoption have a home, be part of a forever family, and receive an education, and those who were responsible for the child(ren) were bounded by law to provide those necessities (Bartel, 2015; Jackson & Fasig, 2011).

In the mid to late 1960s, all throughout the United States, tactics for placing children outside of their biological homes were changing and children were being placed in homes of dissimilar race and being adopted internationally, and children with special needs as well as hard-to-place children were being adopted out as well (Bartel, 2015; Herman, 2012). During this time, open adoptions were on the rise and becoming popular amongst the biological parents and adoptive parents; however, closed adoptions still

existed. With closed adoptions, records were sealed, children were given new identities via new names and new birth certificates, and there was no contact or information shared between the biological family and adoptive family (McLaughlin et al., 2013). In closed adoptions, it was very common for parents to maintain an element of secrecy and not tell the children that they were adopted or their family, friends, and coworkers that they had adopted the child(ren) as they did not want to be stigmatized for not being able to conceive naturally and single mothers did not want to be stigmatized for being promiscuous and conceiving without being married (Farr et al., 2014; Grotevant & Lo, 2017). Failed adoptions that occur as a result of adoption disruption or adoption dissolution can have long lasting and damaging effects on the adoptee and the other players as well (Hartinger-Saunders et al., 2015b). Schechter (1960) conducted research and published his findings claiming adoptees were “100 times more likely” than non-adoptees to be in treatment within the behavior health communities which sparked an interest in research in adoption and the field of psychiatry (Herman, 2012).

In 1964, H. David Kirk published “Shared Fate: A Theory of Adoption and Mental Health,” a research project on adoption conducted with more than 2,000 adoptive families at McGill University, which shed a positive light on the importance of open adoption, family, and mental health issues and which was grounded in the field of sociology (Herman, 2012). In the 1960s and 1970s, adoption and the effects thereof were becoming a popular topic worthy of tabletop discussion and research by scholars in the hard and soft sciences such as psychiatry, sociology, and many other disciplines because through each discipline new and specific methods to working with this population were

being developed and implemented in the field (Drack & Schwarz, 2010; Rousseau, 2015). In recent times, research on topics in the adoption arena being conducted is lending way to new and modern methods and strategies that will be incorporated into the adoption process that address the possible issues that are occurring, will occur, and could potentially occur in order to provide a holistic and practical approach for the adoptee, adoptive parent(s), and family in a positive light (Grotevant & Lo, 2017).

Literature Search Strategy

Articles relating to adoption disclosure and the psychological issues and well-being of adoptees are reviewed in following sections. The keywords used for the search were *adoption, adult adoptee, adoptee behavior, adoptee well-being, adoption disclosure, adoption psychological/emotional, general systems theory, family systems theory, systems theory, U.S. adoption, international and intercountry adoption, categories of adoption, types of adoption, open/closed/semi-open adoptions, identified adoptions, disruption and dissolution, family structures in adoption, pre adoption and post adoption services, public adoption, private adoption, adoptee/adoptive parent/birth parent comorbidity, social media and adoption, DSM/adoption, attachment disorders, DNA registry sites on/and adoption, Hague Convention, legal/child adoptions, trends in child adoption, and themes in adoption*. I conducted searches using these terms in the databases sourced from Walden University Library: Thoreau, PsychARTICLES, PsychINFO, SocINDEX with Full Text, and Google Scholar.

Theoretical Foundation

The foundational framework used for this study is general systems theory as the basic premise for describing and explaining the intricacies this theory manifests in the adoption arena, specifically within the adoption triad. Von Bertalanffy (1972) initially developed this foundational theory in the realm of biology and mathematics (Drack & Schwarz, 2010), theorizing that universal principles of systemic structures and behaviors repeat across various disciplines and create new systems (Rousseau, 2015). Moreover, this theory was also utilized in the fields of chemistry, biophysics, biology, physiology, and pharmacodynamics and others in order to demonstrate the unique and connecting principles it possessed (Drack & Schwarz, 2010; von Bertalanffy, 1972).

Walonick (1993) suggested general systems theory is a process whereby the individual components interact, which ultimately produces an element that is unique in its identity, yet, continuously in a fluid state and creating new identities in an ongoing process. Terra and Passador (2015) described general systems theory as being separate components interconnecting to become one element that can be analyzed separately or combined using the terminology “system” to describe the latter. Systems paradigm has been studied many times over and across many disciplines and has produced several interpretations. Rousseau (2015), however, explained what remains the constant from the genesis and throughout the life of this theory and across all spectrums is the analogy Aristotle coined, “The whole is more than the sum of its parts” (Terra & Passador, 2015; von Bertalanffy, 1972).

In order to fully understand a system, the components as well as the relationship between the components need to be dissected and explored (Phipps, 2019). Kuhn developed the Kuhn model and explained that when a system is known, the components of the entire element are known as well as. The system can be explained as a whole, the components can be explained individually, and/or the relationship bridging the components can be explained also (Walonick, 1993). The Kuhn model comprises the primary functions of the systems theory; “detector, selector, and effector.” The detector represents the communication functions of a system, the selector represents the rules of the system, and the effector represents the transactions between the systems (Walonick, 1993). Systems are fluid and constantly altering and in doing so are always seeking either static equilibrium which consists of no change or dynamic equilibrium which reflects systems changing with one that remains steady (Walonick, 1993). Homeostasis is ultimately the desired level and state people want to achieve, which is a byproduct of two or more systems that fall under dynamic equilibrium as this represents a sense of normalcy and a fundamental concept of general systems theory (Walonick, 1993).

Von Bertalanffy (1972) called systems theory “logico-mathematical” because it was designed as a formal approach to be used across numerous scientific and philosophical disciplines (Drack & Schwarz, 2010). Many scholars went on to study and apply the general systems theory in a variety of disciplines. General systems theory in the most simplistic form refers to relationship(s) between two or more variables (von Bertalanffy, 1972). The relationships can affect personalities and behaviors thereby resulting in the original variable taking on a new identity, behavior, or developing into

new patterns and/or outcomes (Beyers et al., 2017; Rousseau, 2015; von Bertalanffy, 1972). General systems theory offers a unique component that makes this theory appear to some as complicated and problematic and to others as uncomplicated and helpful (Beyers et al., 2017). Furthermore, according to Beyers et al. (2017), depending on the discipline and the research query being studied, the researcher will be required to investigate the relationships which can be a simple process or a process that requires a considerable amount of time due to the amount, complexity and intricacies of the relationships.

General systems theory has been used in the information technology arena as it demonstrates the interconnectedness and relationships and the way information is shared, used, and applied (Fitch, 2004). This theory was used widely in the groundwork and preparation for Y2K, which was expected to wreak havoc in the computer program arena as the year changed from 1999 to 2000 (Fitch, 2004). In the social sciences, general systems theory is used with and without other theories, some complementing the theory and others not. If a researcher is going to use this theory, they will need to apply it by investigating from a nonlinear perspective due to the interconnectedness, relationships, and new and emerging patterns that develop as a result (Beyers et al., 2017). Furthermore, they must be nonbiased and accept the outcome without reservation (Beyers et al., 2017).

Throughout the years, general systems theory has been studied via a variety of disciplines studying the countless aspects of systems—family systems, behavioral systems, archeological systems, critical systems, and others. Systems theory can be

studied from a qualitative or quantitative perspective utilizing a variety of methods, instruments, and participant sources. I chose to research this phenomenon using a qualitative perspective. Conducting this study utilizing a phenomenological approach via general systems theory allowed me to gain an in-depth and subjective introspection from the participants regarding their real-life lived experiences and their personal and professional histories.

Literature Review

Although adoption is an incredibly old phenomenon/process, and laws and programs exist now that support the adoptee and triad, there are still hurdles to climb. The psychological impact can be detrimental as researchers show through their studies regarding this population that continues to dominate the behavioral health community (Agnich et al., 2016; Baden & O'Leary-Wiley, 2007). The purpose of this qualitative study is to learn the psychological impact that adoption disclosure has on adult adoptees. In this chapter, I will demonstrate a substantive review of the literature currently on public, private, international adoptions, closed, semi-opened, opened, and identified/independent adoption, adoption disruption and adoption dissolution, pre-adoption service and post-adoption service, and comorbidity associated with adoption and the various players. Any of these facets can have a different effect on the adoptee, the biological parent(s), and the adoptive parent(s).

Categories of Adoption

There are two categories of adoption: public adoption and private adoption. Neither has more or less benefits than the other, they are chosen based on personal

preference and eagerness to adopt (McLaughlin, 2013). Personal preference by the biological parent(s) might include selecting public adoption because there is easy access to the agency, it is a free service, and a simple process (Child Welfare Information Gateway, 2015; McLaughlin, 2013). The biological parent(s) relinquish the child to the agency and the agency is responsible for placement both temporary and permanent (Herman, 2012). They might choose private adoption if they have a bit more freedom of choice (Child Welfare Information Gateway, 2015). The adoptive parent(s) may choose private adoption as this process involves less the time and/or individuals who have less a chance of being approved by a public agency will more than likely be able to adopt through this process (Goldberg et al., 2017; McLaughlin et al., 2013; Thomas & Larsen Gibby, 2019). Adoptive parents might elect the private adoption route if they have already been in contact and made arrangements with the birth mother or attorney (Deutsch et al., 2017; McLaughlin et al., 2013).

Public Adoption

Public adoption was introduced in the United States in the latter part of the 1800s (Deutsch et al., 2017; Herman, 2012) by the New York State Charities Aid Association, which facilitated the adoption processes and placed children in adoptive homes. This category of adoption has since evolved, and the process became legalized as well as scrutinized by the social workers, agencies, attorneys, and other stake holders in an effort to maintain the security and all around well-being of the children, the birth parents, and the adoptive parents (Child Welfare Information Gateway, 2017).

The child welfare agencies are the lead organizations responsible for overseeing the entire process of public adoptions (Child Welfare Information Gateway, 2015). The programs are federally funded, and the social workers are typically more skilled in the intricate processes of adoption (Deutsch et al., 2017). The child(ren) is placed initially in foster care until a permanent home becomes available. The adoptive parents will work with the social worker who will provide them with lists of children, in some cases photo listings and videos of children available for adoption and awaiting homes; the lists are very generic and may include name, age, gender, and nationality (Child Welfare Information Gateway, 2015). The children adopted through public agencies can be local, within the United States, or international and they range in age from newborn to 17 years of age and varying ethnicities (Child Welfare Information Gateway, 2015; Grotevant & McDermott, 2014).

There are extenuating circumstances surrounding the involuntary or voluntary process and placement in other families. The reasons and explanations for children being surrendered to the agencies and private companies and temporarily housed in foster care and up for adoption range from involuntary placements due to but not limited to neglect, physical abuse, sexual abuse, and abandonment (Child Welfare Information Gateway, 2015; Coleman & Garratt, 2016). Voluntary placement of children in the public adoption arena is typically due to young parental age, education level, financial status, and family pressures (Coleman & Garratt, 2016; Grotevant & McDermott, 2014). In either case, the children go to foster care and spend approximately one to three years awaiting adoption however, in some cases it can be a lengthier stay (Deutsch et al., 2017). The duration of

wait time can vary due to voluntary or involuntary placement, parental rights surrendering, court appearances, and placing the child(ren) with the best matched family (Deutsch et al., 2017; MacDonald & McLaughlin, 2016).

Private and International Adoption

Introduced in the early 1900s (Herman, 2012), private adoptions were established as a result of the overpopulated orphan population resulting from World War II (McLaughlin et al., 2013). As private adoption popularity grew, it provided services for international adoption, special needs adoptions, sibling adoptions, and provided an opportunity for parents who would not otherwise qualify to adopt (Grotevant & McDermott, 2014; Herman, 2012). Through this arena, black market and baby farming were also introduced and became quite popular in the underworld however, federal law prohibited adoptions through these two methods (Herman, 2012). Social workers who facilitated these adoptions and matching families were not very skilled and were not paid equal salaries to their counterparts who facilitated public adoptions and the process proved to be a challenge not only for the adoptive families but for the child as well resulting in higher numbers of adoption disruptions and adoption dissolutions (Deutsch et al., 2017).

As this category of private and international adoptions grew and evolved, biological parent(s) could use this process in order to voluntarily place their child however, they would have often times have a bit more liberty in the process and selecting the adoptive parents (Grotevant & McDermott, 2014). Private adoption is more costly for the adoptive parent(s) but subsequently would prove to be more intimate and realistic for

the adoptive parent(s) especially when adopting a newborn, as more often than not the child would be given directly to the adoptive parent(s) from the hospital immediately after the birth (Clutter, 2017).

When adopting through a private adoption agency, the key players are the birth parents, adoptive parents, child(ren), and attorneys. The agencies that play a significant role in the public adoption arena are not present in private adoptions and there is a competitive component attached. Private adoptions typically place children who are healthy and more of a match to the adoptive family making this a potentially costly yet quicker and efficient process (Deutsch et al., 2017). Considering this is a for profit resource, there are quite a few problems associated with it. For instance, social workers in the private sector are not as experienced and children are placed without regard to family match thereby resulting in disastrous and in some cases multiple placements which can have a devastating impact on the adoptee that lasts well into adulthood (Child Welfare Information Gateway, 2015; Deutsch et al., 2017).

Types of Adoption

Under the categories of public adoption, private adoption, and international adoption there are four types of adoption; closed adoption, semi-open adoption, open adoption, and identified/independent adoption. The types of adoption and the processes of each can affect the outcome of the overall adoption and/or have an impact on all the key players who are involved in the process. Each type of adoption has its own unique characteristics, benefits, and disadvantages.

Closed Adoption

Closed adoption is the oldest type of adoption and was previously considered the most common type of adoption (McLaughlin et al., 2013). A closed adoption will consist of complete anonymity as the birth parents' names, ages, family, health, religious, and personally identifying information is kept confidential; however, generic information in some cases is provided such as state/country and location of birth (Coleman & Garratt, 2016; McLaughlin et al., 2013). Information regarding the adoptive parents are also kept confidential as well and not shared with the birth parent(s) or family (Grotevant & Lo, 2017; (McLaughlin et al., 2013). The element of secrecy (Baxter et al., 2014; Siegel, 2013) is absolute and paramount in closed adoptions and the fact that no information is shared is done so as a measure to protect the biological family, identity of the child, adoptive family in addition to ensure the sanctity of the adoptive home is maintained (Grotevant et al., 2017; Williams et al., 2011; Wydra et al., 2012). In closed adoptions, by law the records are sealed by the court (Grotevant & Lo, 2017) and in some cases only become available when the child is 18 years of age (Coleman & Garratt, 2016) and in other cases and specific states only become available when the child reaches 18 years of age and petitions the court to open the sealed records or is in the best interest of the child; the latter alternatives must follow a legal process and can be quite costly (Baldassi, 2005; Lorient, 2016).

