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The Remembered Experience of Adoption: Factors Supporting Healthy Adjustment

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**THE REMEMBERED EXPERIENCE OF ADOPTION: FACTORS SUPPORTING
HEALTHY ADJUSTMENT**

A dissertation presented to the faculty of

ANTIOCH UNIVERSITY SANTA BARBARA

in partial fulfillment of
the requirements for the
degree of

DOCTOR OF PSYCHOLOGY
in
CLINICAL PSYCHOLOGY

By

CRYSTAL R. GONSALVES

AUGUST 12, 2016

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HEALTHY ADJUSTMENT**

This dissertation, by Crystal R. Gonsalves, has been approved by the committee members
signed below who recommend that it be accepted by the faculty of
Antioch University Santa Barbara
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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By

Crystal R. Gonsalves

ABSTRACT

This qualitative research study is designed to explore ideas, customs, and practices related to adoption from the perspective of adult adoptees. While many studies seek to explain the negative impact of adoption, minimal literature exists with regard to a phenomenological exploration of adoption practices that successfully promote healthy adjustment and a sense of resilience and well-being in adopted children. Existing research on adoption has largely been conducted quantitatively, which can fail to capture the personal, lived experience of a positive adoption experience that leads to healthy adjustment. Specifically, little is known about which factors of the adoption experience adoptees perceive as contributing to healthy adjustment and a sense of well-being. The proposed study located themes and patterns that became apparent through narrative inquiry concerning factors in the adoption experience that contributed to adjustment. Narrative research honors the knowledge held in stories that are retrieved from memory (Fry, 2002). By interviewing adults who were adopted as children, it is hoped that their personal stories can augment clinical conceptualizations of adoption and shed light on positive meaning-making experiences in the context of adoption. These conceptualizations will be of use to persons and professionals who work closely with those involved in adoption, including mental health professionals and paraprofessionals working closely with adoptees and their families. This information is of value for those involved in family dependency treatment courts, child welfare services, and other agencies who wish to promote positive experiences for children and families who become involved in the adoption process. The electronic version of the dissertation is accessible at the Ohiolink ETD center <http://www.ohiolink.edu/etd>.

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Thank you to the nine individuals that provided a testimonial lens into their experience of adoption. By sharing your story you have provided understanding of an alternative, often untold, narrative of adoption, one that does not deny that adopted people sometimes have issues but also acknowledges that adoptees can be resilient, well-adjusted and live happy, meaningful lives. Thank you to my dissertation committee, Dr. Steve Kadin, Dr. Bella DePaulo and Dr. Violet Oaklander. To Dr. Steve Kadin, thank you for being the calm in the storm and for being a constant support since day one of my doctoral journey. Thank you to Dr. Bella DePaulo for matching my passion in challenging stereotypes and providing alternative perspectives to common belief. To Dr. Violet Oaklander, thank you for your enthusiasm, encouragement and expertise in the areas of attachment and childhood development. To my mother, Mary Ann Gonsalves-Roen for being progressive in the way she handled the adoption process, for loving me unconditionally, and for being my biggest fan. Thank you to my father, Kevin Roen for being there for me whenever I need you, for providing me with encouragement and unwavering support in my personal and educational endeavors. Thank you to my Auntie Bernie, your humor, warmth, support and love have been monumental in shaping who I am as a person. To my Auntie Catherine, thank you for sharing your love of books, museums and culture. Thank you to Auntie Nina and Uncle David for your support, love and second home. Thank you to Auntie Evie and Uncle Bill, your warmth, commitment and kindness have kept me going and believing in the process. Thank you to my family and close friends for supporting me, encouraging me and loving me through this journey.

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CHAPTER I: BACKGROUND AND RATIONALE FOR THE STUDY

Introduction and Background

As of July 2013, there were 399,546 children living in foster care in the United States alone (The AFCARS Report, 2013). Of those children in foster care, 101,719 were waiting to be adopted. However, nearly 40% of these children had to wait an average of three years in foster care before they were adopted (The AFCARS Report, 2013). There is a great need for people to adopt children, although parents may be apprehensive about choosing to adopt. Parents may give a variety of reasons for choosing not to adopt. In general, the word “adoption” continues to have underlying negativity associated with it even though many adopted people have positive experiences and are even considered to be resilient.

