JOURNAL OF SOCIAL, BEHAVIORAL, & HEALTH SCIENCES

Journal of Social, Behavioral, and Health Sciences
2025, Volume 19, Pages 1–28
https://doi.org/10.5590/JSBHS.2025.19.1756

Original Research

WALDEN UNIVERSITY

Childhood Events and Counseling Experiences of Chinese American and Korean American Transracial Adoptees

Mele W. Kramer, PhD
Walden University, Minneapolis, Minnesota, United States
https://orcid.org/0009-0003-9502-4637

Lee Stadtlander, PhD
Walden University, Minneapolis, Minnesota, United States
https://orcid.org/https://orcid.org/0000-0002-8149-7236

Pamela A. Maurer, PhD
Walden University, Minneapolis, Minnesota, United States
https://orcid.org/0009-0005-7035-0801

Contact: mele.kramer@waldenu.edu

Abstract

From the 1950s through 2024, transracial adoptions—particularly of Korean and Chinese children—have been increasingly prevalent in Western societies. While these adoptions provided children with opportunities to grow up in loving and supportive families, they also introduced unique challenges related to identity, cultural integration, and self-esteem. This basic qualitative study aimed to explore the lived experiences of Chinese and Korean transracial adoptees (TRAs) within their adoptive families, in their interactions with counseling, and their perceptions of the effectiveness of counseling interventions. The study was grounded in Relational-Cultural Theory (RCT) and the Openness to Communication framework to examine the experiences of 19 Chinese and Korean TRAs. Data were collected through qualitative surveys and analyzed through a modified version of Braun and Clark's thematic coding to identify and interpret broad insights from recurring patterns and themes from the participants. The emerging themes reflected participants' lived experiences, including their engagement with counseling during childhood and adulthood. Findings underscored the need for specialized therapeutic approaches that address the racial and cultural identity development of TRAs adopted into Caucasian families. By recognizing the significance of these factors and implementing culturally responsive counseling practices, mental health professionals can play a crucial role in fostering the psychological and emotional well-being of TRAs.

Keywords: *transracial adoption, Chinese adoptee, Korean adoptee, relational-culture theory, adoption, counseling*

Date Submitted: July 13, 2025 | **Date Published:** October 24, 2025

Note: The authors are grateful to the Asian American Psychological Association for their generous grant and to Walden University for supporting this research.

Recommended Citation

Kramer, M., Stadtlander, L., & Maurer, P. (2025). Childhood events and counseling experiences of Chinese American and Korean American transracial adoptees. *Journal of Social, Behavioral and Health Sciences Research, 19*, 1–28. https://doi.org/10.5590/JSBHS.2025.15.1756

Introduction

Transracial or transcultural adoption in the United States typically refers to the placement of children of color or children from foreign countries with Caucasian adoptive parents (Child Welfare Information Gateway, 1994). According to Branco (2022), approximately 40% of the 1.6 million adopted children in the U.S. are transracial, with the majority placed in Caucasian adoptive families. Transracial adoptees (TRAs) face distinct relational and cultural challenges, as they are raised in families from racial and cultural backgrounds different from their own, which often creates difficulties in navigating daily life within a predominantly Caucasian society (Chang et al., 2017; White et al., 2022). Chang et al. (2017) suggested that TRAs, particularly those with a history of trauma or life challenges, tend to respond positively to counseling interventions.

The history of transcultural adoption in the United States is complex and varies depending on the perspective of the source. According to Silverman (1993), the roots of transracial adoption in the U.S. can be traced back to World War II, when the first TRAs were Japanese and Chinese children displaced by the war. In the 1950s, following the Korean War, a significant number of Korean children were also adopted by American families (Silverman, 1993). According to Zitko (2023), a pivotal moment in the history of transcultural adoption in the U.S. occurred in 1955 with the passage of the Holt Bill, promoted by Bertha and Harry Holt, who believed it was their Christian and American duty to assist orphaned Korean children affected by the war. This initiative led to the establishment of Holt International Children's Services in 1956. Alternatively, Lee (2003) argued that the Indian Adoption Project, which took place from 1958 to 1967, marked the first significant transracial adoption initiative in the U.S. For the purposes of this article, the focus will be on the experiences of Korean and Chinese TRAs.

Literature Review

Korean Adoptees

Lee (2003) argued that the social and political challenges of war and poverty in countries affected by conflict significantly complicated welfare assistance, thereby facilitating the accessibility of overseas adoption, particularly by the United States. South Korea, officially known as the Republic of Korea (ROK), became the leading source of transracially adopted children, largely due to the aftermath of the Korean War. According to Hübinette (2004), over 150,000 children were adopted from South Korea worldwide over a span of approximately 50 years. However, data from the Ministry of Health and Welfare (2002) presented a more conservative view, indicating that only eight children were adopted from South Korea during the Korean War period (1953–1954). In the decade following the war (1950–1959), fewer than 3,000 South Korean orphans were adopted internationally. Adoption numbers from South Korea into the United States surged during the 1980s, peaking at over 65,000 between 1980 and 1990, long after the immediate post-war period (Hübinette, 2004). By 2001, nearly 110,000 children had been adopted from South Korea (Evan B. Donaldson Adoption Institute, 2010).

The large-scale adoption of South Korean children drew attention to the systematic export of orphans over a period of 60 years following the Korean War. The socio-political challenges of war and poverty in South Korea, which hindered the country's ability to address welfare needs, further facilitated the rise in overseas

adoptions (Hübinette, 2005). Oh (2015) expanded on the geopolitical factors that enabled the scale of Korean adoption in the United States. Her research highlighted that while many associated the beginning of Korean adoption with the Holt International Children's Services program founded in 1956 by Harry and Bertha Holt, the adoption movement was also deeply influenced by geopolitical and Christian motivations. Missionaries and American GIs collaborated in efforts to promote the adoption of Korean children, with U.S. soldiers often using the children as symbols in a propaganda campaign to advocate for adoption in the United States (Oh, 2015).

The U.S. military presence in South Korea, with approximately 6 million American service members stationed as peacekeepers between 1956 and 1971, further shaped the dynamics of international relations between the two countries. The legacy of Korea's historical conflicts with Japan and China, coupled with a strong cultural emphasis on racial purity, led to significant social tension regarding the children born to American fathers. The Korean government, particularly under President Rhee (1948–1960), insisted that Korea remained a racially homogeneous society. In this context, children of American GIs, who were seen as racially "mixed," were perceived as a challenge to the cultural and societal ideals of purity. President Rhee viewed the adoption of these children as a form of "racial cleansing," a mechanism to rid Korean society of what was considered foreign or undesirable (Oh, 2015, p. 1255).

The racial and cultural tensions surrounding the children of U.S. service members were compounded by legal barriers in the U.S. For most of the period following the war, U.S. laws prohibited interracial marriage, which meant that many American GIs could not marry their Korean partners or fulfill promises made to them. As a result, many Korean mothers, left with little support, were forced to abandon or relinquish their children. These children, often left without the possibility of familial support or identity, became some of the earliest cases of transracial adoption from South Korea to the United States.

In the 1960s, efforts to "rescue" war orphans gained significant traction, particularly among born-again Christian households, leading to widespread adoption initiatives. During this period, legal restrictions were eased to facilitate the adoption of these children (ISS World News, 1959; LeClair, 2019). However, as concerns grew over the ethical implications of international adoption, including criticism from various governments regarding the practice of "orphan exporting," these efforts began to decline.

In South Korea, the 1980s saw a surge in international adoptions, with as many as 24 infants sent abroad daily. Between 1981 and 1990, more than 65,000 South Korean children were adopted internationally. The 1988 Seoul Olympics brought increased scrutiny to the country's adoption practices, revealing that orphan exports generated an estimated $15–20 million in annual revenue. This revelation sparked international criticism, prompting a significant reduction in adoptions from South Korea, which fell to approximately 22,000 the following year (Hübinette, 2005).

On March 27, 2025, the South Korean government acknowledged instances of adoption fraud, including cases where infants were taken from their birth families without consent. This admission substantiated longstanding concerns regarding the ethical integrity of adoption agency practices and the government's role in facilitating these adoptions (Cho, 2025).

Chinese Adoptees

In addition to the rise in Korean transracial adoptions, there was a significant increase in the adoption of Chinese children by U.S. families. This trend was primarily driven by China's one-child policy (1979–2016) and earlier economic hardships during the 1950s, when the harsh living conditions under the communist regime led to widespread child abandonment. Consequently, Chinese international adoption emerged as a mutually beneficial arrangement between China and adopting countries (LeClair, 2019).

Due to the differing socio-economic contexts between South Korea and China, more comprehensive data on Korean adoption are available. The aftermath of the Korean War in the 1950s created a unique opportunity for transracial adoption, resulting in a significant increase in international placements. In contrast, China faced distinct socio-economic challenges. During periods of political instability, many Chinese refugees fleeing communist rule abandoned their children in Hong Kong. In later years, the Chinese government streamlined its adoption process, making it more accessible for international families (Choy, 2013).