Semi-Opened Adoption

Semi-open adoption is an option that will share some information between the birth parents and adoptive parents however, full names and locations are not shared

(Coleman & Garratt, 2016). The information to be shared is discussed, agreed upon early in the process, and filed as part of the legal records so as to avoid confusion later in the process (Baldassi, 2005). In some open adoptions, biological parent(s) can meet and select the adoptive parents as well as the adoptive parents can meet and select the birth parent(s) this process can be ongoing until both sides are satisfied with their selection (Coleman & Garratt, 2016). Typically, in semi-opened adoptions contact between the birth and adoptive parents will not be over extended periods of time however, can be minimal with yearly updates on the child such as providing yearly school pictures and birthday updates, if this is agreed upon and listed in the court documents (Baldassi, 2005; Child Welfare Information Gateway, 2017).

Open Adoption

Open adoption evolved because of previous extensive research in the adoption field. Biological mothers albeit age, suffered from severe and devastating traumatic experiences of unrealistic finality and no sense of closure (McLaughlin et al., 2013) amongst their counterparts who had an open adoption and incurred significantly less trauma resulting from the agony of giving their child away and produced positive results for the overall adoption triad (Coleman & Garratt, 2016; McLaughlin et al., 2013). Open adoptions offered complete disclosure of names, locations, other personally identifying information, and on-going contact throughout the child's rearing, type and amount dependent and decided during the initial process of the adoption (Child Welfare Information Gateway, 2015; Coleman & Garratt, 2016).

Due to massive amounts of varying research on closed and open adoptions and the impacts of adoption on birth parents and adoptees, social workers and the like began advocating for open adoptions (Williams et al., 2011) and agencies were supporting this type as birth mothers were able to make some decisions for their child which ultimately was a positive move for the them and the triad overall (Coleman & Garratt, 2016; McLaughlin et al., 2013).

Having knowledge of medical history not only helped the adoptive parents care more efficiently for the child but it also helped the child to better care for themselves as adults and their family if they choose to have one (McLaughlin et al., 2013). Open adoption lessened the psychological impact on the triad and helped the adoptee maintain a sense of normalcy as they have a better understanding of who they are and their identity as they are afforded the opportunity to know their biological parent(s), their history, and their family.

Identified/Independent Adoption

Identified adoption offers the birth parent(s) and adoptive parents an opportunity to identify and select one another either on their own, via their families/friends, advertisements, or through an attorney (Child Welfare Information Gateway, 2015; Coleman & Garratt, 2016). The adoption will be finalized by an attorney who will following the state statutes and protocol and proper legal and ethical behavior regulated by the American Bar Association (Child Welfare Information Gateway, 2015). Although there is legal involvement, this process is far less invasive as the others because there are

no social workers engaged and no private or public adoption, city, state, or other agency involvement or oversight (Child Welfare Information Gateway, 2015).

Adoption Disruption

Adoption disruption is the process that ends the adoption process of a child after the child is placed in an adoptive home and before the adoption is legally finalized resulting in the child's return to foster care or new adoptive family (Child Welfare, 2012b; Hartinger-Saunders et al., 2015b). The child is physically removed from the adoptive home and placed in foster care, institution, or treatment facility with potential of returning to the home (Purvis et al., 2014). The rate of disruption is between 2% and 25% with the higher percentage reflecting older children and children with special needs (Child Welfare Information Gateway, 2017; Festinger, 2014). Potential reasons for adoption disruption include but are not limited to parental inexperience, inadequate family history of the child, insufficient preparation and commitment, unrealistic expectations of older children and special needs children (Hartinger-Saunders et al., 2015a, 2015b), and one to three sibling adoption (Dellor & Freisthler, 2018).

Those who are susceptible to adoption disruption are children who are older, typically over the age of 9 years old at time of placement, children who have behavior, psychological, and physical issues, male children, ethnicity that is not compatible with the adoptive family, and those who have had poor experiences via neglect and abuse in previous placements (Child Welfare Information Gateway, 2012a; Randall, 2013).

Resident treatment facilities house children who are facing adoption disruption as a consequence of trauma from negative history and poor experiences resulting from

multiple relocations, abuse, neglect, and maltreatment (Purvis et al., 2014). These facilities utilize trauma specific interventions with primary focus on developing responsive strategy skills in order to help them achieve success in their lives amidst their past experiences (Purvis et al., 2014). The goals of these trauma-based intervention programs are to offer treatment in the clinical settings with subsequent caregiving models that their systems can assist with their success and help them to be placed back in their adoptive homes (Bath, 2008; Purvis et al., 2014).

Adoption Dissolution

Adoption Dissolution is the process that ends the adoption after the child is placed in an adoptive home and after the adoption process has been finalized resulting in the child's return to residential trauma center, new adoptive family, foster care, or institution (Bath, 2008; Child Welfare Information Gateway, 2012b). The child in this process is also physically removed from the home and placed in foster care, an institution, or treatment facility with no hopes of returning to the home (Child Welfare Information Gateway, 2012b).

The children who are more prone to dissolution are those children who are over the age of nine, male children, those who suffer with psychological or behavioral health issues, and those with special needs (Burke et al., 2015; Wright, 2009). Dellor and Freisthler (2018) asserted that when children enter into the foster care or adoption systems they are given case numbers to identify them; however, when the adoption is dissolved and the children are returned to the foster care system the old records are sealed and the children are given new case numbers and potential new surnames, thereby

creating in some cases entirely new identities. There are no means to link the case files from foster care and adoption when they have been given multiple numbers and names and although there is data that can be viewed, data across the spectrum for this population cannot be construed as comprehensive (Dellor & Freisthler, 2018).

The rate of dissolution is 1% - 10% (Child Welfare Information Gateway, 2012a). This is due to older children who have suffered physical and/or sexual abuse, neglect, contact and/or use of illicit drugs (Dellor & Freisthler, 2018), psychologically due to the extensive amounts of issues in their biological family and/or who have moved extensively within the foster care system and have developed and suffer from behavioral and/or mental health challenges (Burke et al., 2018).

Social media platforms such as Facebook's "Way Station of Love" or "Way of Love" and Yahoo's "Adoption from Disruption" are being used as underground market places for adoptive parents to advertise and re-home a child or children they have adopted either nationally or internationally, however, do not want the responsibility to care for anymore. These types of sites used to move children from adoption dissolution are often taken down however, return with a different name. The legal portion of this process is very minimal and requires a simple power of attorney in order for the new parent(s) to be able to provide proof of guardianship for medical and educational purposes (Nobile, 2015). Similar to the black market, this method can be fruitful for those who would not meet the qualifications to adopt because of a criminal background, abusive history, or inadequate housing (Nobile, 2015). This also opens another avenue in order to move commodity through for illegal servitude and human trafficking (Gibbons, 2017; Nobile,

2015). As with legal re-homing, these children are moved through systems with different case numbers and identification which makes it difficult to maintain accountability or track their whereabouts (Dellor & Freisthler, 2018; Gibbons, 2017).

Predicting Disruption and Dissolution

Within the United States, disruption and dissolutions in adoptions occur approximately 10% to 25% depending on sample studied, length of study, and location of study (Child Welfare Information Gateway, 2012a; Wright, 2009). There are three entities that could disrupt and dissolve an adoption: the child, the adoptive parents, and/or the social worker/equivalent. Although it is difficult to articulate everyone who suffers with an issue or several issues will definitely result in the same outcome there are specific criteria that have proven to exacerbate the potential and reality for disruption and dissolution in child adoption (Randall, 2013). The factors surrounding a child being the cause of the disruption is due to his/her having had negative single or multiple experiences prior to adoption, behavioral/psychological/emotional difficulties, 6 years of age or older child, a child adopted with two or more siblings, and a child of male gender (Child Welfare Information Gateway, 2012a; Randall, 2013). The adoptive parents or family can be the cause of an adoption being disrupted or dissolved. If the adoptive parents have not prepared mentally, financially, or prepared the home for the expansion to the family, have no support systems in place, have unrealistic expectations, are matched with children who do not fit their specific criteria, and develop increased stress due to the placement this could result in disruption or dissolution (Child Welfare Information Gateway, 2012a; Moyer & Goldberg, 2017).

The public or private adoption agency and social worker play a role in an adoption being disrupted or dissolved as well. The social worker working with the biological parent(s) might not receive enough information about the child and placement can be mismatched (Burke et al., 2015; Child Welfare Information Gateway, 2012a; Grotevant & McDermott, 2014). There could be a team of social workers assigned to the biological or adoptive family and they may not be knowledgeable in the adoption process and due to the social worker discontinuities working with the biological or adoptive family and/or adoptee throughout the process could prove fatal to the success of the adoption (Child Welfare Information Gateway, 2012a). Inadequate pre- and postadoption support for adoptee and adoptive family and incompetent and/or unknowledgeable staff at many of the echelons could also prove to be a hindrance to the success of the adoption (Grotevant et al., 2017).

Title IV-E was instituted as a federally mandated initiative that provides incentives to individual states within the United States for reducing the number of foster care children and the time they spent in the foster care system (U.S. House of Representatives, Committee on Ways and Means, 1994). An incentive was offered to every state within the United States for increasing adoptions of children who has surpassed 9 years of age in an attempt to decrease the foster care population (Brehm, 2018; U.S. Congressional Research Service, 2003). The increased revenue could be the catalyst that is an underlining purpose why social workers place children in homes that result in incompatibility (Brehm, 2018), thereby resulting in an increase in mismatched

placements and an increase in adoption disruption and adoption dissolution (Children Welfare Information Gateway, 2012a; Randall, 2013).

Preventing Disruption and Dissolution

When working with adoptees and adoptive parents, it is important to note that everyone is different, and every situation will present its own unique challenges. However, many factors need to be considered in order to effectively mitigate adoption disruption and dissolution. Competent social workers, care givers, preadoption and postadoption services and resources are the primary components that need to be available to the triad and systems as this is critical to the success of the adoption (Waid & Alewine, 2018). Barbosa-Ducharne and Soares (2016) noted in their research conducted in Portugal that an intervention plan was part of the process for adoptive parents. They were required to attend a specific amount of group sessions prior to adopting a child to prepare the family with the many elements associated with starting a family or increasing a family. Since it is known that the characteristics associated with a high rate or increased potential for adoption disruption and dissolution are older children being adopted extra familial, children with multiple placements, previous history of physically, emotionally, sexually abused, two to three sibling adoption, and exposure to substance use and abuse it is important for the family as well as the social worker to ensure these are being considered and addressed in order to mitigate with a purpose the reduction and possibly the eradication of disruption and dissolution (Dellor & Freisthler, 2018; Wright, 2009).

Waid and Alewine (2018) stressed the importance of adoptive parents and caregivers to reach out and request assistance to enable them during the post adoption

phase. Furthermore, staff and social workers need to be thorough and proactive and have the insight to foresee issues and provide resources and assistance to mitigate further trauma to the adoptee and adoptive family (Waid & Alewine, 2018). Garber et al. (2015) conducted research on a mentoring program that paired college students with adoptees who shared the same or similar ethnicities. Although some of the children had some issues relating and exploring backgrounds, the program had a profound positive impact on those who participated both the college student and the adoptee (Garber et al., 2015). Therefore, providing programs and resources is imperative and has proven through research and education to be successful in reducing the potential for adoption disruption and dissolution (Burke et al., 2015; Testa et al., 2015; Waid & Alewine, 2018).

Pre- and Postadoption Services

Preadoption services and postadoption services would allow the opportunity for those in the adoption triad and systems to receive services and education that will enable them to be successful. Additionally, adoptees and adoptive parents having preadoption and/or postadoption services prior to and after the finalization of the adoption will assist and support the adoptee, the family, and systems with techniques, resources, and programs to ensure a successful transition and growth throughout (Moyer & Goldberg, 2017; Waid & Alewine, 2018).

Researchers reported a high need for post-adoption services as a result for at-risk children (Burke et al., 2015) and for adoptive parents who have developed a change of commitment to the adoption and continued parenting due to having had negative experiences with children who displayed and suffered from behavioral and psychological

difficulties (Testa et al., 2015). Finally, researchers have asserted that considering the all the aspects of the adoption are needed in order to create programs. The variables that need to be taken into consideration are country of origin, age, medical history, and reason for adoption of the adoptee in addition to the adoptive parent(s) and other family members issues that are all equally important and needed in order to create interventions, resources, and programs (Tan et al., 2015; Waid & Alewine, 2018).

Comorbidity Due to Adoption

Researchers have proven adoptees suffer from internalized and externalized behaviors and adoption adjustment in addition to a countless number of psychological and behavioral issues that initially stem from adoption leaving the adoptee with long-term problems that they seek professional treatment for which is not only extensive but intrusive and prohibits a sense of normality in their lives (Melero & Sánchez-Sandoval, 2017). Regardless of the category of adoption or the type of adoption the triad at any point in the process is vulnerable to fall victim and suffer from the ills of psychological and/or behavioral problems (Child Welfare Information Gateway, 2017; Coleman & Garratt, 2016). Parents of adopted children, both adoptive parent(s) (Firmin et al., 2017; Hartinger-Saunders et al., 2015b) and the biological parent(s) (Clutter, 2017; Coleman & Garratt, 2016; Krahn & Sullivan, 2015) suffer severe grief, loss, and psychological issues that result in comorbidity due to adoption process as well.

Comorbid Conditions / DSM 5

The American Psychiatric Association (APA) began working on a formal edition of publication that would be used within the behavioral health community to identify

mental health classifications for inpatients in 1921 (APA, 2013). Throughout the years and with many behavioral health scholars and ongoing extensive research consisting of scientific data, the *Diagnostic and Statistical Manual of Mental Disorders* was created (APA, n.d.). The potential for comorbid conditions is endless as there are a variety of possible causative factors that can contribute to an individual's experiences and diagnosis which can determine what affects them, how they are affected, and how they respond (APA, n.d., 2013). This alone makes the behavior health community very unique and fluid as it is constantly evolving and there is no one size fits all diagnosis for conditions when dealing with members of the adoption triad (APA, n.d., 2013; Tsou, 2016).

Comorbidity and the Adoptee

Maslow's Hierarchy of Needs (McLeod, 2018) purports every human being must attain these needs for them to thrive and grow. The needs and an explanation of each have been depicted on a pyramid and are characterized overall as deficiency and growth needs (McLeod, 2018). The first four, physiological needs, safety needs, love and belonging, and esteem represent the deficiency needs and the fifth self-actualization represents the growth need (Medcalf et al., 2013). As humans we need at a minimum our physiological needs of air, water, and food to be met which sustains us on the most basic of needs level (McLeod, 2018). Children are not able to meet these needs themselves and therefore depend on the adults in their lives to provide them. The categories of safety needs and love and belonging meets the needs of humans on a psychological level and the self-actualization occurs as growth when all the other needs on the tiers of the pyramid have been met and achieved (Medcalf et al., 2013; Yunqi, 2019).

The U.S. Children's Bureau (Children Welfare Information Gateway, 2015) mandates children in foster care should be placed in family homes (Lanigan & Burleson, 2017) in order to lessen the negative experiences and increase the positive experiences that stem from unstable and unsure living arrangements and environments (Kids Count, 2011). When children spend a considerable amount of time exposed to inadequate child rearing (Zeanah & Gleason, 2015), shuffling from home to home in the foster care system and moving to different schools and environments, their needs and growth are considerably compromised (Anthony et al., 2019) which can result in comorbidity as a result of psychological and behavioral problems that can begin to develop in their impressionable time of childhood and remain well into adulthood (Grotevant & McDermott, 2014; Melero & Sánchez-Sandoval, 2017).

Children who are placed up for adoption immediately after birth or with little to no foster care home placements also experience comorbidity (Grotevant & McDermott, 2014). It was thought early on that early placement via open adoption does not eliminate the potential and/or occurrence of comorbidity for adoptees as opposed to adoptions that are grounded in secrecy (Agnich et al., 2016; Siegel, 2013). Furthermore, rehoming is also a possibility when adopting children that can also contribute significantly to comorbid diagnosis of adopted children that last into their adulthood (Yunqi, 2019).

The APA began working on a formal edition of publication that would be used to identify mental health classifications for inpatients with austere psychiatric and neurological conditions in 1921 in the United States titled "American Medical Association's Standard Classified Nomenclature of Disease" (APA, n.d.). Throughout the

years and with many behavioral health scholars and extensive research consisting of scientific and statistical data, along with several editions the former name was changed in 2000 to the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013). The potential for comorbid diagnoses is endless as there are many factors that can contribute the adoptees experiences and diagnosis which can determine what affects them, how they are affected, and how they respond (APA, 2013). This makes the behavior health community very unique and constantly conducting research as there is no one size fits all diagnosis for conditions and this population's issues are constantly evolving and progressing (APA, 2013; Grotevant et al., 2017; Tsou, 2016).

Children who are adopted either through public, private, international, open, closed, or semi-opened adoptions are more likely to have the potential of developing psychological and behavioral issues (Baden & O'Leary-Wiley, 2007). This can result from genetics or pre-existing issues (Liskola et al., 2018; Yoon et al., 2012), a previous adverse experience or experiences (Melero & Sánchez-Sandoval, 2017; Moyer & Juang, 2011), not adapting well, unmet expectations, cultural incapability, and not fitting in, amongst a host of other ills associated with this population's dynamic practices (Anthony et al., 2019). Adopted children who suffer from multiple and severe adverse experiences have a higher propensity of developing pathology even if they are removed from the situation which lasts into adulthood and can affect other systems in their lives (van der Vegt et al., 2009). The more common diagnosis the adopted child can develop are major depressive disorders, post-traumatic stress disorder (Agnich et al., 2016), identity disorders, personality disorders, obsessive compulsive disorders, relational disorders,

attachment disorders, dissociative disorders (Grant-Marsney et al., 2015; Melero & Sánchez-Sandoval, 2017; Onyiriuka, 2018), and substance use disorders (Yoon et al., 2012).

Comorbidity and the Adoptive Parent(s)

Parents who adopt children do so for a myriad of reasons. Perhaps they are unable to conceive due to genetics or a medical condition (Baxter et al., 2014; Onyiriuka, 2018; Swartz et al., 2012). Perhaps they do not want to overpopulate yet want to satisfy their desire to parent (Slauson-Blevins & Park, 2016). The longing to adopt could also be a result of adoption legacy where the adoption experience was so profound for that individual that they grow up and continue the practice of adopting and this continues generationally (Firmin et al., 2017). Regardless of the reason individuals decide to adopt, the potential for comorbidity is substantially high for the adoptive parent or parents as well as any member of the triad (Coleman & Garratt, 2016).

Some adoptive parents are afforded an opportunity to transition into parenthood as the adoption process can be lengthy and cumbersome when trying to select the type of adoption, the agency, matching of the children, the legal process, and placement that there time elapsed enables a gradual transition (Child Welfare Information Gateway, 2015). Some adoptive parents do not have that transition time as they take on a family member or friend and the child is placed in their home immediately (Grotevant & Lo, 2017). In either case the parents go through an adjustment period (Hartinger-Saunders et al., 2015b). Preparing for the expansion of the home, finances, family members/friends/support systems, adjusting schedules, managing/learning a new culture,

adapting, and learning a new personalities or personalities to name a few (Firmin et al., 2017). Additionally, during this time, life continues, and this adjustment period takes place amidst previous habitual behaviors and schedules. Although this can be an exciting time, it can also be quite stressful and difficult for some families and adoptees (Child Welfare Information Gateway, 2015).

When adoptive parents adopt a child(ren) via a closed adoption, there is no contact with the biological mother or family either before or after the adoption, any pertinent or non-pertinent history of health, mental illness, medical abnormalities, pertaining to the child(ren) or immediate family members are not shared and these placements can be hard on the adoptive parents as they might not receive the information, counseling, or training to properly care for these children or caring for these children becomes overwhelming as issue pertaining to health, mental health, or other arise (Anthony et al., 2019; Moyer & Goldberg, 2017). Adopting a child through an open adoption can add stress to the adoptive parents if the biological parent(s) change their minds and renege on their initial decision and want their child returned (Grotevant & Lo, 2017). Perhaps, the biological parents/family cannot respect the space and comfort level of the adoptive family wishes resulting in adopted experiences adjustment difficulties due to the confusion of the open adoption (Agnich et al., 2016). Adoptive parents can discover after they adopt a child that they experience unfulfilled expectations; their idea of parenting did not merry up with the actual parenting experience (Moyer & Goldberg, 2017) which can add stress and frustrations to the adoptive parenting experience. These

experiences can carry over leaving devastation in the lives of the adoptive parents as well as the children are rehomed (Yunqi, 2019).

These situations coupled with the initial stress of not being able to conceive, rearranging lifestyles, budgeting and financial modifications coupled with dissatisfaction with the process or the adoptive child can lead to diagnosis of the adoptive parents that can result in diagnosis of major depressive disorders, personality disorders, relational disorders, anxiety, and stress to name a few. As a result of the adoptive parents' inability to parent in these circumstances, this can ultimately lead to adoption disruption and adoption dissolution which can inevitably add to or compound to any damage the adopted child experiences (Hartinger-Saunders et al., 2015b) hence, a domino effect of psychological and behavioral damage and comorbidity for the triad (Agnich et al., 2016; Grotevant et al., 2017).

Comorbidity and the Birth Parent(s)

Birthmothers who place their child(ren) up for adoption are faced with many reasons for doing so. The reasons can vary from unwanted pregnancy, they are not married, father is unknown, pressure from family/support systems, desire for a better life for their child to inability to financial provide for the child(ren) (Clutter 2017; Coleman & Garratt, 2016). According to Coleman and Garratt (2016) birthmothers often go through a period of psychological and behavior adjustments with their decision before and especially after the give birth and their child is taken from them and placed up for adoption. Regardless of open or closed adoption the grief and loss experienced by birth mothers over their child and decision has been well documented throughout the adoption

research community (Coleman & Garratt, 2016; Krahn & Sullivan, 2015). Closed adoptions present worse for birth mothers as they do not have an opportunity to know what is going on with their child, how they are being raised, and if the child is healthy, or any other aspects of their child's rearing (Coleman & Garratt, 2016).

According to the DSM 5 (APA, 2013) and Krahn & Sullivan (2015), birthmothers suffer from comorbidity as well with much of the same issues as adopted children and adoptive parents throughout the overall life of the adoption. Grief, loss, depression, anger, anxiety, bitterness, resentment, regret, personality disorders, relational disorders, and substance use disorders are experienced by birthmothers when placing their children up for adoption (Coleman & Garratt, 2016; Krahn & Sullivan, 2015) which can last for the short or long term (Grotevant et al., 2013). With open adoption the birthmother can follow the child and/or have a relationship with the child and adoptive family thus the trauma experienced tends to be minimal (Krahn & Sullivan, 2015). If the adoption was closed the birthmother can suffer considerably longer due to the inability to have knowledge of their child as they are in their adoptive home (Coleman & Garratt, 2016).

Family Structures

In the adoption arena family configurations vary from the typical nucleus family with two parents of heterosexual orientation to the same sex parent home, sexual minority parent home, or the single parent home that can be either male or female. Within these family settings there are multiple components that change the dynamic thereby resulting in simple to complex structures which impact the triad and support systems inversely (Goldberg et al., 2017; Thomas & Larsen Gibby, 2019). Families that consists of

adoptees and biological children are referred to as a “mixed family” (Santos-Nunes et al., 2018). These family structures in addition to families who adopt internationally and adopt children of dissimilar race also experience in some instances complexities with their families and systems (Garber et al., 2015).

Parents who adopt children internationally are typically socioeconomically sound and have achieved higher levels of education than parents who adopt children domestically and parents of biological children who do not adopt (Santos-Nunes et al., 2018; Thomas & Larsen Gibby, 2019). Parents of transracial adoptions are classically Caucasian parents and they do so as a result of a shortage of healthy white babies (Raleigh, 2012b). Furthermore, Raleigh (2012ba) claimed non-white parents do not typically adopt white children as there is a limited number of that population however, there are many children available for adoption of non-white ethnicities. Single parents who adopt a child or children are more prone to living in low income areas and participate in family therapy more than the adoptive two-parent household (Thomas & Larsen Gibby, 2019).

Alternative family arrangements can occur because of different lifestyles coming together to form the family unit. Individuals who desire to parent or who are parents that are members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community, have obstacles and barriers to deal with when wanting to begin or expand their family unit via adoption (Cody et al., 2017). During various phases of the adoption process social worker and others from the child welfare agencies have demonstrated overt and/or implicit discrimination to the LGBTQ parents (Wood, 2016). As a result, these

parents often portray heterosexual acceptable behaviors, lie, or purposely omit their sexual orientation to avoid difficulties associated with heterosexism (Cody et al., 2017; Wood, 2016). Goldberg et al. (2017) asserted children adopted by lesbian and gay parents and children adopted in homes of different and/or multi-race family members are more vulnerable to becoming victims of bullying (Wood, 2016) and ostracized, thereby adding to or elevating any issues and impact of psychological or behavioral trauma.

Although international and domestic dissimilar race adoptions occur and are accepted other types of adoptions are not. The Hague Convention is an international agreement the United States signed in 1994 and enacted in 2008 establishing the “standards of practice” for international adoptions currently occurring throughout 101 countries worldwide (Travel.State.Gov, 2020). Prospective single parents and parents of the same sex who want to adopt are not considered equal in some countries and are not allowed to adopt the children from those countries (Raleigh, 2012a; Travel.State.Gov, 2020).

Findings

There has been extensive research on the many facets of adoption. The age of adoption is significant as younger children have more of an opportunity of being adopted; however, a child over the age of 9 years old is considered older and harder to place (Brehm, 2018). A common theme across the adoption spectrum is adoptions conducted at older ages tends to lend to the children having higher risks of developing psychological, emotional, and or behavioral issues as a result of having had more adverse experiences (Brehm, 2018; Deutsch et al., 2017; Gleitman & Savaya, 2011). The researchers also

present evidence that children who are older when adopted are faced with further challenges as they have had more opportunity of having been exposed to maltreatment, abuse, having lived in institutions and/or having lived in multiple homes/families which leads to a higher propensity for adoption disruption and adoption dissolution (Gleitman & Savaya, 2011; Lanigan & Burleson, 2017). Furthermore, inadequate social and emotional support for children who have lived in institutions and then adopted result in a deficit in their social and emotional skills as they develop and grow up (Julian & McCall, 2016). A large number of the researchers conclude that children adopted from birth to age four are more apt to developing bonds with their adopted parents and the parents with the children thereby the children have a lower risk of developing psychological, emotional, and or behavioral issues (Julian & McCall, 2016; Swartz et al., 2012). Children, who are placed in families where the parents are experiencing higher levels of stress, are more prone to suffer from stress and depression as well (Liskola et al., 2018).

Children adopted internationally sometimes develop feelings of inadequacy as they do not know the circumstances surrounding their birth nor do they think they will ever learn of it (Darnell et al., 2017). Children placed for adoption in homes of dissimilar race or ethnicity often experience attachment disorders and identity disorders as the adoptive family is unable to relate or teach them their heritage and culture leaving the adopted child (ren) feeling insignificant and inadequate (Grotevant et al., 2017). These children although grateful to have been adopted and included as part of a family feel out of place knowing a piece of them and their identity remains in their country of origin (Garber et al., 2015; Richardson et al., 2013). Researchers have found that adopted

children are more prone to suffering from psychological and behavioral issues via internal and external display and seen in the mental health community more than non-adopted children (Grotevant & McDermott, 2014; Santos-Nunes et al., 2018). Adopted children are also more prone to self-medicating and abusing prescribed medication, alcohol, and illegal drugs albeit genetics or because of the unstable child rearing and the adoption experience (Yoon et al., 2012).