In the late 1950s, China began to use propaganda strategically to generate international interest in adoption, a movement that quickly gained momentum. One notable initiative, the Operation Chinese Baby Lift, garnered extensive media coverage. As part of this effort, 48 Chinese infants were transported from Hong Kong to Los Angeles in 1962, where they were placed with American families. This event, widely publicized, marked a significant milestone as a joint celebration by International Social Service (ISS)-Hong Kong and ISS-USA, commemorating the arrival of the 500th Chinese adoptee to the United States (LeClair, 2019).

China's adoption process was notably efficient compared to other countries, which made Chinese TRAs the second most common group for U.S. families seeking to adopt. On average, Chinese adoptions were completed in approximately 194 days, whereas adoption finalizations from other countries typically took between 600 and 800 days. As a result, China became one of the most accessible and expedient international adoption partners. However, as of August 2024, China officially ended its international adoption program (Davidson, 2024).

In summary, the period from the Korean War's aftermath in 1953 to September 2024 saw a significant shift in the international adoption landscape, driven by the stigma surrounding unwed mothers in South Korea and the plight of mixed-race children in need of homes. Many of these children were sent to the United States as part of a Christian-led rescue mission, placed primarily in Caucasian American families (Choy, 2017). This process also provided a solution to China's one-child policy, along with the U.S. passing the Refugee Relief Act in 1953 to facilitate international adoption. However, by September 2024, international adoptions from both South Korea and China were substantially restricted (Associated Press, 2024).

Transracial Adoption Counseling

Counseling has been recognized as an effective means of addressing the unique challenges faced by TRAs. Research by Baden et al. (2017) indicated that incorporating adoption-related discussions into therapy fostered a more positive perception of the therapeutic process among TRAs. Their study also identified adoption-related concerns as a primary motivation for individuals seeking therapy, with common presenting issues including depression, anxiety, and self-esteem difficulties. According to Branco (2022), many of these challenges stemmed from the lack of accountability on the part of adoption agencies and adoptive parents, leaving adoptees solely responsible for exploring their cultural history and navigating oppression and stereotypes without adequate support. As a result, TRAs often experienced issues, such as the adoption paradox, depression, and, in severe cases, suicidal ideation (Morgan, 2017). Lee's (2003) research highlighted the influence of social and political factors, including the transracial adoption paradox, on international transracial adoption. This paradox refers to the tendency of Caucasian adoptive families, and society at large, to perceive racial minority children as being fully assimilated into the dominant American culture, despite their distinct racial and cultural backgrounds (Fanshel, 1972; McRoy et al., 1982; Simon & Altstein, 1977; Tizard, 1991).

Branco (2022) proposed Jordan's Relational-Cultural Therapy (RCT; Jordan, 2008, 2010) as an effective therapeutic approach for addressing these challenges. RCT emphasized the importance of relational connections while integrating cultural context, making it particularly relevant for school, mental health, and family counselors working with TRA families. This framework helps families navigate fundamental cross-cultural issues that adopted children are likely to encounter. By fostering meaningful connections, RCT

strengthens relational bonds, providing a healing framework for transracially adopted children and adolescents (Branco, 2022). Given that TRAs are at a heightened risk of experiencing disconnection from caregivers, peers, and members of their birth culture, a therapeutic approach like RCT, one that acknowledges and integrates cross-cultural needs, offers significant benefits (Hartling & Richards, 2008).

For family advocates, securing effective counseling for TRAs remains a complex challenge, due to the nuances of the adoption paradox. Studies indicate that appropriate counseling can be highly beneficial in helping TRAs navigate the complexities of transitioning to a new country and family environment (Baden et al., 2023). There remains, however, a gap in the literature regarding TRA perspectives on what constitutes an effective counseling approach.

Transracial Adoptee Adjustment

A defining aspect of the TRA experience is growing up in families who do not share their racial or cultural backgrounds (White et al., 2022). Chang et al. (2017) explained that TRAs are placed into a highly racialized society where they must navigate complex questions related to race, ethnicity, biology, family, and belonging. These factors shape their identity development, influence family dynamics, and affect their overall societal adjustment. Transracial and international adoptees with marginalized racial or ethnic identities often face discrimination based on both their racial background and their adoption status.

Early research suggested that TRAs generally adjusted well to their adoptive environments. Silverman (1993) found that minority children in transracial adoptions who were placed in racially diverse settings adapted successfully. However, delayed placements (adoptions occurring beyond infancy) and placement disruptions (moving between adoptive or foster families) had a detrimental impact on both physical and emotional adjustment. Longitudinal studies by Lee (2003) reinforced these findings, particularly in the context of the transracial adoption paradox. Research indicated that approximately 70%–80% of TRAs exhibited no significant behavioral or emotional issues, a rate comparable to same-race adoptees and non-adopted children (Benson et al., 1994; Bimmel et al., 2003; Lindblad et al., 2003; Verhulst & Verluis-Den Bieman, 1995; Verluis-Den Bieman & Verhulst, 1995).

Despite these positive statistics, more recent studies have highlighted a disproportionate number of adoptees being referred for and receiving mental health treatment compared to non-adopted individuals (Juffer & Van Ijzendoorn, 2005; Miller et al., 2000). Notably, Morgan (2017) found that TRAs are four times more likely to die by suicide than biological children. This increased risk has been linked to an underlying, unspoken sense of loss inherent in the adoption experience. Boss (2010) conceptualized this experience as ambiguous loss, referring to forms of grief that are not publicly recognized or validated.

Unlike bereavement following a death, where rituals like funerals provide closure, ambiguous loss remains unresolved for TRAs, often leading to emotional confusion and relational difficulties. Boss (2010) categorized the adoption experience within this framework, emphasizing that the trauma of birth separation and relinquishment in early infancy is often unacknowledged. Once adoptees are placed in their adoptive homes, their grief is seldom recognized or treated as a mental health concern, leaving many to struggle with unresolved emotions in silence.

The Transracial Adoptee Experience

TRAs have unique intersectional needs related to trauma, identity, and access to effective counseling. However, research has indicated that adoptive parents often lack awareness or the ability to fully address these complexities. For example, prior studies on TRA adoption and adjustment have highlighted the stigma associated with being a racial minority and its impact on identity development (Brodzinsky & Schechter, 1990; Hoksbergen, 1997; Hübinette, 2005; Lee, 2003; Lee et al., 2010). Additionally, Brodzinsky and Palacios

(2005) emphasized that many adoptees' curiosity about their heritage goes unsupported, and their emotions regarding adoption are frequently suppressed, due to parental discomfort in addressing these issues. He argued that adoptive parents who acknowledge and embrace the inherent differences in adoptive family life are better equipped to foster healthy adjustment in their children than those who deny or minimize these differences.

Openness in communication is particularly relevant in addressing the social challenges TRAs face, such as cultural and ethnic bullying. Brodzinsky and Palacios (2005) introduced the concept of communication openness within the Adoptive Family Life Cycle Theory, which suggested that adoptive families undergo distinct developmental cycles separate from those of biological families. Their multisystemic, developmentally based framework (Brodzinsky & Palacios, 2005; Grotevant et al., 2005; Wrobel et al., 1998, 2003) explored how individuals are interconnected with their families, schools, peers, and communities, and how these systems influence behavior and well-being.

Chang et al. (2017) distinguished between cultural and racial socialization as key factors in TRA adjustment. Research generally indicated that TRAs who are exposed to their birth or ethnic culture report higher levels of psychological well-being. Findings regarding racial socialization, however, particularly the extent to which adoptive parents educate their children about race and racism, have been inconsistent (Boivin & Hassan, 2015). These inconsistencies underscore the need for a deeper understanding of how parental messages about racial diversity and discrimination shape adoptees' experiences across different developmental stages.

TRAs are at increased risk for mental health challenges and identity struggles due to racism and microaggressions. Sue et al. (2007) defined *racial microaggressions* as subtle, often unintentional, verbal, behavioral, or environmental indignities that convey hostility or exclusion toward people of color. Branco (2022) highlighted that TRAs face an elevated risk of mental health issues, because they are often raised by Caucasian adoptive parents who may lack the cultural competence to provide racial-ethnic socialization. Morgan (2017) further noted that TRAs may experience a sense of powerlessness due to legal barriers, such as sealed birth records, which prevent them from accessing their origins.

Societal narratives often frame adoptees as "lucky" to be adopted, disregarding their need for open conversations about their loss of birth family, heritage, and identity. The absence of family or community members who understand these struggles can contribute to feelings of isolation and, in some cases, suicidal ideation, one of the few areas where adoptees may feel they have control (Morgan, 2017). However, data on the specific relationship between racial stigmatization and TRA suicide remain limited.

Baden et al. (2017) emphasized that incorporating adoption-related discussions into therapy fosters a more positive therapeutic experience for TRAs. They and other researchers recommend that TRA individuals seek adoption-competent counselors who are trained to address the intersection of adoption, race, and identity (Atkinson et al., 2013; Sass & Henderson, 2002).

Communication openness (Brodzinsky & Palacios, 2005) is particularly important when TRAs face microaggressions and racial, gender, and ethnic differences that their adoptive parents may overlook. Branco (2022) emphasized the impact of racism and microaggressions on TRA mental health, further underscoring the need for counselors to understand and apply the principles of RCT. Additionally, the trauma of birth separation and the identity confusion that results from being raised in a dominant-culture adoptive family can hinder TRAs' ability to articulate and process their ambiguous loss, the unresolved grief stemming from separation, relinquishment, and the loss of their birth family, culture, and country of origin (Boss, 2016).