Future Direction

Adoptions started out in the 1800s with a variety of interesting and in some cases cruel methods used to place children (Herman, 2012). In the mid-1900s, closed adoptions became law then moved to open adoptions around the 1960s based on research supporting the potential for positive experiences for the triad (Farr et al., 2014; Herman, 2012); however, there are still adoptions that occur that are closed. In recent times, the internet has become the catalyst for research as it is easy to navigate and easy access to mass amounts of information from non-personal to personal and includes legal documents, ancestry and birth relative's information and location, contact information, and pictures within a few clicks. There are deoxyribonucleic acid (DNA) registry sites that have been introduced to the adoption arena in recent times and is a portal that will yield adoptees results without going through an agency or legal realm (Denbo, 2013). These direct-to-consumer (DTC) companies offer genetic testing that is affordable, accessible, and conducted within a short span of time and there is an element of anonymity that can be instrumental in obtaining information (Casas, 2018; Strong et al., 2017). These tests are fairly simple to complete; the individual being tested will provide a

small amount of saliva that is submitted to the lab where the sample is analyzed and results provided for but not limited to ancestral origins, health, traits, and more (23andme, 2020; Ancestry.com, 2020; Denbo, 2013). The tests being conducted, and information provided to the individuals are continuously evolving due to advances in this area (Casas, 2018).

Adoptees suffer from psychological and behavioral issues resulting from the adoption experience albeit domestic or international that present as internal or external and are expressed by the adoptee via identity disorders, attachment disorders, adjustment disorders, and a host of other disorders that can wreak havoc from childhood through adolescence and well into adulthood (Grotevant et al., 2017, Liskola et al., 2017; Richardson, 2013). As a result, adult adoptees have demonstrated a sincere interest in genetic testing as they are able to learn of their identity and possible health risks for themselves and their children and/or to prevent or mitigate life altering health conditions and diseases (Strong et al., 2017). There is also the opportunity to learn of their ancestral origins and ethnicity, and “real” family related and validated by genetic testing (Strong et al., 2017). It is typical in adoptions for identifiable information to become misconstrued and inaccurate when shared by the biological family to the social worker and agency to the adoptive family and/or adoptee (Casas, 2018). Uncovering these truths via genetic testing lends to the adoptee learning who they are, where they come from, and aspects of their health, which are key questions adoptees are most concerned with that enable them to develop their identity (Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017).

Major Themes in the Literature

The major themes in the literature seem to point to preadoption and post adoption support for adoptees, the adoptive family and in some cases their systems of support. These resources will help the adoptive parents to increase their parental skills to identify and work with children who have had and have not had previous trauma (Burke et al., 2015; Grotevant & Lo, 2017; Waid & Alewine, 2018). This support also enables the adoptive parents with parenting skills prior to adopting the child(ren) in order to make certain they are with the knowledge and tools and have worked through areas such as home expansion, financial security, and setting up support networks (Burke et al., 2015; Garber et al., 2015). Competent social workers in the adoption field can be instrumental in helping the prospective adoptive parents with identifying any shortcomings and learn methods and skills for tough times that will enable them to create and/or reinforce a positive stress free atmosphere that will support the adoptive parents, adopted child(ren), family members, an support systems (Waid & Alewine, 2018). Another theme across the spectrum of adoption literature is open adoption. Open adoption according to many researchers appears to be the best decision as it provides relationship and a quality environment that will lessen the effects of psychological and behavioral trauma considering there is less room for identity issues which is a major component for these issues in adoptees (McLaughlin et al., 2013).

Present Study and the Gap

There are many reasons why people decide to place their child up for adoption and there are many reasons why people decide to adopt. The adoptee does not have a say

in this life altering decision that was made for them; however, they are at the center of this phenomenon. Studying this population utilizing a phenomenological approach allowed me to delve into the lived experiences of a small sample of eight adoptees by conducting semi structured interviews specifically focusing on the psychological impact that adoption disclosure has had on their lives and the lives of their support systems. I manually coded the results via eclectic and in vivo coding to identify the impact in-depth and, based on the analysis, concluded whether their experience was positive, negative, or neutral. Finally, results of the study will enable me to develop resources and program that are population specific.

Research Related to the Gap

Exploring the lives of those adopted is critical to the future generations of adoptees and their support systems as previous researchers assert with an overwhelming consensus that resources and programs to help this population is imperative to their overall well-being (Nobile, 2015; Waid & Alewine, 2018). A qualitative study utilizing various research methods of in-depth interviews would offer a unique platform to learn from adoptees firsthand of their experience (Wydra et al., 2012). Studies conducted by leading researchers in the field illuminate adoptees as they have a higher propensity to be seen by behavioral health specialists (Firmin et al., 2017; Santos-Nunes et al., 2018). Significant numbers of adoptees participate in self-medicating as a result of comorbidity that adoptees are leading over their non-adoptee counterparts (Malero & Sanchez-Sandoval, 2017; Yoon et al., 2012). Additionally, those who have a close relationship with the adoptee such as the sibling, the family, friend, teacher, coach, and other support

systems individuals are also affected as they influence one another thereby affecting relationships and behaviors (Kalus, 2014). This research would look at the dynamics from the adoptees lens which will help with developing resources and programs to help the adoptee, the triad, the support systems, and future adoptions within their frameworks addressing the challenges and obstacles that accompany adoptions. This will also help to identify future research tools needed to study this phenomenon bridging all the aspects of adoption and key players together (Kalus, 2014).

Summary

Adoption in the United States has a rich history stemming from the 1800's to the present. The adoption process in its entirety is so intricate with many different facets, players, and proponents that researching the entire process in one study might be complicated and not practical (Kalus, 2014). Over the years there have been many studies conducted by lead researchers in the adoption arena that have been instrumental in establishing laws protecting the adoptee, protecting the adoptive parent(s), and the biological parent(s) and improving the methods surrounding the overall process of adoptions and key players roles (Bartel, 2015).

Prospective adoptive parents have the options of open adoption (Clutter, 2017) or identified also known as independent adoption, which allows for relationships to be established and continued between the biological parent(s), biological family, the adoptee, and the adoptive family. This gives comfort to some within this dynamic and can help the adoptee deal with issues that will enable them to avoid many of the negative aspects associated with being adopted in addition to helping the biological mother deal

with the negatives emotions she may experience as a result of placing her child(ren) up for adoption (Child Welfare Information Gateway, 2015; Krahn & Sullivan, 2015; McLaughlin et al., 2013). There is the option for prospective adoptive parents to choose to adopt a child using the semi-open route. This method allows the biological parent(s) to select and meet the adoptive parents however, there is no contact afterwards (Coleman & Garrett, 2016). In either of these three methods there is an element of respect that transpires between all parties and adherence along with understanding must be given to the contractual rules and other consents and agreements that are set in place (Child Welfare Information Gateway, 2015). Finally, there is the closed adoption route some biological parent(s) and adoptive parent(s) choose to take. This route is anonymous and allows them no information of the child(ren) they are adopting and is built on a foundation of secrecy in an attempt to protect the biological parent(s), adoptive parent(s), and the adoptee (Richardson et al., 2013; Siegel; 2013). If the adoption is discovered and/or later disclosed this can have a detrimental impact on the triad (Grotevant & Lo, 2017).

The psychological impact and comorbidity that can affect the adoption triad and supporting systems have been identified and remain a theme throughout the adoption arena. The triad consist of the biological parent, the adopted child, and the adoptive parents (Agnich et al., 2016). The support systems include but are not limited to other adoptive parents, social workers, clergyman, educational professionals, medical professionals, sports coaches, community group associations (i.e. Girl Scouts of America/Boy Scouts of America) local community officials, friends, and coworkers

(Mounts & Brandley, 2020). The issues surrounding where the problems initiate from also remain a constant throughout the research as everyone is different and circumstances and experiences can predicate various outcomes. Issues common in the adoption arena are adoption disruption and adoption dissolution. The components to both are represented by children who are older, who have been placed multiple times, who have experienced neglect, sexual/physical abuse, and who have had significant emotional, behavioral, and psychological trauma previously (Child Welfare Information Gateway, 2012a; Dellor & Freisthler, 2018).

Future studies will determine the direction for further research and specific populations, programs, family structures, and other topics to be studied in the areas of child adoption. Researching qualitatively in small amounts within this framework would enable the researcher to learn the perception from the different players. Researching this phenomenon from a quantitative lens will enhance the knowledge from different perspectives from a larger sample (Agnich et al., 2016; Malero & Sanchez-Sandoval, 2017). Kalus (2014) recommends conducting mixed methods research to learn from the triad in a succinct manner. Additionally, programs to help that are population specific as well as further research tools to study many aspects of this phenomena simultaneously which would result in a more comprehensive and productive process overall for counselors, the triad, and support systems (Kalus, 2014; Mounts & Bradley, 2020).

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to learn the authentic lived experiences of adoptees in relation to their adoption disclosure. Doing so helped me to understand this phenomenon in-depth (Burkholder et al., 2016). This chapter will include the design and rationale for the study, the role of the researcher, the methodology used, and the issues of trustworthiness.

Research Design and Rationale

I conducted a phenomenological qualitative thematic analysis study from the theoretical general systems perspective examining this question: What are the lived experiences of adult adoptees and what is the perceived impact adoption disclosure has on the psychological issues of adult adoptees residing in the United States? The objective was to learn the lived experiences of adult adoptees who have experience with adoption disclosure. Additionally, I wanted to understand the disclosure process they personally experienced and the depth of impact that adoption disclosure has had on their psychological well-being. I also wanted to understand the impact their interactions and interrelated influences from the micro, mezzo, and macro levels have had from the beginning of their issues initially resulting from adoption disclosure to the present (see Michalskis & Schirmer, 2014). Using social research and inductive theory, I will explore this platform more extensively to learn of the adoptees' first-hand knowledge and lived experiences.

Research Question

The research question that is guiding this study is as follows: From a systems perspective, what are the lived experiences of adult adoptees and what is the perceived impact adoption disclosure has on the psychological well-being of adult adoptees residing in the United States?

Role of the Researcher

The role of the researcher is extensive; however, it needs to be fluid as each project can dictate different protocol. However, there are elements that will remain consistent throughout all projects. One of the key components to a quality study is ensuring the researcher creates a plan for their way ahead that is based on documented peer reviewed best practices (Hebert et al., 2015). Initially, the researcher serving as the data collection instrument needs to make certain that they establish a filing system or some system of order that will be instrumental in data collection, organization, management, and security. This element of the research process is imperative as it is designed to keep all the research material organized and easily accessible as well as keep the researcher on task and focused throughout the study. An extensive amount of materials, such as memos, field notes, contact lists, and interviewers guide, will accumulate quickly throughout the research. This could result in a disastrous situation when a researcher acting as the data analyzer has no systems of document/file management and order in place.

Creating the relationship with study participants by establishing rapport, trust, and an encouraging environment early on is also critical to having a substantial dialog and

attaining quality information during the interview (Ellis, 2019; Robinson, 2014). The researcher needs to be prepared and confident in the research being conducted, ask open-ended and probing questions, and be neutral, flexible, and creative in order to stimulate the interview and allow a “breadth” of information to surface and be shared. For this study, I used a prepared script and took notes to help me stay on track (see Rubin & Rubin, 2012). An interviewer’s guide should be reflective and a compilation of best practices and personal practice/experiences (Ravitch & Carl, 2016). The guide should also include protocols for before, during, and after the interview, consent forms, pseudonym list, goals, questions, script, email and U.S. Postal Service correspondence, and telephone conversations/logs. Closing the interview with time for a rundown of what was discussed, any questions or comments, acknowledgements to the interviewee for their participation, and lastly explaining what takes place next (Ravitch & Carl, 2016).

As the researcher, I had an ethical responsibility to the interviewees, the research, and the research community. Researchers must assertively address reflexivity, confirmability, credibility, and rigor to identify their own biases and put a method in place to monitor throughout the project (Cain et al., 2019). Overall, researchers want to ensure that the study is not swayed because of their biases or reflexivity as both can directly and indirectly affect the interviewee, data collected, and findings (McCaslin & Scott, 2003). I consulted with my committee intermittently throughout the research for dialogic engagement in order to mitigate the influence of my own preconceptions and make certain that my adoption status, personal opinions, and biases are not creeping into the research and that the processes are conducted appropriately. This continuously

challenged my reflexivity, biases, and materials, which enabled me to produce a quality and ethically sound research project (see Stahl et al., 2014).

Methodology

Participant Selection

I used purposive sampling to acquire participants who were adopted and quota sampling to ensure an equal representation of female and male interviewees. Purposive sampling strategy allows the researcher to select individuals that fall into a specific category based on selective criteria (Robinson, 2014). Purposive sampling also provided credibility to the research by reducing the potential for biases (Robinson, 2014). This sampling strategy afforded the opportunity for more detailed research findings by sample selecting from a variability of potential participant sources, participants living similar experiences who come from different locations within the United States (Rubin & Rubin, 2012). To ensure the data was not skewed, I also used quota sampling, which allowed me to have an equal and fixed number of male and female participants (Darnell et al., 2017). From the list of those who agree to participate, I selected four women and four men. Individuals were selected to participate in this study if they met specific criteria: were adopted, experienced adoption disclosure, are over the age of 18 years, and reside in the United States. I sought participants from Walden University Participant Pool, Search Angels Facebook Group, and Adoption Reunion Search & Support Facebook Group.

Conducting individual semi structured interviews enabled me to learn the relationships of the systems and interactions and what impact they have had on the participants and their systems. The data collection method was dynamic and emergent

and helped me uncover and ascertain themes and patterns based on the participants' lived experiences (Burkholder et al., 2016; Darnell et al., 2017).

Instrumentation

Interview questions were the instrumentation method used to collect the data for this project. I developed the interview questions as a result of reading through countless articles of adoption research. The questions consisted of 15 open-ended questions (see Appendix B) that were formed in a succinct manner comprising a verb, an inductive and exploratory component, and focus on a single concept framed in the arena of general systems theory (Rubin & Rubin, 2012). I also had six probing questions on standby and at least one go-to phrase in the event the participant was having an emotional experience during the interview and needed words of comfort. There was a supplementary section and opportunity for additional input if the participant desired to share more information about their adoption disclosure, impact, and experience. As the researcher, I also served as the data collection instrument and conducted the interviews and follow-on interviews to address any additional questions that may arise. This in addition to the initial interview enabled saturation to be achieved.

Recruitment, Participation, and Data Collection

After receiving Walden Institutional Review Board (IRB) approval (Approval no. 07-06-20-0259704) to conduct the study, I reached out to Walden University Participant Pool, Search Angels Facebook Group, and Adoption Reunion Search & Support Facebook Group to advertise my research in order to recruit potential participants. A post was sent out to Walden University Participant Pool with the eligibility criteria and was

posted on the social media groups Search Angel and Adoption Reunion Search & Support. The eligibility questions in this initial communication were to vet the participants for the research. This enabled me to ensure that I had a variety of participants of different ages, genders, and from a variety of locations to support diversity and thereby receive a range of experiences in adoption disclosure that would provide data that could ultimately answer the research question. I used this process to select participants for the research based on specific criteria. A standby list was also prepared in the event saturation was not reached and additional interviews needed to be conducted.

Once I determined eligibility and received their interest to participate, I sent out the consent form via e-mail. Upon receipt of an affirmative consent form, I set the interview schedule and verified with the participant. I asked the participant to select an area for the interview that would ensure a private, distraction-free natural setting that is familiar to them and quiet as this would help with their comfortability as well as give me the opportunity to learn their personal constructs of opinions, individual feelings, and unique experiences. I worked around the participants' schedules to arrange an interview time that was convenient for them from 7 a.m. to 9 p.m. EST, CST, MST, PST, respectfully.

Interview questions consisted of 15 questions and focused on a single concept developed by me (see Rubin & Rubin, 2012). The participants were able to share additional information regarding their adoption disclosure experience if they so desired. I audio recorded all interviews, with participants' written approval (original maintained with research file, copy given to participants), and transcribed them verbatim. This acted

as an additional measure for me to ensure all the information of the participants was accurate, collected, recorded, and secured. An inductive approach to thematic analysis based on the data derived from the transcription was utilized and allowed the phenomena's natural progression to surface and be revealed (Grant & Osanloo, 2014). A researcher's guide that consists of terms and themes was utilized during this process and became part of the research project and was later filed electronically and in a locked file cabinet.

Reflexivity and biases are vital and can be disadvantageous to research and the researcher (Cain et al., 2019; McCaslin & Scott, 2003). Reflexivity basically describes the researchers' social identity and position regarding a subject matter (Jacobson & Mustafa, 2019). The researcher must be cognizant of their motivations, purpose, and goals prior to and during the research in order to ensure they are identifying as well as not incorporating their position on the subject matter into their study to ensure it is ethically sound (Mason-Bish, 2019). Biases occur as a result of underlying beliefs and assumptions that we develop and become part of our frame of reference as a result of how we were raised, taught, interpreted situations, and the impact of life's experiences (Jacobson & Mustafa, 2019). Dialogic engagement is a process by which researchers share their work with others who will honestly scrutinize the study in order to make certain the researcher's tacit theories and personal opinions/status/biases have been identified, recorded, and have not been included in order to manipulate this study and the processes are conducted correctly (Hebert et al., 2015). I conducted this process during three

intervals of the study; prior to the data collection, after the analysis, and at the conclusion of the study.

Data Analysis Plan

Interviews were conducted by online platform and telephonically within a 30-day period. In keeping with confidentiality and identity protection and privacy of my participants, names were purposely omitted and replaced with a pseudonym, respectively. Pseudonyms were used to maintain confidentiality and anonymity of the participants while allowing for their input (Lahman et al., 2015). Pseudonyms are selected via several methods. Based on the type of research, the researcher will select a pseudonym by gender if gender is relevant to the research and can reflect as M1 for male 1 as the first male participant in the study and F1 for female 1, first female participant in the study, if culture and/or ethnicity is relevant the participants can be reflected as AA1 for African American 1 or CAUS1 for Caucasian 1, PR1 for Puerto Rican 1, DOM1 for Dominican 1, and if none of these are relevant to the research, the participant can simply be given a pseudonym of P1 for participant 1, P2 for participant 2, and so on in order to ensure confidentiality and anonymity (Allen & Wiles, 2016). My research is based on adoptees and gender is relevant therefore, the pseudonyms I issued each participant in my study was PF1 for the first female, PM1 for the first male, and so on.

Serving as the data analyzer, I transcribed and manually coded all interviews. I used an inductive approach that was data driven and conducted thematic analysis using general systems approach to guide the analysis process. Inductive approach in research allows the researcher to derive codes exclusively from the data received based on the

experiences shared by the participants (Azungah, 2018). Coding is a cyclical process and exploratory in nature and its purpose is to transform raw data into detailed and comprehensive meaning which is used to construct or create theory and ultimately answer the research questions (Azungah, 2018; Fusch & Ness, 2015). During this exploratory phase, codes were constructed using an eclectic process also known as the first impression of the data followed by the in vivo process which was using the verbiage from the participants. During the thematic analysis phase, themes and patterns emerged and develop as a result of conducting this process over several cycles and receiving repeated and similar responses from the participants (Azungah, 2018). The data collected was reviewed and when no new data emerged and/or there were no new avenues to explore data saturation was reached (Robinson, 2014). If data saturation is accomplished prior to all interviews being completed, the interviewing process could have ceased, and the coding phase could have begun. If saturation had not been reached, additional participants from the standby list would have been contacted to coordinate and set up a time/date to conduct interviews until saturation can be achieved.

It is vital to the research to have all these items included for a thorough interview and interview guide to enable the ability to obtain enough resources to facilitate gathering quality data. This was instrumental in the coding process, findings, conclusion, and ultimately produced an exhaustive research product that answered the research question, explained the phenomena, and can be used to positively affect social change (McCaslin & Scott, 2003).

Researcher Credibility/Trustworthiness

To ensure the research is valid and trustworthy, the following need to be evaluated throughout the life of the project; confirmability, credibility, and rigor (Ellis, 2019). Confirmability acts as an umbrella that confirms the credibility and rigor of the study and has been recognized and accounted for within the study (Thomas & Magilvy, 2011). Confirmability was addressed periodically during the study to ensure the researchers personal opinions and biases were not being included in the data albeit the researcher creating the initial email explaining the study, the questions, interview process, transcribing, findings, and reporting (Ellis, 2019). Credibility in qualitative research is parallel to internal validity in quantitative research and is a process that allowed for the study to be scrutinized and implemented based on the best methods/protocols and ensured those who participated were relevant sources of information and that they shared a commonality with the other participants in addition to showing the relation of these to the research design (Thomas & Magilvy, 2011). Rigor is a process that ensures the researcher is being detailed and exhaustive with all the processes throughout the study thereby adding to the accuracy and authenticity (Ellis, 2019). This was accomplished by preparing reflexive memorandums identifying personal posture and biases in addition to adding in a component of peer review. In order to achieve these, dialogic engagement occurred on periodic basic which was a process that took place during the study and designed to ensure the researcher's personal biases have all been identified and annotated and all process were conducted appropriately so as to not manipulate or contaminate this study (Stahl et al., 2014). The study was sent to the committee who provided feedback at

each iteration if needed, prior to the data collection, after the analysis, and at the conclusion of the study. The feedback received was recorded and became part of the overall research file (Phillips, 2011). Upon completion of the project, participants will receive a one-page summary of the completed research.

Ethical Considerations

Qualitative research has the potential to open the pathways for possible unethical situations arising due to the fact that this type of research digs deep into people's personal lives and studies their "lived experiences." Knowing the potentiality of privacy being violated and harm occurring, the researcher will need to implement protocols that will protect the interviewee's and overall research from unethical issues (Stahl et al., 2014). The interviewees were informed in writing and verbally of the nature of the research, signed a consent form including responsibilities to protect the information. I had an organization and management system in place to securely store all documents with access authorized only to those with a need to know which preserved the fidelity of the research (Shenton, 2004; Stahl et al., 2014). All participants were given a pseudonym to protect their identity.

The participants from the Walden University Participant Pool, Search Angels Facebook Group, and Adoption Reunion Search & Support Facebook Group acknowledged via email their willingness to participate. The consent form defined the purpose of the research, the desired population sought, and outlined of the research. It also explained that participation was voluntary, possible risks of self-disclosure that participation can be discontinued at any time, and included an online link for behavioral

health specialists. This email with consent was filed and became part of the research project. Participants, once confirmed for the duration of the study, were listed as “PF1, PM1, etc.” from this point on.

All consent forms, correspondence, interview questions, additional shared information, list of behavioral health specialists, excel and word documents with data, and recorded interviews became part of the research project, stored electronically and in a locked filing cabinet.

Summary

The research sample consisted of eight participants, a combination of male and female, over the age of 18, and residing in the United States. Emails, consent forms, and any correspondence with the participants were filed prior to the interviews taking place. Ethical considerations were considered throughout the life of the project. It was vital to the research to ensure that all measures were taken to ensure protection of the participants, the researcher, and the overall project. Documenting all correspondence, maintaining consistency, and good management and organization skills helped the project stay on task and in order which was instrumental when completing the data collection phase, analyzing phase, discussion section, and overall research project.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of adult adoptees in relation to their adoption disclosure. This study helped me to understand this phenomenon in-depth (see Burkholder et al., 2016). The research question used for this study was: From a systems perspective, what are the lived experiences of adult adoptees and what is the perceived impact adoption disclosure has on the psychological well-being of adult adoptees residing in the United States?

In this chapter, I will detail the processes used for this study such as the setting, population demographics, data collection and analysis procedures, evidence of trustworthiness, and finally the results of this project.

Setting

This study was offered to participants via two methods: telephonically or by the online platform Zoom. The procedures outlined in Chapter 3 were followed with the exception of one interview that was conducted via a combination of email and telephone. My project was advertised on two Facebook adoption support groups: Priscilla Sharps' Search Angel and Cathy Thompson's Adoption Reunion, Search, and Support. It was also advertised on Walden University's Participant Pool web site. I visited the Facebook sites and there were a few questions presented by potential participants. I responded to the questions and received interest via email. I sent the consent form and questions (see Appendix B) to those who were interested, and upon receipt of their consent I sent a follow-on email to lock in a date, time, and platform for the interview. Six participants

preferred to interview via Zoom, one preferred to interview over the telephone as this participant was on Zoom quite a bit for work, and one (the exception) due to medical conditions participated via a combination of email and limited telephone. With respect to the different time zones, I made myself available from 7:00 a.m. to 9:00 p.m., Sunday through Saturday in order to make the interview times convenient for the participants. Due to the COVID-19 pandemic, six participants scheduled their interview between 8:30 a.m. and 3 p.m. during the week as they were teleworking and did not have to schedule their participation around traveling to and from work or outside of the office hours.

During the scheduling portion of the process, I asked the participants to select an area that would provide privacy, was quiet, and distraction-free. This would allow us to communicate throughout the interview with no interruptions and would also reduce the chance for feedback on the audio recordings. During the Zoom interviews, there were a few minor distractions, such as mobile phones ringing, email notification sounds, and the occasional internet lag that froze the frame or delayed the audio; however, these did not hinder the continuity of the interview.

Demographics

The participants consisted of four men and four women. Seven of the participants saw my flyer on the social media platform and one learned about the project from the Walden University Participant Pool. Those interested were required to meet four criteria to participate in my study. To be eligible, participants needed to have been adopted, have experienced adoption disclosure, be over the age of 18 years, and have been born and raised in the United States. The participants ranged in age from 21 to 73 years old. The

participants were given a pseudonym that was sequenced PF1 through PF4 and PM1 through PM4, respectively. Participant demographics were as follows:

- PF1: Female, 21-year-old, White, Minnesota, no children, not married, open adoption, adoption disclosure 8 years old.
- PF2: Female, 73-year-old, White, Washington, married twice, one daughter a few honorary children, private family adoption, adoption disclosure at 3 or 4 years old.
- PF3: Female, 44-year-old, White, New York, divorced (husband committed suicide), currently has a boyfriend, one daughter placed up for adoption at birth, closed adoption, adoption disclosure very young age.
- PF4: Female, 61-year-old, White, Pennsylvania, married, two children, closed adoption, adoption disclosure very young age.
- PM1: Male, 71-year-old, White, Oklahoma, married, two children, orphanage, closed adoption, adoption disclosure, 5 or 6 years old.
- PM2: Male, 64-year-old, White, Virginia, lives in California, gay, married, no children, closed adoption, adoption disclosure 7 years old.
- PM3: Male, 39-year-old, White, Illinois, married twice, three biological children and two stepchildren, abandoned on church steps, closed adoption, adoption disclosure very early, learned the whole story at 21 years old.
- PM4: Male, 68-year-old, demographic unknown, Indianapolis, married twice, currently separated, no children, closed adoption, adoption disclosure very early.

Data Collection

I recruited eight individuals as this is the sample size typically used for this type of study (see Boswell & Cudmore, 2017; Moyer & Juang, 2011; Sherr et al., 2018). I used purposive sampling and quota sampling, which enabled me to use two techniques in an effort to obtain a population without controversy yet equal. The purposive sampling technique allowed me to reduce the bias factor, provide creditability, and gain extensive data and findings by having a variety of participants who shared similar experiences that come from a variety of locations (Ravitch & Carl, 2016; Rubin & Rubin, 2012). Quota sampling allowed me to recruit a sample that was comprised of four women and four men, which allowed for equal input and helped remove the potentiality for skewed data (Darnell et al., 2017).

Five to ten minutes prior to the start of the Zoom interviews, I sent the link and log-on credentials to the participants. This allowed a few minutes for us to log on and make adjustments if needed in the event there were connectivity problems and/or audio/visual issues. I began the Zoom and telephone interviews by providing a basic introduction, the purpose of the interview, approximate length of time for the interview, explanation of the pseudonym, and an opportunity for them to ask questions. The interviews ranged between 24 and 50 minutes in duration.