Purpose of the Study and Research Questions

This basic qualitative study explored TRAs' experiences with their adoptive families and adoption issues, mental health awareness in childhood, their engagement with counseling from childhood through adulthood, and the therapeutic approaches they found most beneficial. Data were collected through qualitative surveys that incorporated a modified version of Tuan and Shiao's (2011) interview questions, with a specific focus on counseling experiences.

Survey responses for this study were analyzed using qualitative thematic coding. The theoretical framework was Jordan's (2010) Relational-Cultural Theory (RCT), which emphasized personal growth through relationships. RCT focuses on strengthening, encouraging, and fostering relational connections, which are critical to the well-being of TRA children and adolescents. The four core tenets of RCT—mutual empathy, mutual empowerment, relational connections, and relational images—play a crucial role in therapeutic approaches for TRAs (Branco, 2022).

This study aimed to determine whether open communication and counseling effectively supported TRAs in addressing their unique challenges and facilitating healing. The research highlighted factors that complicate childhood development and personal identity for TRAs, drawing attention to the presence of unresolved traumatic grief (Jacobs et al., 2000). Following are the qualitative research questions (RQs) that drove the study:

> RQ1: What are the lived experiences of Chinese and Korean TRAs with their adoptive family?
>
> RQ2: What are the lived experiences of Chinese and Korean TRAs with counseling?
>
> RQ3: What did Chinese and Korean TRAs find effective in counseling and why?

There is little research discussing TRA family communication openness about childhood experiences of being adopted, their feelings of ambiguous loss, and counseling in childhood. The current data were used to fill in gaps by providing insights into the experiences of TRAs.

Methods

The purpose of this basic qualitative study was to explore the lived experiences of Chinese and Korean TRAs concerning their adoptive families, their experiences with counseling, and the perceived effectiveness of counseling. A general thematic approach was selected to center the participants' subjective experiences while also identifying broad shared meanings. Due to the nature of the basic qualitative survey data collection method, thematic coding was the best analysis method to capture broad insights and thematic patterns. The methodology followed the three-phase thematic coding process, a modification of Braun and Clarke (2006) thematic coding. We started with inductive or bottom-up review and analysis to allow for patterns to naturally emerge, followed by clustering patterns into themes, and lastly, naming and reporting the themes, which aligns with Swain's (2018) inductive and deductive process. This study employed qualitative surveys for data collection. Ravitch and Carl (2016) emphasized the advantages of surveys and semi-structured interviews as effective qualitative research tools, as they facilitate a deeper understanding of participants' lived experiences.

The survey approach allowed participants to express the complexity of their social realities in their own voices (Ravitch & Carl, 2016). Initially, the study sought to examine childhood adversity and counseling support using the Adverse Childhood Experiences (ACE) questionnaire. However, due to Institutional Review Board (IRB) restrictions on using the ACE survey in an online environment, an alternative qualitative survey was developed. This modified survey captured both positive and negative childhood memories to provide insight

into participants' early life experiences and their engagement with counseling across childhood and adulthood.

To mitigate potential bias, particularly given that the primary researcher is a Korean TRA, the study implemented multiple validation strategies, including triangulation, prolonged engagement, collection of rich data, reflexivity, audit trails, peer review, and analysis of discrepant evidence. These strategies align with the recommendations of Maxwell (2013) and Merriam and Tisdell (2016) for ensuring research credibility. Researcher bias was examined and documented through reflective journaling and bracketing. Colaizzi (1978) described *bracketing* as the process of setting aside preconceived beliefs and assumptions about the experience under study; this technique proved particularly useful in addressing unintentional bias with unexpected participant responses and ensuring that data interpretation remained grounded in the participants' perspectives rather than researcher expectations (Praveena & Sasikumar, 2021).

Participants were recruited through social media posts, email notifications, and flyers distributed to Korean and Chinese transracial adoptee organizations. Additionally, snowball sampling was used to expand recruitment. It is important to acknowledge that individuals who related to the research topic may have been particularly motivated to participate, as their personal experiences may influence their willingness to contribute to the study (Eagly & Chaiken, 2007). As a result, participants may view the research as an opportunity to share their perspectives and concerns.

A total of 19 eligible TRA participants completed a screening process to confirm they met the study's inclusion criteria. Those who qualified were provided with access to the qualitative survey via Google Forms. Data collection occurred between August 2022 and December 2022.

Participants

The participant selection was open to TRAs, both men and women, aged 18–65 years old who wished to discuss their early childhood, adulthood, and counseling experiences. Table 1 shows the specific demographic breakdown of the 19 participants.

Table 1. *Participant Demographics*

Participant	Current age	Adopted age	Marital status	Education	Location
P1	37	5 months	Married	Bachelors	Lexington, SC
P2	58	*2	Divorced	Bachelors	Chevy Chase, MD
P3	49	4 months	Married	Some college	Downingtown, PA
P4	39	4 months	Married	Masters	Denver, CO
P5	51	*4	Married	Bachelors	Minnesota, MN
P6	35	4 months	Married	Masters	Plymouth MN
P7	35	10 months	Married	Bachelors	Woodbury, MN
P8	37	3 months	Married	Masters	Andover, MN
P9	50	3 years	Married	Bachelors	Oak Grove, MO
P10	28	12 months	Single/never married	Masters	St Paul, MN

P11	20	18 months	Single/never married	Some college	Fishers, IN
P12	27	6 months	Cohabitating	Bachelors	Chicago, IL
P13	46	19 months	Divorced	Bachelors	Mountain View, CA
P14	60	11 years	Divorced	Associates	Olney, MD
P15	66	2.5 years	Married	Some college	Seattle, WA
P16	24	*3	Single/never married	Bachelors	Chicago, IL
P17	48	6 months	Single/never married	Masters	Pasadena, CA
P18	26	18 months	Single/never married	Bachelors	Boston, MA
P19	48	*2	Married	Tech school	St. Paul, MN

Note. *Respondents did not specify whether the number was in weeks, months, or years.

As detailed in Table 1, all 19 participants confirmed being adopted from either South Korea or China by parents in the United States. The sample was comprised of 18 females and one male. Regarding marital status, over half of the participants were married, one-quarter were single and had never married, one reported cohabitating, and three were divorced. All participants had pursued post-secondary education. Specifically, three reported completing some college or earning an associate degree, one attended technical school, 15 obtained a bachelor's degree, and six pursued graduate education, earning either a master's or doctoral degree.

Geographically, three participants resided in the Western U.S., one in the Midwest, 11 in the Central U.S., four in the Northeast, and one in the Southeast. In terms of age at adoption, seven participants were adopted before 6 months of age, and another seven were adopted between the ages of 7 months and 2 years. For participants who provided only a numerical age, the number was conservatively interpreted as years. Five participants were adopted between the ages of 2.5 and 11 years old. All but one participant had engaged in therapy at some point in their lives.

Instrumentation

Initially, the researchers intended to use the Adverse Childhood Experiences (ACEs) assessment (The National Human Trafficking Human and Technical Assistance Center, 2023), which originated from a research project conducted by Kaiser Permanente and the Centers for Disease Control and Prevention in the 1990s. The ACE questionnaire was designed to examine relationships between childhood adversity and long-term health outcomes. However, due to university IRB restrictions, its use in an online format was prohibited. To address this limitation, the study incorporated an alternative qualitative survey that explored both positive and negative childhood experiences. This approach, informed by previous research surveys (Tuan & Shiao, 2011), sought to capture potential indicators of childhood adversity through participants' open-ended responses.

As detailed in Appendix A, a qualitative survey was administered to gain insights into the experiences of Chinese and Korean TRAs. IRB approval (No. 08-30-22-0624225) was secured for the online survey format. Participants were provided with a consent form outlining the study's procedures and confidentiality measures before completing and submitting the survey. Upon completion of the study, participants were informed that the results would be available in spring 2025 via a designated Facebook page.

Data Collection

Following IRB approval, participant recruitment commenced. The study sought to include Chinese or Korean TRAs who were 18 years or older. The sample consisted of 18 female participants and one male participant (Participant #13), for a total of 19 individuals. Recruitment was conducted through research flyers distributed via email, social media, and listservs associated with various Korean and Chinese adoptee organizations, as well as other Asian community groups. Additionally, snowball sampling was employed to expand participation. Each potential participant underwent a screening process through survey qualifiers to ensure they met the study's eligibility criteria and provided informed consent before completing the qualitative interview survey.

Data Analysis

The survey results underwent a three-phase coding process (Braun & Clarke, 2006). Quirkos software was utilized to identify if there were additional patterns within the data. Thematic coding (Braun & Clarke, 2006; Saldana, 2016; Swain, 2018) was applied (using Excel) at each phase to ensure systematic analysis, which followed a hybrid six-step approach to thematic three-phase coding, incorporating both bottom-up (inductive) and top-down (deductive) reasoning (Swain, 2018). Such an approach facilitated a comprehensive and nuanced understanding of participants' lived experiences (Heotis, 2020; Neubauer et al., 2019). A qualitative research design effectively integrated inductive and deductive methods to derive meaningful insights (Swain, 2018). The deductive approach (Boyatzis, 1998) provided a structured framework for analyzing data, while the inductive approach (Charmaz, 2006; Glaser & Strauss, 1967) allowed themes to emerge organically from participant responses. The codes were synthesized into broader themes, reinforcing the theoretical framework.