I utilized the semi structured interview process to conduct the interviews. This process enabled me to learn the magnitude and extent of the systems relationships and influences in addition to themes and patterns emerging as the participants share their subjective experiences individually and collectively (Burkholder et al., 2016; Darnell et

al., 2017). The second question, “you mention you work for XX or attend school as XX tell me about that,” which I included as a rapport building question (Ellis, 2019; Robinson, 2014), was only asked in one interview as the other interviewees provided the information during their response to question one. Some of the participants’ explanations and answers to the interview questions were thorough and relevant to other questions throughout the interview. The other questions were asked in order to maintain integrity of the research and to obtain more information regarding their experiences. Follow-on and clarifying questions were asked in order to ensure understanding, accuracy, and breadth. The data received was complete. I reached out to one participant via email for clarification of content.

Data Analysis

Following Braun and Clark’s (2006) six phases of analysis, I began the exploratory phase. After each of the interviews concluded, I downloaded the recording, transcribed verbatim on a word document that was then transferred to an excel spreadsheet for coding and analysis. This initial step allowed me to learn the lived experiences of the participants as they shared their stories with me. I became familiar with the data by listening to the audio and rereading the transcriptions several times for accuracy, familiarity, and making initial notations. I began the second phase of generating codes and constructed them using an eclectic process, also known as the first impression of the data, in conjunction with the in vivo process, which involves using the verbiage from the participants.

I followed the inductive approach method and formulated descriptive codes that were derived exclusively from the participants' subjective experiences (see Azungah, 2018). This process was completed over several iterations whereby I developed codes, concepts, and categories derived from the data and assigned meaning (Scharp & Sanders, 2018). I was able to establish this based on the participants using similar language and sharing similar experiences. The terms and phrases used were repeated and consistent among the eight participants throughout the interviews. Continually, during the interviews, the participants were at a loss for words while trying to describe an emotion or experience and often commented, "I don't know how to describe it but..." or "I can't explain exactly but..."

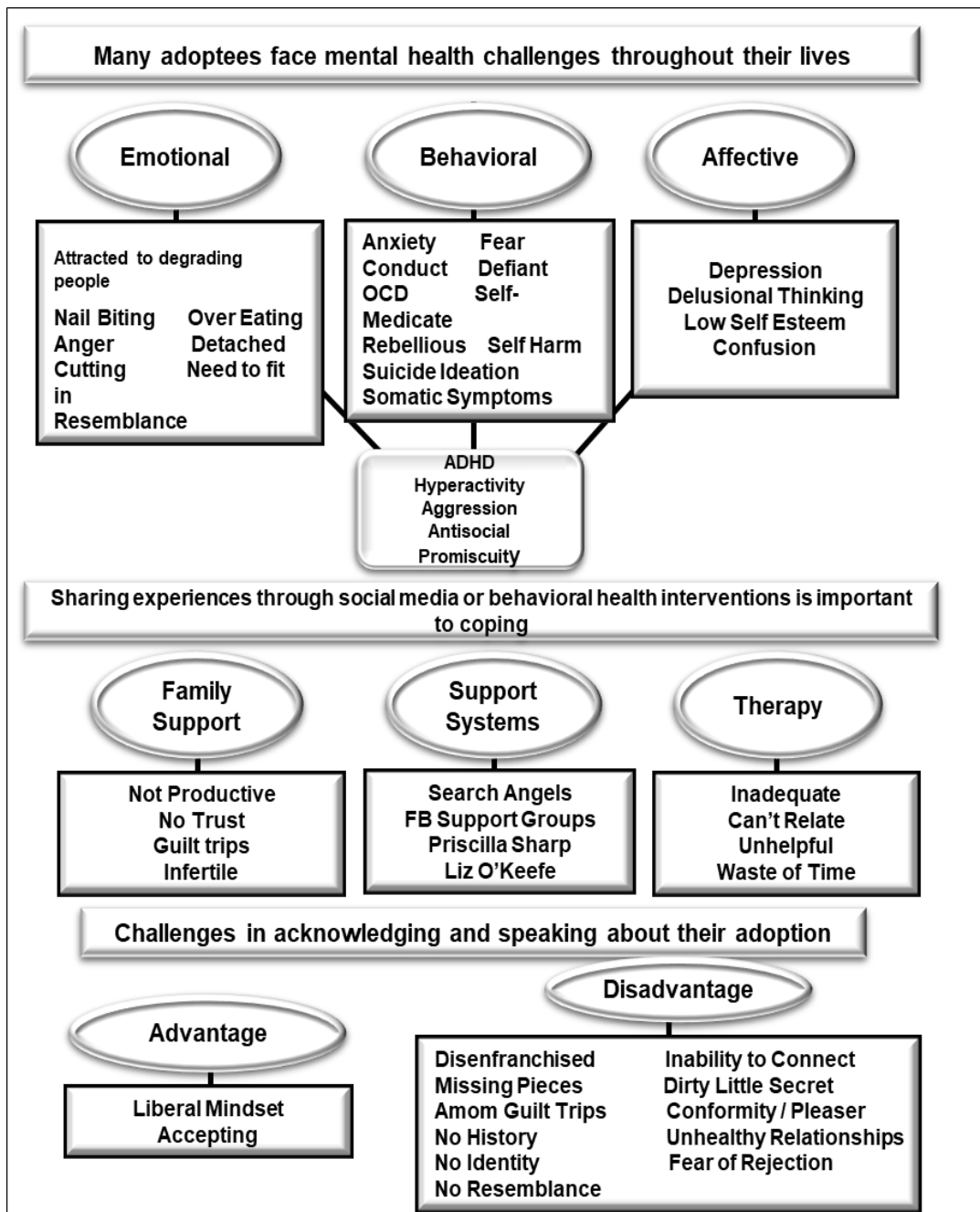
I had reached data saturation after the fourth interview; however, I continued to interview because I wanted to interview all participants, as their stories were invaluable, and I wanted to include them to meet the requirement of quota sampling. In addition, at this phase, I began to develop the thematic analysis map (see Figure 1), which was instrumental in maintaining the raw and transcribe data in an organized and comprehensive manner (Grant & Osanloo, 2014; Scharp & Sanders, 2018). The codes are in the square boxes and consist of succinct text that is representative of verbiage shared by the participants during the interviews as well as text used to pinpoint concepts shared by the participants (Saldana, 2016).

The category terms that emerged from the data were emotional disorders, behavioral disorders, affective disorders, family support, support systems, therapy, advantages, and disadvantages of adoption and are located in the ovals. The terms used to

create these categories were created based on experiences the participants shared throughout the interviews. I continued to analyze the data by collating the codes and drawing meanings in order in order to construct possible themes as I was able to see the relationships emerging (Saldana, 2016). The themes are short phrases located in the rectangles.

Figure 1

Codes, Categories, and Themes of Adoption Disclosure



The themes are phenomenological and general systems theory informed descriptions derived from the participants lived experiences. Over the next two stages, I verified the codes used by listening to the audio interviews and rereading the raw and transcribed data sets while scrutinizing the categories and themes to ensure they were relevant and properly titled. In the final stage, I organized the analysis and used general systems theory as the theoretical framework to explain the phenomenon and answer the research question (Braun & Clark, 2006).

Evidence of Trustworthiness

Confirmability was used as an umbrella process to establish trustworthiness for my project (Ellis, 2019; Thomas & Magilvy, 2011). The invitation to participate in my research was posted on the two social media web sites, Search Angel and Adoption Reunion Search & Support and posted on the Walden University Participant Pool board. The criteria were listed and those who met the criteria and were interested were asked to send an email expressing desire to participate. The individuals who wanted to participate were sent the consent form and questions and seven days to review the consent form, ask questions, and respond with “I consent.” The emails were printed and saved on an external password protected hard drive. I printed the raw data transcriptions and prepared a transcription on Word and Excel. I prepared a Word document listing the responses, codes, and categories. I also penciled out the initial thematic map prior to preparing the digital version and prepared the final thematic map on a Word document. I maintained an audit trail on digits in a password protect external hard drive and hard copy of all

correspondence, documents, drawings, and reflexive memos in order to provide transparency of this project.

Creditability for this project was established by specific considerations taken into account and scrutinized as well as compared to other studies conducted to ensure the study was relevant and relative to the research design (Thomas & Magilvy, 2011). My research design was selected based on wanting to engage the adoptee population and learn firsthand their personal lived experiences of being adopted and how that has shaped their lives from a general systems perspective. Two sampling strategies were used in order to obtain a sample that although they share the commonality of adoption their gender, ages, and locations within the United States varied in order to add breadth (Rubin & Rubin, 2012). The data was analyzed by using the in vivo and eclectic processes in order to include the authentic experiences adding an additional element of accuracy and genuineness (Ellis, 2019).

Rigor was accomplished by maintaining fidelity of the participants' experiences. Utilizing the inductive and exploratory method for the interview questions, results were produced based on actual repeated verbiage and patterns that emerged. Transparency was priority throughout the research project (Cain et al., 2019; McCaslin & Scott, 2003; Stahl et al., 2014).

Results

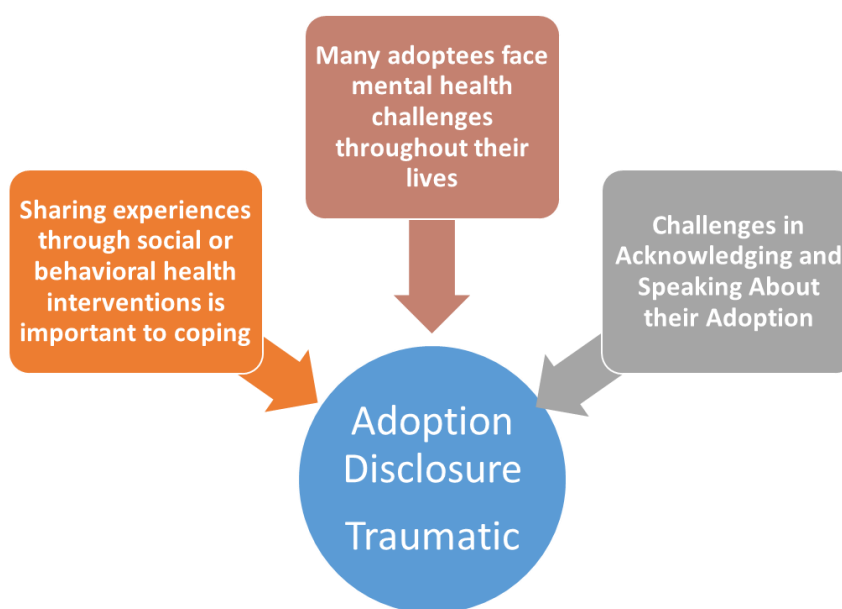
The research question used for this study was: From a theoretical systems perspective, what are the lived experiences of adult adoptees and what is the perceived impact adoption disclosure has on the psychological well-being of adult adoptees residing

in the United States? As the data set was analyzed I discovered the research question was satisfied as the impact from adoption was negative and traumatic. Three themes were developed that represent the lived experiences of the participants that will inform and explain the impact in detail the participants endured based on general systems theory.

After analyzing all the data and the categories and initial themes, the final three were created and are clear representations of the data and analysis as shared by the participants. (see Figure 2) (Braun & Clarke, 2006).

Figure 2

Themes of Adoption Disclosure



The participants consisted of four females and four males. They varied in age from 21 years old to 73 years old. They were born throughout the United States from New York to Washington State. Seven of the adoptions were closed and one open.

Adoption disclosure occurred early for all the participants with one as early as “3 or 4 years old.” One of the participants was abandoned on the steps of a church and although he always knew he was adopted, he learned of the details of the abandonment when he was 21 years old.

Theme: Many Adoptees Face Mental Health Challenges Throughout Their Lives

There is a significant amount of literature that addresses the mental health issues and comorbidity adoptees face throughout their lives (Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017; Wydra et al., 2012). During the interviews, the participants were clear in explaining the mental health challenges they endured as a result of being adopted. They have endured and suffered with emotional challenges, behavioral disorders, affective disorders, and somatic symptoms. Several of the participants expressed issues with anxiety, fear, rebellious behaviors, defiant and irrational behaviors, and suicide ideation. PF1 suffered adoption disruption and was temporarily placed in foster care by her adopted parents at the age of 13 as a result of being depressed and contemplating suicide on several occasions. PM4 shared that, “I grew up in a household of five biological strangers.” He was belligerent and hostile towards his parents and they fought constantly about everything from “politics” to “entertainment” and eventually he developed a defense and would not speak on specific topics. He went on to explain that he physically beat up his little brother for years and then stopped speaking to him altogether. He went on to talk about issues relating to his adopted sister. As a young teenager she experienced adoption disruption and was placed in an institution. She ran away, was missing, and unable to be located for more than two years. She eventually

returned home however, was more hostile and distant toward her adoptive family upon her return. The affective category is filled with the participants sharing their medical diagnosis and personal diagnosis of having suffered with depression, delusional thoughts, low self-esteem, confusion, and wonder. The “why” and “why me” questions could send them on a spiral downward into depression or sadness for a while.

From the time they were young they have agonized with these issues and the characteristics that accompany them such as attention deficit hyperactivity disorder (ADHD), aggression, antisocial behaviors, and promiscuity to name a few. PF3 was 3 or 4 years old and playing with her friend when her friend blurted out, “Your mommy isn’t your real mommy!” She was left devastated. PM2’s adoptive parents raised him following the Dr. Spock philosophy, to inform the children they are adopted when they are young so they can begin to understand the process (Herman, 2012). “My parents told me when I was 7 years old. I was shocked and confused” and when I asked “where did my real mother go” his parents “flipped out” and admonished him in such a manner that was quite frightening and told him to never question them again. He was traumatized which has had an impact on him his entire life.

PM3 always knew he was adopted however, when he was 21 years old, he and his adoptive father were on the golf course playing a game of golf when he asked him about the adoption. His adoptive father began to cry as he explained to him that he was left naked in a brown paper bag on the steps of a church in their hometown where a few small children found him. His father kept the newspaper articles however, the adoptive parents were advised by a child psychologist to withhold this information as it might be “too

impactful” and the “negative impact” and “displaced emotions” may result in behavioral disorders or resentment towards the adoptive parents as he was growing up.

Throughout their lives some of the participants verbalized their issues, some were silent, and some were silenced over time. The participants shared how they continue to struggle with mental health issues and comorbidity well into their adulthood however, they have become functioning adults and have learned to live with them. Unfortunately, they do not have frame of reference for what it is like to live without these issues and therefore they are their “norm.”