In this study, extensive inductive and deductive thematic analyses were employed to examine qualitative survey data, capturing participants' reflections, thoughts, and emotions regarding their transracial adoption experiences. This hybrid approach was designed to explore how TRAs navigated their adoption journey, accessed emotional support, and perceived counseling.

The survey was divided into three primary sections (see Appendix A) to align with the research questions (RQs), preceded by an initial demographic section (see Table 1). The three main sections focused on: (a) childhood experiences, (b) adoption experiences, and (c) counseling experiences in childhood and adulthood. Additionally, the survey incorporated direct testimonies from TRAs regarding recommendations for other TRAs seeking support.

Each section of the survey emphasized participants' lived experiences. The first-cycle coding process involved descriptive category coding to systematically organize survey responses. The second-cycle analysis identified conceptual patterns by examining recurring concepts (appearing at least twice), which were then used to develop overarching themes. These findings were synthesized and presented accordingly.

Results

The primary themes that emerged describe specifics about participants' adoptive families and their own emotional experiences. The questions asked participants what it was like being adopted and what their best and worst memories are. The next section asked about their counseling experiences, both in childhood and as adults.

Among the 19 participants, three (16%) reported a positive adoption experience, while 11 participants (58%) expressed negative sentiments regarding their adoption. A recurring theme in participant responses was the description of their adoptive families, including parents and siblings. All participants had Caucasian or mixed-race adoptive parents. Regarding family structure, 10 participants (53%) mentioned having siblings. Of these, six (60%) had other adopted siblings, while the remaining four (40%) had biological siblings or a combination of both. The remaining participants either did not mention siblings or were only children. Two participants (11%) explicitly stated that they were the only child in their adoptive family.

Participants' best memories primarily centered around family traditions, with 17 participants (89%) recalling holidays and family gatherings as significant moments. Conversely, eight participants (42%) identified fear-related experiences as their most distressing memories. These experiences included exposure to domestic violence, parental mental illness, threats of being sent back to their country of origin, divorce, or parental suicide.

Several participants shared personal insights into their upbringing. Participant 1, for example, described being raised as an only child in Alabama by Caucasian, conservative, evangelical Christian parents. The adoptive father had a career in the military, while the adoptive mother worked alongside him in a nonprofit group home for abused and neglected minors. Similarly, Participant 9 recalled growing up in a predominantly Caucasian, rural area in Minnesota, stating, "They are Caucasian, and we grew up in rural MN. There was no diversity in the area. My parents didn't really do anything with Korean culture with me." These reflections highlighted the varying family dynamics and cultural integration experiences of the participants, providing insight into the complexities of transracial adoption. Participant 12 explained their sibling situation in a Caucasian, mixed-race family, saying:

> Both of my parents had two biological children with their previous spouses before they both got divorced, married each other, and adopted me. I have two brothers and two sisters who range from 8–11 years older than me. My dad is White, and my mom is White and Vietnamese.

Another adoptee described her situation as follows:

> I was adopted from Yiyang, Hunan, China, and brought to America by my two White adoptive parents. I have a younger brother who was adopted from Cambodia at 3 months old. I do not have any other adopted or biological siblings that are known (Participant 13).

Participant 14 described her family in similar terms, "My mother was Finnish, and my father was American. I had a younger sister who was also adopted from Korea. I had a stable physical upbringing, but a lonely emotional childhood." Participant 8 mentioned emotionality in regard to their family. Participant 16, as well, stated,

> I am the second oldest in a family with four siblings in total. My older brother was also a Korean adoptee who arrived in 1957. [I] arrived in 1959. Our two younger siblings are bio children to our White parents and both blonde blue-eyed cherubs.

Participant 17 used one word—dysfunctional—to describe her family. Two were positive about their families. For example, Participant 10 simply stated, “They are a very loving & caring family,” and Participant 18 shared:

> My adopted family consists of many loving, mostly female individuals. It was my two mothers who traveled to China in 1998 who directly experienced the adoption process. However, I was also adopted by my godmother, godfather, and their daughter, whom I consider part of my immediate family. My parents don’t have any other children, so I am technically an only child, but I consider my godparents’ daughter my older sister! Three out of four of my parental figures were/are Episcopal priests and are counselors of sorts by extension.

Eight (42%) participants were negative about their childhood home, which included severe mental health challenges at home, such as alcoholism, depression, mood swings, and suicide of one or both of their parents. Participant 3 described the challenge as, “Constant worry of betraying one parent over the other and the fear of them leaving. I lived with my mom and spent every other weekend with my dad.” Participant 14 shared about her family complexities, saying,“My father was an alcoholic and my mother got depression living with him. So, both had their own issues to deal with. They provided for me though and gave me good opportunities in life.” Three (16%) participants mentioned their parents were divorced. Two participants were raised by a single mother. One was raised by two mothers and described her parents as very loving. The survey also inquired about TRA’s best and worst memories to get further insights into their childhood experiences.

Best Memory

When asked about their most cherished memories with their families, 17 participants (90%) highlighted the significance of being “together,” although this sense of togetherness was described in various ways. For example, seven participants (37%) associated “togetherness” with family vacations or trips, while four participants (21%) referred to it as family nights, and three participants (16%) described “togetherness” in the context of family dinners, holidays, and special events. Participant 7 shared, “Just being together and being there for me would have to be the best memory. Also, our family trips and family dinners.” These responses underscore the importance of shared experiences and quality time in fostering positive family connections. Participant 12 also recalled time with her parents and being together as well, sharing,

> I don't know if I have the best memory, but my parents and I usually enjoy watching TV or movies together because that’s when we probably spend the most time together. We try to have a night or two a week where we watch a show/movie as a family. I feel the most myself when I’m making my parents laugh by being goofy.

Participant responses regarding their best family memories varied widely, from cherished holiday traditions to major life milestones. Participant 13 fondly recalled a childhood holiday tradition: “Spending Christmas with my adoptive family, opening presents while it's still dark out, then going to my grandmother’s house for my extended family's Christmas.” Others shared unique moments of joy, such as baking or spending time with a parent. Participant 3 reflected on a significant life event: “Probably my wedding. All four parents were there and all my siblings. Everyone got along. Growing up my mom and dad were never at the same place together. Always one or the other.” Similarly, Participant 19 recalled a heartwarming childhood memory:

> I have so many positive family memories it's hard to choose one as the single best memory. I’ll go with my first day of kindergarten when my parents, godparents, sister, her friends, and the friends’ dog all brought me to school. It looked like I had my own parade escort.

However, not all participants had positive recollections. While some provided detailed descriptions of meaningful experiences, others expressed an absence of happy memories. As an example, Participant 5 stated that she did not have any happy memories, while Participant 17 noted her happiest memory was, “When I left

at 16 years old." These diverse responses illustrate the range of experiences among participants, from deeply cherished moments to challenging childhoods.

Worst Memory

The theme of fear emerged in the worst memory experiences of eight participants. Six participants specifically cited fear related to domestic violence and unstable behavior on the part of parental figures, including parental depression, mood swings, alcoholism, and suicide. Additionally, two participants expressed fear of abandonment or being "sent back." Other recurring themes included the challenges of growing up and the fear of getting into trouble (mentioned by three participants), as well as experiences of racial insensitivity (mentioned by two participants). Three participants reported feeling as though they did not belong in their adoptive families. Two participants provided no response.

Participant 1 described her experience as constantly "walking on eggshells" around her adoptive mother, who frequently exhibited unpredictable moods. Participant 2 recalled an environment of "constant chaos, yelling, fighting, emotional turmoil, and financial instability." Participant 17 shared a particularly traumatic memory involving domestic violence, religious oppression, and an incident in which their adoptive mother attempted to stab their adoptive father in front of them at the age 7. Participant 5 summarized her worst memory as "my entire childhood and adolescent years." Participant 12 recounted an incident that highlighted a recurring sense of dismissal and misunderstanding by her adoptive parents:

> There are many small actions my parents take that show they do not understand my experience and often dismiss it. The worst memory I can recall occurred a few years ago after I had my appendix removed. My father was attempting to cheer me up by telling a story, in which he mimicked an Asian accent—something he had done repeatedly when referencing Asian individuals. I became upset and voiced my discomfort to my mother, explaining that I did not appreciate them mocking Asian accents. Rather than acknowledging my feelings, my mother defended my father, insisting that he was not racist, despite the fact that I had not made such an accusation. That night, my parents left the hospital, and I cried. When I returned home, they remained emotionally distant, despite physically caring for me. My father did not speak to me because I had hurt his feelings. At a time when I was in excruciating pain while recovering from surgery, they were not emotionally present for me simply because I had finally spoken up about one of their many microaggressions.

This collection of experiences highlights the complex and deeply personal challenges faced by the participants, underscoring themes of instability, emotional neglect, and struggles with identity and belonging.

Participant 7 provided a more general reflection, stating, "It's more a reflection of me in my teenage years. I had a lot of identity issues I didn't know how to deal with or even understand what it meant to be a transracial adoptee."