Theme: Importance of Sharing Experiences Through Social or Behavioral Health Interventions

Family systems both biological and adoptive have not been productive for the participants. When questions would arise and the adoptees would seek out answers from their adoptive parents, some of the adoptive fathers but especially the adoptive mothers would often begin to cry and/or lay guilt trips on the adoptees by making reference to them being “special,” “chosen,” and being given a good life or simply shut them down by telling them not to ask those questions. This behavior helped create a lack of trust within these systems and the adoptees learned to suppress their feelings. The adoptees were often silenced by fear as they place others’ feelings and needs above their own in order to maintain some sense of normalcy and/or to prevent a tongue lashing. This has been debilitating and as one adoptee put it, “really damaging.”

PF2 shared during the interview, “during this time there were things people just didn’t talk about and adoption was one of those things.” It was the 1950s and 1960s. “If I

would try to talk to her [referring to the adoptive mother] about something and not necessarily adoption feelings, I would get, ‘Now, honey, you mustn't feel that way.’ As an adult she attempted to ask her adoptive mother again and her adoptive mothers’ eyes welled up with tears and she said, “I tried to be a good mother to you.” This was a bit frustrating for PF2 and feeling somewhat defeated she did not speak to her adoptive mother about this again.

PF4 shared that despite her curiosity and desire to know about her adoption, the topic of adoption was not discussed. Her adoptive mother was uncomfortable discussing the adoption with her. “I have truly no idea what her anxiety was about it. It was my mother's anxiety that kept me from asking questions.” She further explained that her adoptive mother comes from a large family and occasionally during family gatherings it (referring to the topic of adoption) would come up in conversations. If it did,

It was acknowledged and then that was the end of the conversation, period. So, I never, ever would ask about who I was, where I came from, how they found me, how I came to be theirs. I didn't. But yet I was always curious. My entire life, I was always curious.

PM1 shared “there was really no discussion.” His adoptive parents told him, “we picked you up at an orphanage and we love you and you are adopted.” When the DNA registry sites became popular, PM1 became interested and excited however, the excitement was short lived. His adoptive parents asked him not to try and find his birth family because if he did find his birth family, they were, “afraid that you will disown us

and go back to them” PM1 honored their request and did not seek out any information about his biological parents or history until after his adoptive parents passed away.

PM2 recalls his adoptive parents telling him, “we are your parents and that's all there is to it.” At one point in his life, his adoptive mother shared information about his biological mother and told him, “Your mother couldn't keep you because you were illegitimate.”

PM3 Since learning that he was found on the church steps in a brown paper bag he comments,

It's something I think about daily and I'm curious. She [referring to his biological mother] never turned herself in. The woman never turned herself in, so I didn't know nothing about what happened or why or whatever I was. I always longed for having someone say, oh, you look just like your dad or you know, your mannerisms similar to your sister or whatever.

PM4 shared how when and if he did ask questions, his adopted mother “might start crying. “

Of the eight participants three of them had no support systems at all. PF1 found support in her adoptive mom after she had had approximately 13 years of traveling a tumultuous road that included but not limited to depression, rebellious behavior, cutting, suicide ideation, truancy and becoming involved in sex work. She expressed after growing up and maturing she realized “...it's important to have people care about you.”

PF2 was exposed to Islam, Buddhism, and Hinduism. She explained how she liked and disliked a little about each however, she joined a Unitarian church as their philosophy is very open and a combination of beliefs, and finally felt like she belonged.

PF3 had a wealth of support throughout her life. Growing up her adoptive family was her support system. As an adult she has her boyfriend, her best friend, her biological father, and his wife that serve as her support system. She also is a member of an anti-adoption site online as well as a member on Priscilla Sharps Facebook adoptee site, Search Angel. She has even been called on as a search angel to help others.

PF4 did not have a support system and stated. "...it was a non-issue growing up, I never reached out because I had no one to reach out to." PM1 reflected on the fact that he had no support system because, "he had no one to fall back on." PM2 utilizes Talk Space and his online therapist as a support system as well as he is a member of Liz O'Keefe Adoptees Speak online support group.

All eight participants reported with a negative response to having support systems in their lives that was able to assist in their understanding and all the intricacies that an adoptee deals with on a daily basis throughout their lives.

Six participants expressed that they were never able to speak openly to their family, friends, teachers, medical providers or others. PF3 stated although she had support she was not able to speak openly and shared how she felt her life was based on,

That 1970s mantra, "Oh, you're special because you were chosen," and "we chose you." You get this image in your head that they went to a big window with babies and said, "Oh, we'd like that one." "It's really damaging."

She was given an assignment in elementary school to build a family tree. She informed her teacher that she was adopted and did not know her biological family history. However, she could do the assignment based on her adoptive family information. Her teacher called her a liar and then called her adoptive mom. That was a negative experience for her and aided in her beliefs that she was not only “different” as she expressed several times throughout the interview but how she also “felt different, felt odd.” She sums up her lifelong feelings about being an adoptee, “I was a square peg trying to fit in a round hole my entire life.”

One participant reached out to a teacher because he felt close to her and was looking for a connection. He shared that he was adopted with her. She did not like that he shared this information, and she contacted his adoptive parents and recommended he not share this type of personal information with anyone. He felt betrayed by this teacher and his adoptive parents screamed at him about discussing his adoption with her. He never spoke about it again until he became an adult.

Another participant reported that he was able to speak about his adoption however, his relationship was quite rocky with his adoptive family throughout his life. Comments were made by his parents that “perhaps he wished he had not been adopted and that they regretted adopting him.” His adoptive mother would also cry if he brought up the subject about his adoption. He found it to be hurtful and therefore, found no value in discussing his adoption.

The participants of this study have found therapy whether by a social worker, counselor, therapist, or psychologist to not be helpful. One participant experienced

adoption disruption in an attempt to help her behave better however, it had the opposite effect and only helped make her complacent to what was expected. Removing her did not address nor dig into the core of her issues and provide her with help in managing and coping with her problems. The participants felt the behavioral health specialists were unable to help because they were “inadequate in skill and expertise,” “unable to relate,” and it was overall unhelpful.

All the participants expressed positive feedback in regard to the FB support groups and search angels. These groups and individuals share adoption in common and can relate to the life issues and problems both internally and externally that adoptees face. The adoptees have shared how very important it is to be able to speak with others who understand, know what you have been through, and/or what you are going through.

Theme: Challenges in Acknowledging and Speaking About Their Adoption

Two participants expressed their experiences being adopted were neither advantaged nor disadvantaged. Two participants shared that they felt they had an advantaged. The responses were due to the fact that both participants viewed their biological families as “less than” one due to his biological family being “dysfunctional” and the other due to her biological family being “economically challenged and having no goals in life outside of graduating from high school.” Both participants felt they had fared far better being in the adopted home; one participant commented that good adoptive homes are not always guaranteed, however. Not knowing where the adoptee has come from, their history, their medical information, the desire to be around people who they resemble, who they can connect to can wreak havoc on the psyche of an adoptee. At

the same time, for some, it can be scary to look for the biological family or when biological family looks for the adoptee as a few shared the same sentiments of fears to searching, “you do not know if someone has ill intentions in essence you do not want to open Pandora’s Box.”

All eight participants expressed dissatisfaction with being adopted. The impact has been negative leaving them with lifelong issues dealing with unhealthy relationships, having a fear of rejection, not fitting in, and always feeling different. Often times, the interviewees would take a moment to verbalize their thoughts as the experiences were so raw finding words to explain them were difficult. PF1 and PF3 shared their experiences of being attracted to people who degrade them and treat them bad. PM2 commented,

I am attracted to people like my mom. No matter what I did I was never going to be quite there. Chip, chip away at me. Like my parents would chip away. You’re not this. You’re not that. You’re too fat. You are not smart enough.

All eight participants have been seen by behavioral health specialists in the past and some currently. Two of the participants were seen however, the visits were not due to adoption related issues. Three of the participants expressed frustration for the therapists as the therapists never addressed or discussed the adoption or the issues they were dealing with as a result of their adoption. PF2 had two retired counselors from her church tell her they did not talk about adoption with their clients because they could not relate.

PF3 said her therapist played board games with her and it was helpful for a moment but that was it. She went on to echo the same sentiments that PF2 shared,

My therapists were unable to help me because they could not relate to the issues that I was facing as an adoptee.

PM4 commented that the therapy sessions he attended although it was not for his adoption, but for feeling lost while away at college, was such a, “waste of time” that he, “never went back” for any issue(s) he was having. As far as being prescribed medication for behavioral health issues, six of the eight were prescribed medication(s). One mentions that she was misdiagnosed so many times and because of that she has been on countless medications throughout her life. Currently, she self-medicates with marijuana and that helps her feel a sense of normalcy.

The adoptees have shared consistently throughout the interviews that the disadvantages of being adopted far outweigh the advantages of being adopted. Learning to behave in a manner that is conforming in order to please others and avoid rejection is a common trait the adoptees who participated in this research share. A desire for resemblance of some kind is also important to them and the lack of it is very disheartening. Often throughout the interviews the participants found difficulty in searching for the words to articulate and describe their feelings; this spoke volumes of the frustrations and hurts they have endured. All participants appeared to be satisfied with their lives however, the dirty little secret referring to their adoption and inability to speak openly about their adoption and the stigma of being different continues to inwardly plague them and inwardly and outwardly manifest in less than desirable feelings, emotions, and behaviors.

The participant's shared their most intimate feelings relating to their being adopted throughout the entire interview. The final question asked allowed them to share anything that was not discussed that they thought would be valuable to this research. The feedback they gave explained there is an overwhelming need for the adoptees to know their history, feel connected, and belong. There is the strong commonality amongst them of "not fitting in," being different," "puzzle pieces missing, and lack of connection." Additionally, a common theme amongst the participants was a loss for words to describe their experience. The curiosity and wonder relating to the "why" and "why me" questions were evident from the participants responses throughout the interviews. Adoption leaves so much "unknown" and "secrecy" in the lives of adoptees (Agnich et al., 2016; Siegel, 2013). These adoptees have found over the course of their lives that they have established poor relationships, unhealthy relationships, and in most cases as a result of feeling rejected from birth do not know what a healthy relationship is or what real love looks and feels like. One participant shared that he was never nurtured from his adoptive parents or had any emotional contact.

What I would look for in friends or partners was that I wanted them to replace who my parents were. And I wanted to get the kind of love or emotional connection that I just never got from my adoptive parents.

There is a propensity, "to look for love in all the wrong places" from all the participants whether it was an intimate relationship or friendship. One of the participants thought the biological families should be kept intact, stating, "Babies are not blank slates. Do not wipe a child's existence by placing them with strangers that is not their blood."

Another participant wished, “I had a magic wand so when an adoptee turns 21 years of age, they will automatically be able to receive their adoption records, birth certificates, and court documents.” He explained that when searching for his family he found that both of his biological parents had passed away. He found that his biological father had adopted his wife’s two children but that he was his father’s only biological child. He went on to share with such despair, “He never even knew me, and I was his only child!”

Summary

There are many challenges an adoptee faces throughout their lives that can be detrimental to them. The systems in place such as family, friends, medical, and therapist that should be providing an avenue the adoptees can find comfort and support unfortunately, do not provide adequate help and resources to foster a life that is either free from the ills and unknowns that are associated with adoption or provide some element of relief. The intent of adoption is to provide a loving home and rearing that the child needs and deserves (Child Welfare Information gateway, 2015). There needs to be sufficient support systems in place as they are imperative to the success of the adoptee, their families, and their futures.

In the following chapter I will confirm, disconfirm, or extend knowledge in the discipline through a comparison with the peer reviewed literature in chapter 2. An analysis and interpretation of the results was viewed through the conceptual framework of general systems theory. A description of the limitations to the trustworthiness that came up during the execution of the study, the recommendations for further research, and the impact for positive social change will also be presented.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to learn the authentic lived experiences of adoptees in relation to their adoption disclosure and the psychological impact that may or may not have occurred as a result. The results of this study enabled me to understand this phenomenon in-depth. After interviewing the eight participants, I discovered, and it was clear, based on the data received from the interviews that the research question was satisfied by revealing the adoptees have experienced traumatic psychological impact. This was based on three themes that emerged: mental health, behavioral health interventions, and adoptions outcomes as a result of being adopted. The themes were constructed from the data set and based on general systems theory as well as linked to the observations and findings in the literature review (see Chapter 2) which further added creditability to the methodology and findings of this study.

A variety of possible causative elements contribute to an adoptee's experiences and can determine what disturbs and distresses them, how they are affected by these elements, and how they respond, as a result, the potential for comorbidity diagnosis becomes quite relative (APA, n.d., 2013). This makes the behavior health community unique and fluid as it is constantly evolving and there is no one-size-fits-all diagnosis for conditions that result from a variety of variables when dealing with adoption (APA, n.d., 2013; Tsou, 2016).

The age of adoption is a significant factor in the adoption arena as younger children under the age of 9 years old are requested and adopted more than children above the age of 9 (Brehm, 2018). A common theme within the adoption community is that children adopted at older ages have the propensity to be at higher risks of developing psychological, emotional, and or behavioral issues as a result of potentially having had more adverse experiences (Brehm, 2018; Deutsch et al., 2017; Gleitman & Savaya, 2011). Researchers have concluded that children adopted as a newborn up to age 4 are more apt to develop family bonds and have a lower risk of developing psychological, emotional, and or behavioral issues (Julian & McCall, 2016; Swartz et al., 2012).

Some researchers have claimed that open adoption and closed adoptions offer the same potential for the occurrence of comorbidity for adoptees (Agnich et al., 2016; Siegel, 2013). Other researchers have claimed that if the adoptee has their biological information, which gives them an identity, this will lessen the effects of psychological and behavioral trauma and ultimately the adoptee will have positive experience (Farr et al., 2014; Herman, 2012; McLaughlin et al., 2013). Adoption disruption can occur as a result of many factors that will incur harm to the adoptee, their siblings, and family (Dellor & Freisthler, 2018; Hartinger-Saunders et al., 2015a, 2015b).

Researchers also claim that federally funded social workers provide better services as they are trained in the intricate processes of adoption rather than the social workers who work in the private industry (Deutsch et al., 2017). Through the years, extensive research has been completed in the areas surrounding adoptees behavioral health in order to create modern methods and strategies for holistic and practical

approaches to be delivered by the behavioral health practitioners in order to combat the ill effects surrounding this population (Grotevant & Lo, 2017).

Interpretation of Findings

During this research project, I studied the psychological impact that adoption disclosure has had on the adoptees using the general systems framework. The findings from this study confirm the effectiveness of utilizing the general systems theory as the framework to explain the intricate and complex experiences that adoptees are faced with, such as the relationships influence and influenced by, and the impact on multiple levels (Grant & Osanloo, 2014; Michalskis & Schirmer, 2014). Each theme is applicable to the micro, mezzo, and macro systems and demonstrates that there is a major factor to consider showing that the adoptee was influenced as well as the adoptee influencing. This shows the relationship and importance of systems in the lives of adoptees. Three themes emerged from the data: mental health challenges, behavioral health interventions, and adoption outcomes.

Philosophers and researchers in other disciplines have explored and advanced the general systems theory and presented evidence of the significance and interdependent functioning that continuously occurs in our lives, which results in the interrelated systems having an effect on and influencing our behaviors (Crossno, 2011; Malecic, 2017; von Bertalanffy, 1972). The systems can be independent or combined and include family, friends, teachers, coaches, role models, spouses, children, and clergy. As a result of their roles in our lives, these systems have a significant influence, thereby resulting in behaviors and personalities that are shaped by the relationship from the micro, mezzo,

and/or macros systems (Malecic, 2017). The relationships that develop as a result of the systems can be positive or negative and not only are intertwined in their dispositions but also leave lasting impressions on others, which can potentially affect other individuals' behaviors and their systems as well (Crossno, 2011).

Mental Health Challenges

Many adoptees face mental health challenges throughout their lives. This theme involved elements derived from the emotional, behavioral, and affective categories. It is important to note that the behaviors and characteristics of each are listed across several areas throughout as they are close in nature and are representative across the themes as well. The age of placement for the adoptees participating in this study were newborn to age 3, and all experienced adoption disclosure at a young age. The psychological impact from the adoption disclosure was traumatic and they all remember the problems initiating at a young age. All participants suffered a traumatic experience because of being adopted, and the category and type of adoption therefore did not present as a relevant factor.

The emotional category within the mental health theme was indicative of the adoptees having problematic relationships as a result of being attracted to people who would degrade, belittle, and abuse them. In addition, as a result of not being able to form bonds with the adoptive families, the adoptee possessed a lack of knowledge and experience with healthy relationships and therefore, was unable to develop healthy, loving, and genuine relationships. This area also lent to the adoptee suffering from emotional disorders at a young age that was demonstrated by the adoptee through actions

such as nail biting, cutting/self-harm, overeating, fierce bouts and constantly being in a state of anger, inability to fit in, and being detached from family, friends, and situations.

The behavioral category within the mental health theme revealed that the adoptees suffered from obsessive-compulsive disorders, anxiety, fear of rejection, and fear of hurting others. Self-harming, self-medicating, suicide ideation, promiscuity, and irrational and rebellious behaviors were also prevalent behaviors shared amongst the participants. These behaviors were identified and recognized early on and continue to affect the adoptees today.

The affective category within the mental health theme, exposed depression, delusional thinking, low self-esteem, strong desire to connect, and a state of constant confusion and wonder. The adoptees who participated in the research explained how they would conform to what they believed was the norm and would ultimately deprive themselves of their desires. These issues were also developed and expressed early on, continue through today, and are evident in their current relationships. Additionally, adoptees suffer from comorbidity as they have shared, in addition to the disorders above, they also suffer from conditions such as ADHD, hyperactivity, hyper sexuality, promiscuity, anti-social behaviors, and addictions.

Social and Behavioral Health Interventions

This theme sharing experiences through social or behavioral health interventions is important to coping was developed based on categories of family systems, support systems, and therapy. The participants in the study found that they did not have much support in the realm of family and friends. All had experienced adoption disclosure early

on in their lives and because they felt as though they never were able to make connections with friends, they did not find any comfort, relief, or help within these systems. Regardless of whether they lived as an only child, with adoptive sibling(s), or biological (of the adoptive parent) siblings, they found the systems in their lives to be nonproductive at the micro, mezzo, and macro levels in regard to helping them navigate life with the mysteries and struggles of being adopted. Regardless of the category of adoption or the type of adoption, they all have expressed their vulnerability in these areas and how they have suffered and continue to suffer with psychological and/or behavioral problems as a result of living as an adoptee.

They were not able to speak openly or discuss their adoptions with their adoptive parents, and when they tried to initiate conversation they were met with resistance. Often, the adoptive parents and in some cases, it was emphasized it was the adoptive mother, would begin to cry and lay guilt trips on the adoptee when the topic of adoption was broached. This resulted in futile conversations and the inability to trust others was developed. They would bury/deny their desires and deal inwardly with any potential need to discuss their situations with anyone in the future.

Adoptees were seen by behavior health specialists due to suffering from a variety of issues and disorders resulting in comorbidity such as attachment disorders, identity disorders, adjustment problems, as a result of psychological trauma experienced from their adoption status (Baden et al., 2019; Grotevant & McDermott, 2014; Moyer & Goldberg, 2017). The adoptees who went to therapy mainly found the behavioral health practitioners to be inadequate, unknowledgeable regarding adoption and the issues

associated with it, and overall a complete waste of time. For those who were prescribed medication, all but two found the medications to be ineffective and did not like the way it altered their moods. None of the therapists who provided treatment to the participants of this research, discussed adoption with the participants during the sessions, which was the chief complaint and reason for being seen by behavioral health specialists. Therefore, over time, the adoptees were left with trying to understand and cope with the ills associated with adoption as they navigated through life, careers, families, and so on with no understanding or resolution from the misfortunes associated with adoption.

Adoption Outcomes

The final theme constructed from the data sets was adoption outcomes. This was based on categories of advantages of adoption and disadvantages of adoption that were expressed by the adoptees. The advantages to adoption were minimal. Two of the participants found advantages of being adopted because they learned their biological families were economically and socially challenged and because of being adopted were raised in affluent homes. Most found an advantage to adoption was that it allowed them to be open-minded and non-judgmental in their lives and parenting styles.

The disadvantages of adoption were vast and shared throughout the many areas discussed in the interviews. The mysterious element of not having an identity, resemblance to kin, not knowing family history, medical history, and not be allowed legally to have access to any of their adoption records, made the adoptees feel that their adoptions were a dirty little secret and overall feelings of “disenfranchised” plagued them. This also left them with lifelong issues of connecting and forming healthy and

lasting bonds with people within their systems and an inability to form healthy loving relationships.

The effects from these themes have left the adoptees with a variety of disorders that not only have they suffered with from youth and still suffer with today however, as a result have enabled them to influence and be influenced and have manifested in other areas of their lives such as in their adoptive parents, friends, as well in their own biological children. These individuals live with a huge amount of unhealthy conditions and comorbidity that have been internalized through their lifetime and externally displayed (Grotevant & McDermott, 2014; Melero & Sánchez-Sandoval, 2017). Furthermore, these long-term issues from internalized behavioral problems resulting from adoption adjustment caused far more danger and additional problems to include but not limited to poor academic performance, inadequate professional performance, isolating themselves, bullying issues, self-medicating, self-harm, and criminal activity (Darnell et al., 2017; Grotevant et al., 2017; Melero & Sánchez-Sandoval, 2017). Despite these behaviors, disorders, and conditions they have learned to live with their issues and are able to function on a daily basis and live normal lives albeit their perception of normal.

Limitations of the Study

I recruited eight participants that consisted of four males and four females that were over the age of 18 years old and were born and raised in a variety of locations throughout the United States. These individuals all shared the commonality of being adopted and the experience of adoption disclosure. As an adoptee, I share the lens of the adoptees interviewed and some of the same background and experiences that the

interviewees expressed. Therefore, I closely monitored my personal views and ensured they did not enter this research project. In addition, I created reflexivity memorandums that enabled me to maintain transparency throughout this research project.

During the analysis, I gathered that the participants all learned of their adoptions at an early age, all live with two adoptive parent homes, and grew up in families that proved to be financially stable. Interviewing adoptees who experienced adoption disclosure later in life especially after adolescence could have potentially yielded dissimilar information and results. Additionally, all the participants in this study were Caucasian which could potentially suggest possible cultural biases. Lastly, there is the potential for different responses from interviewing a population of adoptees under the age of 21 years, if they lived in foster care/orphanage, and if they were in families that were socially and/or economically challenged. Based on these possibilities there is the probability that the results from this research project could have been limited.

Recommendations

As the need for individuals to become parents, individuals needing to be adopted, adoption continues to exist today. There must be support, resources, and programs in place and available to the adoptive family and adoptee that will enable them to live within this arena and not be subjective to suffering. Furthermore, the systems that are connected to adoptees also need to be included as some play a significant role in the lives of adoptees such as teachers, coaches, and clergy. This study has demonstrated there is a need for knowledgeable and experienced behavioral health specialists to provide guidance prior to the adoption, during the process, and for the entire life of the adoptee.

The recruitment process for this research project was appropriate as it allowed for the recruitment of adoptees from two different platforms that had the capability to span across the world and reach a large audience that would be representative of adoptees from various locations. However, the study did not account for adoptees who experience adoption disclosure later in life. Therefore, further research is needed from the lens of adoptees who experience adoption disclosure later in life to have solid evidence to build support, resources, and programs that will be suitable and beneficial for this population.

Implications of Social Change

Adoption is symbolic of individuals engaging in social change on a micro level. However, it is important to note, that the issues associated with adoption are not resolved upon the completion of the final court appearance, hearing, and/or adoption decree (Grotevant & McDermott, 2014). This awesome act of positive social change is simply not enough; there is much more needed in order to facilitate a holistic healthy transition throughout the life of the adoptee.

This study revealed several elements associated with the psychological impact of adoption disclosure. The results from this study suggest a negative psychological impact as adoptees were traumatized by adoption due to the components of secrecy on many levels and from various interactions of systems that were detrimental to the overall wellbeing of the adoptee. There is the stigma of being “different” and a significant desire to “belong,” “fit in,” and “connect” amongst adoptees that this basic need must not be ignored (McLeod, 2018; Melero & Sánchez-Sandoval, 2017). Adoptees should be able to freely express via their ability or inability to articulate their emotions and concerns

regarding their need to have a “real identity” without fear of hurting others or fear of being made to feel guilty for wanting to know who they are and their history.

The adoptee, social workers, counselors, behavior health specialist, the adoption/foster care agencies, teachers, clergies, coaches, and the adoptive family will benefit from this research. The results from this research provides a well-informed understanding of the adoptees subjective experiences that explain the ills they experienced as a result of being adopted and the adopting process in order to provide care, resources, and programs. Therefore, relevant resources and programs can be developed and implemented into the adoption process as early as the first inquiry for those interested in adopting. Following would be all the other systems involved in the triads’ lives. The resources and programs would consist of educational programs, specific age, gender, system counseling, group counseling, and other support services that inform on what to expect when it comes to emotions, behaviors, medical issues, adoptees desire to know their history, coping skills, effective treatment, and support.

Conclusion

Adoptions are necessary as there are so many children who need parents, homes, and stable environments (Jackson & Fasig, 2011; Kids Count, 2011). There are individuals who want to parent and are unable to conceive or want to adopt for a myriad of reasons (Herman, 2012). Maslow’s Hierarchy of Needs (McLeod, 2018) purports every human being must have their physiological needs, safety needs, love and belonging, esteem and the self-actualization needs met in order for them to thrive and grow (McLeod, 2018; Medcalf et al., 2013). These needs must be met for the adoptee and

adoptive parent as well as a commitment and intentionality for success without “secrecy” to alleviate the strain and traumatic experiences endured by the adoptee and anxiety caused by “fear of abandonment” experienced by the adoptive parent(s). For the adoption process to be successful and the child to grow up without unnecessary negative trauma the systems in place need to be reinforced with support, resources, and programs to aid in the entire adoption process and rearing of the child(ren).

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Appendix A: Behavioral Health Reference

Behavioral Health Reference

I will recommend they seek treatment from Behavioral Health specials available in the local area of the participants. I will have this list added to the Interviewers Guide upon confirmation/completion of the participant list.

<https://www.psychologytoday.com/us/therapists>

Appendix B: Interview Questions

1. Tell me a little about yourself/background?
2. You mentioned you work for XX or attend school as XX tell me about that?
3. Tell me about the time you learned/discovered you were adopted- Who told you- How old were you? Why were you placed for adoption?
4. What did you do with the information - Did you ask questions - Were the questions answers- Who answered the questions - Were you cut off/shushed/ not allowed to ask questions?
5. Tell me about your adopted parents/family?
6. Tell me about your biological family?
7. Tell me about your support systems?
8. How has your family/support systems assisted in your understanding, acceptance, life of being an adoptee?
9. Were you able to speak openly about your adoption to family? Friends? Teachers? Medical? Others?
10. How do you feel about being adopted –Advantages- Disadvantages?
11. How has it impacted your life? Adult relationships? Employment?
12. Do you have children? If yes - As a parent, has your adoption impacted maternal/paternal approaches/skills. If no- If not due to medical, please tell me about your choice for not having children?

13. If you feel comfortable can you tell me if you have been seen by behavioral health specialists at any time in your life? Please tell me about that - Were you seen on a regular basis - Tell me about that? (individual, group, in patient, etc.)
14. Have you ever been prescribed medication? If you feel comfortable can you tell me about that experience? (how long, effects, did it work, are you currently taking same/different)?
15. Please share any other thoughts or comments you would like for me to know.

Probing questions:

1. Tell me why you relocated from XX state to XX state?
2. Tell me about your concerns in adult relationships?
3. What are the issues that arises in these relationships?
4. Tell me about your feelings of rejection- what does that look like?
5. What type of relationships have you had that were meaningful, successful, made you feel like you were 'loved?'
6. Tell me about your lack of trust in people- what does that look like?
7. Who are you able to trust?

Tough/Sensitive Area Phrases:

1. I understand this is difficult for you, please take your time.
2. Thank you for sharing your story, you have amazing courage.
3. Would you like to take a moment? Take a break?