Participant 9 recalled experiencing fear, sharing, "My parents wanted to send me back to Korea." Participant 12 expressed feelings of frustration, explaining, "There are a lot of small actions my parents do that show me they don't understand my experience and dismiss it." Participant 15 described a sense of exclusion within her adoptive family: "Feeling like an outcast. My mom and my sister were close. They had a lot in common. I never felt like I belonged." Participant 19, in contrast, reported relatively few negative experiences related to adoption or family dynamics:

> I cannot think of many negative experiences with my family, regarding adoption or anything else. There are a few uncomfortable moments I was told about but don't remember myself, such as people unfamiliar with interracial families staring at my parents and me. Or when I was little, and my

> godmother was showing her daughter a picture of her sonogram, I apparently got very sad realizing there was not one of me.

Participants were also asked about their current level of contact with their adoptive families. Nine reported being in contact daily or frequently, one mentioned weekly contact, one bi-monthly, and two maintained contact monthly. One participant communicated only on holidays. Seven participants reported having no contact with their adoptive families, including two who were unable to do so due to the passing of family members. Additionally, two participants noted that while they had no contact with their adoptive parents, they remained in touch with siblings or other relatives.

Experiences of Being Adopted

Additional questions explored participants' awareness of their adoption and how it was communicated to them by their adoptive families. Their responses highlighted the complexity and intersectionality of the adoption experience, reinforcing the importance of the RTC approach in counseling.

Participants reported a range of ways in which they became aware of their adoption, with some responses overlapping. Ten participants (53%) stated that they had always known they were adopted for as long as they could remember. Seven (37%) became aware during early childhood, around the time they started school (5+ years old). Four participants (21%) learned directly from their parents, and among them, three (75%) were encouraged to take pride in their heritage. Two participants (11%) discovered their adoption through external experiences, while another two (11%) became aware in third grade or later. Additionally, two (11%) did not specify an exact age but confirmed they had always known they were adopted.

Other individual responses reflected unique experiences. One participant (5%) recalled learning about their adoption through education and described feeling "special" because of it. Another (5%) struggled with their racial identity, experiencing feelings of imposter syndrome and a desire to disown their Asianness. One participant (5%) became aware of their adoption when a doctor requested a family medical history that their parents could not provide. One participant (5%) did not respond to the question. Participant 10 shared a particularly significant experience of separation at a border checkpoint until their adoptive parents could provide proof of adoption, saying:

> We went to Mexico and came back from the border. The border patrol thought my parents were smuggling me into Texas!! They thought I looked Mexican!! They took me away from my family while my parents were trying to find proof that I was a citizen & they adopted me. Eventually, they reunited me with my family.

Awareness of Adoption

All 19 participants (100%) reported being aware that they were adopted, though the timing and circumstances of this awareness varied. Fourteen participants (74%) identified physical differences, such as eye shape, skin color, or being teased about their appearance, as factors that contributed to their awareness.

Participant 1 described the ambiguous nature of being adopted, saying, "Being adopted and racially/ethnically different from my family and the communities I grew up in made me feel special for being 'chosen' by my adoptive parents, but I was also picked on for being different from those around me." Participant 9 recalled learning about her adoption at an early age due to being teased for looking different. Meanwhile, Participant 12 reflected on how the COVID-19 pandemic prompted a deeper analysis of her racial identity and her parents' perspectives:

> I began developing racial critical consciousness around my sophomore year of high school after taking an Ethnic Studies class. From then on, I explored what racialization meant to me. I gained a clearer

> understanding of how my parents viewed race—essentially, they adopted a colorblind approach. That was when I began resenting their political views and their ignorance regarding race, particularly because I am not White.

The term *colorblind* refers to the "denial of potential racial differences by emphasizing sameness" (Neville et al., 2013, p. 457). Thirteen participants (68%) reported that their adoptive parents either did not discuss adoption or communicated it poorly. Participant 11 explained that their awareness stemmed from physical differences in eye shape and skin color compared to the dominant culture. Three participants (16%) recalled being teased by others, which reinforced their sense of difference. One participant (5%) was explicitly told they were different, while nine (47%) reported always knowing they were adopted or distinct in some way.

Participant 13 shared a particularly striking experience of racial identity confusion:

> I asked my parents why I didn't look like them, and they told me that the stork had dropped me off. Because I didn't see anyone else who looked like me, I assumed for a long time that I was White. I was also heavily whitewashed in school—I didn't want to embrace my Asian identity.

The term *whitewashing* originates in the entertainment industry and refers to the practice of casting White actors in roles meant to represent other racial or ethnic groups. According to Gillespie (2025), "Whitewashing is a form of racial discrimination, which may lead to poor mental health outcomes" (para. 2). In this study, the term was used in a slightly different context. Participant 13's statement suggested that she viewed her transracial adoptee (TRA) identity as being "washed" or transformed into a White identity, as indicated by her assumption of Whiteness during childhood. A follow-up interview or focus group could provide further insight into this perspective.

Family Communication About Adoption

Participants were also asked how their adoptive families communicated their adoption to them. Participant responses revealed significant variability. Eight participants (42%) said their adoption was not discussed, and five participants (26%) said their families were positive and open to discussions. Participant responses showed that many felt their adoptive parents had negative assumptions about their birth mother, such as the family being poor, or the birth mother being unmarried or a prostitute. Many participants reported that their parents did not allow discussions and hid adoption information from them. Four participants (21%) had parents who shared positive discussions about their birth mother or birth family, and four participants (21%) did not mention whether discussions about their birth family took place. From this section of the survey responses, the experiences of the TRAs varied significantly within the family unit. The family unit structure also varied significantly. Some came from families where they were the only adopted child, while others had adopted siblings, including biological children of the adoptive parents. The outlier family unit consisted of single-gender parents and the TRA was an only child.

Counseling Experiences

The third section of the survey included questions about TRA counseling experiences both in childhood and later as non-minors. All participants except one (95%) received some sort of counselling during childhood. In the early years, they engaged in counseling for various reasons; however, none were for adoption issues. Post-minor years, all participants (100%) reported engaging in counseling and/or support groups.

Counseling Experiences in Childhood

Of the 18 participants who engaged in counselling as a child, 10 participants (53%) received counseling in childhood, in which they had both positive and negative experiences. Eight participants (42%) did not have

positive experiences, and two (11%) did not answer. Of those participants who did have childhood counseling, sixteen (84%) reported negative counseling experiences. Appropriately, some participants went for counseling due to extreme events: One had a suicide attempt within the family, another had a friend who was murdered, and a third shared she went for help with an eating disorder. Other reasons were general depression and anxiety. One was parent-driven; the parent wanted help to manage the TRA's difficult behaviors.

Interestingly, none of the reasons for counseling during childhood was for adoption. Bad experiences included the counselor saying the child had a split personality and was a pathological liar. Some reasons for not going to counseling during childhood included having a mother against it. One had a family rule: Problems stay "in the closet," meaning there was no acknowledgment of issues within the family, including TRA adjustment. Other participants said their parents did not think being a TRA was a reason for counseling.

Counseling in Adulthood

The next set of survey questions inquired about counseling in adulthood. Eighteen of 19 participants (95%) participated in counseling as an adult. One (5%) participated as a child and did not go back to counseling as an adult. Ten participants (53%) initially sought counseling for anxiety or trauma issues, while 15 (79%) engaged in talk therapy during adulthood. Nine participants (47%) felt their therapist was bad or ineffective.

One of the reasons that participants gave for reporting ineffectiveness was that the therapist did not understand race or adoption issues. Participant 10 felt it was difficult "not having someone understand what you went through and getting to the root of the problem."

There were several presenting reasons that participants gave for seeking counseling. Four participants (21%) went to counseling for feelings of anxiety, trauma, or PTSD. Another four participants (21%) went for counseling because of relationship issues, eating disorders, depression, and adoption. Two participants (11%) sought therapy for identity issues. Participant 10 recalled going to counseling because, "When I moved to Minneapolis, I had an identity crisis." One participant (5%) went for assistance with addiction issues, while Participant 3 recalled going to counseling because of "addiction and wanting to be able to accept myself. But accepting myself didn't come until later."

Participant 12 discussed a general need for meaningful connections as an adult, which led them to counseling:

> I have had anxiety since 8th grade and have dealt with it by myself for the most part, so that was definitely a factor. But the main reason I visited CAPS [counseling center] was to talk about how I felt alone in my friend groups because I couldn't talk to them about political issues I cared deeply about like I could with my high school friends. I was missing the deep conversations and connections I used to have. I also wanted to discuss my lack of openness with my parents and how I felt like I couldn't fully be myself with them.

The length of time and frequency in counseling ranged from less than 1 year to over 10 years. Four participants were in counseling for less than 1 year, while six were in therapy for up to 10 years. Nearly half or eight participants were in therapy for 10+ years.

Talk therapy was the most common form of therapy experienced, with 15 participants (79%) engaged in this modality. Other therapies, such as cognitive processing therapy, cognitive based therapy, group therapy, reiki (Japanese energy healing), eye movement desensitization and reprocessing therapy, music therapy, and color and sound therapies were all included, as other therapies were found effective by four participants (21%). Four participants were more general and indicated having a good therapist was beneficial.

The effectiveness of the therapies ranged across participants with six participants (32%) reporting that they gained tools or understood new things from their therapies. Four participants (21%) reported feeling listened

to and validated without judgment. Other participants felt able to embrace who they are (self), their birth mother, and being Korean. A couple mentioned it helped them to get sober, and one participant said counseling saved her life.

Nine participants (47%) felt they had bad or ineffective therapy experiences. Participant 11 explained, "Previous counselors were not competent in adoption, race, etc." Participant 5 explained her frustration as well, saying, "It just showed me a white [counselor] who knows nothing about racism and adoption should not have permission to counsel us. He made me feel ashamed for expressing my curiosity of my culture and birth family." Participant 19 mentioned her counselor only worked on presenting issues, not underlying problems:

> My counseling focused mainly on immediate issues like social anxiety and not much on broader things like adoption experiences. Looking back now I think it could have been helpful to discuss the effects of being adopted earlier to try and understand if they relate to fears of rejection or abandonment.

Other issues were around consistency with counseling. Participant 1 noted that "not having a good fit mental provider and having to start the process of finding another one over again" was a big issue in counseling continuity. Participant 10 referred to "not having someone understand what [I] went through or getting to the root of the problem"—another issue with counselors without RTC training.

Despite the challenges of finding a therapist who they aligned with, many participants did find therapy helpful. Some participants shopped around until they found the right fit, and those who persisted found a good therapist. Many participants reported the benefits of therapy, with six participants (32%) reporting therapies helped them learn new tools or understand new things. Participant 19 shared, "My counselor was extremely helpful as a non-family member confidant. She helped me work through anxieties and introduced me to mindfulness." Participant 16 felt more equipped to manage things after counseling, saying, "It ended up giving me the tools I still use to keep me on track and from sliding backward today." Participant 13 used cognitive based therapy, which she reported helped her with thought restructuring. Four participants (21%) felt validated and listened to without judgment, while others felt their counselor, the one they finally settled with, was good and competent.

Participant 1 said counseling was helpful with "being able to talk, be supported and validated." Participant 3 thought counseling helped, as well, referring to "learning how to deal with the thoughts and feelings I suppressed for 20 years. [I] got into sobriety." Participant 10 shared, "I had to be admitted into the hospital for treatment, and it saved my life." Two participants (11%) felt they were able to embrace their Korean self and birthmother. Participant 14 said,

> [Counseling] helped me untangle my emotions, and it helped me learn a lot about myself and what it means to be adopted. I only knew the narrative of being grateful and that it was good, not the sad, painful side of the story.

Participant 18 echoed this sentiment about the positivity of counseling for TRAs, saying, "My personal breakthrough was when I was able to embrace myself as a Korean who was brought into this world by a loving mother." Overall, for participants who sought therapy, counseling was a positive experience.

In summary, all TRAs, except one, engaged in counseling for reasons other than adoption issues. Over time, however, adoption issues were uncovered in therapy as the root cause of many presenting issues, including anxiety, depression, suicidal thoughts, and night terrors. Study participants stressed the necessity of finding an *adoption-qualified counselor* and being sure they are qualified with other issues surrounding adoption, such as race, post-traumatic stress disorder, and grief. Overall, participants encouraged other TRAs to seek counseling.

Messages to Other TRAs Seeking Counseling

Sixteen (84%) of the participants reported providing positive encouragement about seeking therapy to fellow TRAs. Of the participants, 40% encouraged other TRAs to be persistent in seeking the right fit and qualified professional in adoption and race issues. The overall guidance advice that participants provided to other TRAs was to persist and to seek out therapy. Participant 9 encouraged other TRAs to, "Do it! It is so helpful in talking through identity issues and self-care." And Participant 2 encouraged TRAs to "seek a professional who is versed in racial issues & specifically transracial issues." Other positive responses include that of Participant 18, who shared, "Therapy is wonderful—pursue it. If you don't like your therapist, find another one."

Even if TRAs do not go to a therapist, according to participants, they should seek supportive people, and research and educate themselves about attachment and minority issues; further, they conveyed that it was worth it. Participant 13 captured the overall essence of the TRA message of encouragement regarding counseling by saying:

> You are Asian enough and you don't have to prove your Asianness to anyone. You have a right to seek therapy. Be proactive instead of reactive when it comes to your mental health. Be patient when looking for therapists, because it usually takes time to find the right person for you. You can only get results if you put in the work. Be kind to yourself.

The key caveat message from study participants was to find the right fit and a professional qualified

in adoption, race, and attachment issues. When the therapy went well, participants were calm and appreciative, and expressed a sense of returning to wholeness.

Limitations

This study focused on TRAs of Chinese and Korean descent because there was limited previous research on this population, including their experiences with counseling. The study included qualitative surveys to learn about participants' early experiences of being a TRA and how counseling affected them from childhood through adulthood. As a qualitative study, the generalization of the results is limited to similar samples. This study may be limited by unintended bias due to the primary author's positionality of being an Asian American woman who is also a Korean American adoptee.

As discussed in the methods section, the following practices, which align with recommendations of multiple authors (Maxwell, 2013; Merriam & Tisdell, 2016), were used to reduce bias: triangulation, adequate engagement, rich data, reflexivity, audit trail, peer review, discrepant evidence, and reported commonalities (frequencies) on theories and measures. These preventative practices were used to mitigate bias through close supervisory oversight. Personal bias was self-examined and documented through reflective journaling and to clarify researcher bias, transparency, and validity measures (Ravitch & Carl, 2016).

One note to consider: there may be effective, behavioral, and cognitive aspects that each person experienced depending on the importance of the subject being reviewed (Eagly & Chaiken, 2007). Thus, participants may have been drawn to participate in the study to express their concerns.

Discussion

The purpose of this basic qualitative study was to explore the experiences of Chinese and Korean TRAs during their childhood, their awareness of being adopted, and their mental health needs, including their perceptions of counseling services. Initially, the study aimed to utilize the Adverse Childhood Experiences (ACEs) assessment (NHTTAC, 2023); however, the researchers' IRB did not approve the use of this assessment in an

online setting. As a result, the researchers opted to survey participants about both positive and negative childhood experiences, as well as their counseling history. Despite not using the ACEs assessment, the findings revealed significant adverse events in the participants' childhoods. Specifically, eight participants (42%) reported trauma-related events, such as child abuse, parental suicide, and domestic violence; these events align with the types of adverse experiences covered by the Adverse Childhood Experience (ACE) framework.

Overall, the participants emphasized that a key factor in finding effective therapeutic support was having a therapist who was specifically trained in adoption-related issues and who understood the complexities of race and trauma. Many participants reported having less effective childhood therapy experiences, primarily because adoption was often not addressed as the central issue. Instead, therapy tended to focus on behavioral interventions for the parents, rather than exploring the adoptee's emotional and racial identity.

A consistent theme emerged regarding the lack of awareness among adoptive parents about the challenges faced by their children, particularly in relation to racism (Langrehr et al., 2019). This theme was compounded by a lack of resources and training among counselors, which often resulted in ineffective therapeutic interventions (Chang et al., 2017).

As research on adoption and mental health evolved, particularly in the late 1990s, it became increasingly evident that culturally sensitive counseling was crucial for the well-being of transracial adoptees (Lee, 2003). This is consistent with relational cultural therapy (RCT; Jordan, 2008, 2010), which emphasized the importance of relational connections while integrating cultural context, which makes it particularly relevant for school, mental health, and family counselors working with TRA families. The RCT framework helps families navigate fundamental cross-cultural issues that adopted children are likely to encounter. By fostering meaningful connections, RCT strengthens relational bonds, providing a healing framework for transracially adopted children and adolescents (Branco, 2022).

Lee (2003) argued that adoption involves an intimate triad: adoptive parents, birth families, and adoptees. Most research until that time focused on only one or two aspects of this triad (Lee, 2003). Limited attention was given to the experiences of transracial adoptees during the 1950s through the 1980s, when the adoption of children from non-Caucasian countries into Caucasian American families was at its peak. Despite significant efforts to bring orphaned children to the U.S., there was little research on the preparedness and suitability of receiving Caucasian American families (Choy, 2017). Pioneering studies by Lee (2003), Choy (2017), and others (e.g., Fanshel, 1972; Feigelman & Silverman, 1983; Grow & Shapiro, 1974; Kim, 1977; McRoy et al., 1982; Simon & Altstein, 1977) highlighted that adult TRAs continued to express a desire to share how growing up in a racially different home had impacted their well-being.

This study reinforces the RCT (Jordan, 2008, 2010) notion that TRA childhood experiences are shaped by multiple, intersecting factors: (1) While adoption offers a new home and a fresh start, TRAs experience unspoken grief, trauma, and displacement of cultural identity as they navigate life in a predominantly White society. (2) There is a significant lack of awareness regarding how the transracial adoption environment affects the adoptee, both in terms of their racial identity and emotional well-being. (3) TRAs often face isolation, lacking Asian family support that could help them navigate the complexities of racial microaggressions and cultural dissonance.

TRA isolation is exacerbated by the inability of both Caucasian and other Asian communities to fully understand or assist in addressing the unique challenges TRAs face. These factors collectively contribute to the adoptee's difficulty in healing from ambiguous loss—the grief of early separation from birth parents and the absence of cultural continuity, while living in a society that remains largely unaware and unprepared to support their emotional and racial needs.

In conclusion, the study underscores the urgent need for greater awareness and cultural sensitivity in the adoption process, both within adoptive families and among mental health professionals. TRAs require support systems that not only address the individual and relational dynamics of adoption but also recognize and address the ongoing challenges posed by racial identity and cultural displacement. Further research is needed to better understand the long-term psychological needs of TRAs and to develop effective, culturally competent counseling frameworks that can support their healing and well-being.

Practical Recommendations

Practical recommendations include educating and raising awareness for adoption agencies, social services, and educational settings; for parents to require counseling that is specific to RCT needs; and for everyone involved with these TRA children to understand their unique identity complexities and race challenges. Additionally, it is recommended that adoptive parents be required to attend adoption and cultural education along with TRA certification, including culture and ethnicity training about the child's country before finalizing the adoption.

Research by Oh (2015) suggested that due to the ease of adopting international children from the South Korea and China, the requirements for adoptive parents were often loosely established. These countries have fewer adoption measures conducted on adoptive parents when compared to in-country U.S. adoptions in the same culture with the same ethnic background. Speculation on the fitness of the adoptive parents has not been fully reviewed, therefore, and a recommendation would be for China and South Koreas, as well as all other transracial adoptions, to fulfill competency certifications.

Those in social service, including counselors and other support agencies, should require training for those who manage TRA communities. TRA counseling courses should address fundamental issues of culture, ethnicity, and microaggressions, as well as provide tools to help navigate and ease family stressors for TRA children. Additionally, there should also be social services follow-up, throughout childhood, to ensure the child has counseling resources and a space to share thoughts, feelings, and concerns about the foreign family and their culture of origin.

In addition, creating adoption specialty certifications within counseling, as well as ensuring adoption is part of the foundational counseling coursework, would be a benefit for the counseling profession. Rutgers University in New Jersey is a resource that provides competency certification in counseling adoptees and offers Continuing Education Units (CEUs) and certification in TRA counseling.

Future Research Recommendations

Future research in the area of TRA should focus on three key avenues of exploration.

First, we recommend expanding the scope of adoptee research by surveying other TRA ethnic groups. This additional research will help identify if specific cultural environments influence early childhood experiences and will uncover the counseling needs of different TRA populations. Studies that compare same-race or similarly appearing adoptees to those of Chinese and Korean descent will provide valuable insights into whether their experiences align or diverge, thus contributing to a broader understanding of the adoption process across ethnicities.

Given the alarming statistics that indicate TRAs are at a four-fold higher risk for suicide, there is an urgent need for research into TRA suicide rates. Descriptive statistical studies focusing on this issue will provide deeper insights into prevention and treatment strategies, which are critical to supporting the mental health of this community.

Additionally, it is recommended that retrospective studies focus on the experiences of TRA parents. One important line of inquiry would be to examine how adoptive parents were educated by adoption agencies and social services regarding the unique challenges of raising a TRA child. Further research is also needed to explore how these parents integrated their child's culture into the family dynamic and how they navigated racial and cultural challenges within their communities. Such studies will shed light on the experiences not only of the adoptees themselves but also of the adoptive families who play a crucial role in their adjustment and well-being.

Future research into TRAs and TRA parenting is vital to understanding the multifaceted experiences of transracial adoption. By examining adoptees' and adoptive parents' perspectives, these studies will provide valuable insights to inform policy, improve adoption practices, and enhance support services.

Ultimately, this body of work may help contribute to building stronger foundations for future adoptive families of TRAs and prevent the pitfalls that early adoptive have families encountered. It is our hope that further research helps cultivate healthier, more positive experiences for both adoptees and adoptive parents in the transracial adoption process.

References

Associated Press. (2024, September 5). China's halt of foreign adoptions leaves questions about pending cases. *AP News*. https://apnews.com/article/china-international-adoptions-7112b4ff7e68cca76a5edea310cb835b

Atkinson, A. J., Gonet, P. A., Freundlich, M., & Riley, D. B. (2013). Adoption competent clinical practice: Defining its meaning and development. *Adoption Quarterly, 16*(3–4), 156–174. http://doi.org/10.1080/10926755.2013.844215

Baden, A. L., Kitchen, A., Mazza, J. R., Harrington, E. S., & White, E. E. (2017). Addressing adoption in counseling: A study of adult adoptees' counseling satisfaction. *Families in Society, 98*(3), 209–216. https://doi.org/10.1606/1044-3894.2017.98.26

Baden, A. L., Zhang, X., Matthews, J. A. K., White, E. E., Harrington, E. S., Kitchen, A., Mazza, J., & Pinderhughes, E. E. (2023). Parents and their adopted Chinese children: Adoption and racial microaggressions in diverse communities. *Adoption Quarterly*, *26*(1), 77–106. https://doi.org/10.1080/10926755.2022.2156015

Benson, P. L., Sharma, A. R., & Roehlkepartain, E. C. (1994). *Growing up adopted: A portrait of adolescents and their families*. Search Institute.

Bimmel, N., Juffer, F., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2003). Problem behavior of internationally adopted adolescents: A review and meta-analysis. *Harvard Review of Psychiatry, 11*(2), 64–77. https://doi.org/10.1080/10673220303955

Boivin, M., & Hassan, G. (2015). Ethnic identity and psychological adjustment in transracial adoptees: A review of the literature. *Ethnic and Racial Studies*, *38*(7), 1084–1103. https://doi.org/10.1080/01419870.2014.992922

Boss, P. (2010). The trauma and complicated grief of ambiguous loss. *Pastoral Psychology, 59*(2), 137–145. https://doi.org/10.1007/s11089-009-0264-0

Boss, P. (2016). The context and process of theory development: The story of ambiguous loss. *Journal of Family Theory and Review*, *8*(3), 269–286. https://doi.org/10.1111/jftr.12152

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. SAGE Publications.

Branco, S. F. (2022). Relational–cultural theory: A supportive framework for transracial adoptive families. *The Family Journal, 30*(1), 22–29. https://doi.org/10.1177/10664807211028986

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brodzinsky, D. M., & Palacios, J. (2005). Reconceptualizing openness in adoption: Implications for theory, research, and practice. In D.M. Brodzinsky & J. Palacios (Eds.), *Psychological issues in adoption: Research and practice* (pp. 145–166). Praeger.

Brodzinsky, D. M., & Schechter, M. D. (Eds.). (1990). *The psychology of adoption*. Oxford University Press.

Chang, D. F., Feldman, K., & Easley, H. (2017). "I'm learning not to tell you": Korean transracial adoptees' appraisals of parental racial socialization strategies and perceived effects. *Asian American Journal of Psychology*, *8*(4), 308–322. https://doi.org/10.1037/aap0000091

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE Publications.

Child Welfare Information Gateway. (1994). *Transracial and transcultural adoption factsheet for families*. https://cwlibrary.childwelfare.gov/discovery/delivery/01CWIG_INST:01CWIG/1218802530007651

Cho, K. K. (2025, March 27). South Korea admits to adoption fraud and babies being taken without consent. *The Washington Post*. https://www.washingtonpost.com/world/2025/03/27/south-korea-adoption-investigation-human-rights-abuses/

Choy, C. C. (2017). Chapter two from global families: A history of Asian international adoption in America. *Journal of Transnational American Studies*, *8*(1). https://doi.org/10.5070/T881036679

Choy, C. C. (2013). *Global families: A history of Asian international adoption in America*. NYU Press.

Colaizzi, P. F. (1978). Psychological research as a phenomenologist views it. In R. S. Valle and M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

Davidson, H. (2024, September 5). China ending foreign adoption, prompting concerns from the US: US diplomats seeking clarity for hundreds of families in the process of international adoption. *The Guardian*. https://www.theguardian.com/world/article/2024/sep/06/china-ending-foreign-adoption-international-intercountry

Eagly, A. H., & Chaiken, S. (2007). The advantages of an inclusive definition of attitude. *Social Cognition, 25*(5), 582–602. https://doi.org/10.1521/soco.2007.25.5.582

Evan B. Donaldson Adoption Institute. (2010). *Keeping the promise: The critical need for post-adoption services to enable children and families to succeed.* Retrieved from https://affcny.org/wp-content/uploads/EBDKeepingThePromise.pdf

Fanshel, D. (1972). *Far from the reservation: The transracial adoption of American Indian children*. The Scarecrow Press.

Feigelman, W., & Silverman, A. R. (1983). *Chosen children: New patterns of adoptive relationships*. Praeger.

Gillespie, C. (2025, September 14). What is whitewashing? Why is it harmful? *Health*. https://www.health.com/mind-body/health-diversity-inclusion/whitewashing

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Aldine Publishing Company.

Grotevant, H. D., Perry, Y. V., & McRoy, R. G. (2005). Openness in adoption: Outcomes for adolescents within their adoptive kinship networks. In D. M. Brodzinsky & J. Palacios (Eds.), *Psychological issues in adoption: Research and practice* (pp. 167–186). Praeger.

Grow, L. J., & Shapiro, D. (1974). *Black children—White parents*. Child Welfare League of America.

Hartling, L. M., & Richards, A. (2008). *Fostering care, fostering connection: Relational possibilities for child welfare* (Working Paper No. #106). Stone Center Working Papers Series.

Heotis, E. (2020). Phenomenological research methods: Extensions of Husserl and Heidegger. *International Journal of School and Cognitive Psychology, 7*(2), 1–3. https://doi.org/10.35248/2469-9837.19.6.221

Hoksbergen, R. A. C. (1997). *Child adoption: A guidebook for adoptive parents and their advisers*. Jessica Kingsley Publishers.

Hübinette, T. (2004). Korean adoption history. In E. Kim (Ed.). *Community 2004: Guide to Korea for overseas adopted Koreans*. https://www.tobiashubinette.se/adoption_history.pdf

Hübinette, T. (2005). *Comforting an orphaned nation: Representations of international adoption and adopted Koreans in Korean popular culture* [Doctoral dissertation, Stockholm University]. ProQuest.

ISS World News. (1959). *ISS group back from Far East inspection* (ISS-USA Papers, Box 16, File 21). SWHA.

Jacobs, S., Mazure, C., & Prigerson, H. (2000). Diagnostic criteria for traumatic grief. *Death Studies, 24*(3), 185–199. https://doi.org/10.1080/074811800200531

Jordan, J. V. (2008). Recent developments in relational–cultural theory. *Women and Therapy, 31*(2-4), 1–4. https://doi.org/10.1080/02703140802145540

Jordan, J. V. (2010). *Relational-cultural therapy*. American Psychological Association.

Juffer, F., & Van Ijzendoorn, M. H. (2005). Behavior problems and mental health referrals of international adoptees: A meta-analysis. *Journal of the American Medical Association, 293*(20), 2501–2515. https://doi.org/10.1001/jama.293.20.2501

Kim, D. S. (1977, March–April). How they fared in American homes: A follow-up study of adopted Korean children in the United States. *Children Today, 6*(2), 2–6.

Langrehr, K. J., Morgan, S. K., Ross, J., Oh, M., & Chong, W. W. (2019). Racist experiences, openness to discussing racism, and attitudes toward ethnic heritage activities: Adoptee–parent discrepancies. *Asian American Journal of Psychology, 10*(2), 91–102. https://doi.org/10.1037/aap0000128

LeClair, T. C. (2019). *Ethnic identity in Chinese and Korean adoptees: Exploration, components, and expression* [Master's Thesis, Wesleyan University]. Wesleyan University Digital Collections. https://doi.org/10.14418/wes01.2.243

Lee, R. M. (2003). The transracial adoption paradox: History, research, and counseling implications of cultural socialization. *The Counseling Psychologist, 31*(6), 711–744. https://doi.org/10.1177/0011000003258087

Lee, R. M., Yun, A. B., Yoo, H. C., & Nelson, K. P. (2010). Comparing the ethnic identity and well-being of adopted Korean Americans with immigrant/U.S.-born Korean Americans and Korean international students. *Adoption Quarterly*, *13*(1), 2–17. https://doi.org/10.1080/10926751003704408

Lindblad, F., Hjern, A., & Vinnerljung, B. (2003). Intercountry adopted children as young adults: A Swedish cohort study. *American Journal of Orthopsychiatry, 73*(2), 190–202. https://doi.org/10.1037/0002-9432.73.2.190

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach: An interactive approach* (3rd ed.). SAGE Publications.

McRoy, R. G., Zurcher, L. A., Lauderdale, M. L., & Anderson, R. N. (1982). Self-esteem and racial identity in transracial and in racial adoptees. *Social Work, 27*(6), 522–526. https://doi.org/10.1093/sw/27.6.522

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Miller, B. C., Fan, X., Grotevant, H. D., Christensen, M., Coyl, D., & van Dulmen, M. (2000). Adopted adolescents' overrepresentation in mental health counseling: Adoptees' problems or parents' lower threshold for referral? *Journal of the American Academy of Child and Adolescent Psychiatry, 39*(12), 1504–1511. https://doi.org/10.1097/00004583-200012000-00011

Ministry of Health and Welfare. (2002). *History and policy of adoption in Korea*. South Korean Ministry of Health and Welfare.

Morgan, L. (2017). Prevention starts with awareness: Adoptive adolescents at high risk for suicidal behavior. *NASN School Nurse, 32*(5), 302–309. https://doi.org/10.1177/1942602X16672063

The National Human Trafficking Human and Technical Assistance Center. (2023). *The origin of the ACEs study*. U.S. Department of Health and Human Services. https://nhttac.acf.hhs.gov/soar/eguide/stop/adverse_childhood_experiences#

Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *The American Psychologist, 68*(6), 455–466. https://doi.org/10.1037/a0033282

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Oh, A. H. (2015). To save the children of Korea: The Cold War origins of international adoption. Stanford University Press.

Praveena, K. R., & Sasikumar, S. (2021). Application of Colaizzi's method of data analysis in phenomenological research. *Medico-Legal Update, 21*(2), 914–918. https://doi.org/10.37506/mlu.v21i2.2800

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical and methodological*. SAGE Publications.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE.

Sass, D. A., & Henderson, D. B. (2002). Adoptees' and birth parents' therapeutic experiences related to adoption. *Adoption Quarterly, 6*(1), 25–32. https://doi.org/10.1300/J145v06n01_03

Silverman, A. R. (1993). Outcomes of transracial adoption. *The Future of Children, 3*(1), 104–118. https://doi.org/10.2307/1602405

Simon, R. J., & Altstein, H. (1977). *Transracial Adoption*. Wiley.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Swain, J. (2018). *A hybrid approach to thematic analysis in qualitative research: Using a practical example*. SAGE Publications.

Tizard, B. (1991). Intercountry adoption: A review of the evidence. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 32*(5), 743–756. https://doi.org/10.1111/j.1469-7610.1991.tb01899.x

Tuan, M., & Shiao, J. L. (2011). *Choosing ethnicity, negotiating race: Korean adoptees in America*. Russell Sage Foundation.

Verhulst, F. C., & Verluis-Den Bieman, H. J. M. (1995). Developmental course of problem behaviors in adolescent adoptees. *Journal of American Academy of Child and Adolescent Psychiatry, 34*(2), 151–159. https://doi.org/10.1097/00004583-199502000-00010

Verluis-Den Bieman, H. J. M., & Verhulst, F. C. (1995). Self-reported and parent reported problems in adolescent international adoptees. *Journal of Child Psychology and Psychiatry, 36*(8), 1411–1428. https://doi.org./10.1111/j.1469-7610.1995.tb01672.x

White, E. E., Baden, A. L., Ferguson, A. L., & Smith, L. (2022). The intersection of race and adoption: Experiences of transracial and international adoptees with microaggressions. *Journal of Family Psychology*, *36*(8), 1318–1328. https://doi.org/10.1037/fam0000922

Wrobel, G. M., Kohler, J. K., Grotevant, H. D., & McRoy, R. G. (1998). Factors related to patterns of information exchange between adoptive parents and children in mediated adoptions. *Journal of Applied Developmental, 19*(4), 641–657. https://doi.org/10.1016/S0193-3973(99)80060-4

Wrobel, G. M., Kohle, J. K., Grotevant, H. D., & McRoy, R. G. (2003). The family adoption communication (FAC) model: Identifying pathways of adoption-related communication. *Adoption Quarterly*, *7*(2), 53–84. https://doi.org/10.1300/J145v07n02_04

Zitko, L. (2023). A tale of two motherlands: Bridging the gap between the American and Korean identities of Korean War adoptees. *The Great Lakes Journal of Undergraduate History, 9*(1), Article 3. https://doi.org/10.22329/gljuh.v9i1.8865

Appendix: Survey Questions

Childhood Experience Survey: This survey will inquire about your adoption, childhood, and counseling experiences.

A. How old were you when you were adopted?
B. Tell me about your adopted family.
C. How often are you in contact with your adopted family?
D. Tell me about your best memory with your adopted family.
E. Tell me about your worst memory in your adopted family.
F. When did you realize that you were racially different from your adopted family?
G. What made you feel different?
H. How was this managed (did you discuss it with your family)?
I. How conscious do you think you were about being an adoptee?
J. How was your birth family discussed with your adopted family?
K. Was counseling ever a part of your childhood? Why or why not?

Part 3: This sections consists of survey questions inquiring about your adult counseling experiences.

1. Have you ever participated in counseling? If the answer is no, please answer "no" and exit the study. If the answer is "yes," please continue.
2. As an adult, what initially brought you into counseling?
3. How long were you in counseling?
4. What type of counseling did you participate in?

    __Talk Therapy

    __Group Therapy

    __Art Therapy

    __Support Group

    __Other (Example: Cognitive therapy, EMDR, Reiki, Music, Color, Sound therapies etc.)
5. If you chose "Other," what kind of therapy did you engage in? If you did not choose "Other," enter "NA."
6. What was effective or positive about your counseling experience?
7. What was not effective or negative about your counseling experience?
8. What message do you have for other TRAs seeking therapy?

The *Journal of Social, Behavioral, and Health Sciences* (*JSBHS),* cosponsored by the College of Social and Behavioral Health, College of Allied Health, and College of Health Sciences and Public Policy, is a peer-reviewed, online, interdisciplinary journal focusing on theoretically based research that addresses contemporary national and international issues. *JSBHS* articles include peer-reviewed research reports, brief reports, comprehensive literature reviews, book reviews, and student research.