The study of resilience and adjustment is currently gathering more momentum in the psychological literature. The ability to be resilient is considered to be a vital part of human social development in that it can mean the difference between a successful and unsuccessful life. In this study, the topic of resilience will be examined and defined to provide criteria for those being interviewed. The importance of resilience will also be explored, as will the development and promotion of resilience in people. Some questions that might be answered in relation to resilience are: What makes certain adoptive people resilient? What environmental factors do people identify as having contributed to their levels of resilience? How can resilience be promoted in adoptees? These are all vital questions in the study of the relation between the experiences of those who have been adopted and the capacity for resilience. In order to understand the relationship between the experiences of those who have been adopted and their resilience, there must be a certain level of understanding of both

adoption and resilience by the reader. This research study will attempt to provide a better understanding of both topics and thus provide a relationship between the two.

The understanding of the experience of those who have been adopted is also an area of study with increasing importance and widespread interest. Adoption is becoming increasingly accepted by society as a form of creating a family, with rates of adoption increasing by 6% since 2000 and 15% since 1990 (Child Welfare Information Gateway, 2011). Thus, more people are being exposed to the topic of adoption and the possible negative and positive impacts of adoption for all members involved.

Although adoption is becoming a more acceptable way of creating a family, there is a lingering negative connotation associated with adoption (Gajda, 2004). It is estimated that nearly “six out of every 10 Americans have had a personal experience with adoption, meaning that a member of their family or a close friend was either adopted, had adopted a child, or had placed a child up for adoption” (Gajda, p. 161, 2004). This indicates that most people have had a personal experience with adoption in some capacity. However, those closest to the adoption process, including birth parents, adoptees, and adoptive parents, often experience negative stereotypes surrounding adoption and the cutting words and actions of others (Gajda, 2004). Why is it that society continues to place a negative spin on something, such as adoption, that may be engaged in by people with the best of intentions?

Those who have been adopted have reported negative and positive experiences. What are the positive experiences of those who have been adopted? How did their adoption shape who they are today? How did it shape their sense of self and their identity? What sort of relationship do they have with their parents? What sort of relationship do they have with their

biological parents? At what age did they find out they were adopted? How does trust play into their experience, if at all? Did their level of attachment to their parents contribute to their resilience? These are all questions that this study will seek to answer, with the hope finding a thread linking adoptees' positive experience of adoption to their overall resilience.

It is important to explore the experiences of those who have been adopted and are living successful, resilient lives, not only to shed light on the topic of adoption, but to provide a positive example to those considering adoption and perhaps those who have already done so. Perhaps there are some aspects of adoption that can be replicated with the intent of encouraging positive adjustment in adoptees that continues into their adulthood. Rather than serving as a guide for people interested in adoption, this exploration is meant to study what went well and what could have been different in their adoption from the perspectives of those who were adopted and self-identify as being well-adjusted. Perhaps if there is light shed on the topic of positive adoption experiences, the negative connotation linked with adoption can be minimized and even slowly erased.

Definition of Terms

In order to fully understand the historical trends of adoption, it is helpful to become familiar with the terminology used to describe different kinds of adoptions such as public adoption, private adoption, domestic adoption, international adoption and special needs adoption (Zamostny, O'Brien, Baden & Wiley, 2003). Adoption is the legal process by which an infant or child is permanently placed with a family other than his or her own by biology (APA Dictionary of Psychology, 2007, p. 22). On a personal level, the adoption triad includes the adoptee, the biological family and the adoptive parents For those in social

services, adoption might mean serving the adoption triad by identifying children that can be legally adopted, selecting and preparing potential adoptive families, preparing and placing the adoptive child with a family, and following up with post-adoptive services.

According to the APA Dictionary of Psychology, one type of adoption is “private adoption” where the birth parent or biological donor voluntarily plans for the placement of the child with adoptive parents through agencies, doctors, attorneys and intermediaries (2007 p. 22). Private adoptions are typically conducted by a third party agency that works with the biological family and places the child directly with an adoptive family also working with the agency. The alternative to private adoption is “public adoption.” In the aforementioned case, a child is removed from a home due to neglect or abuse and is placed with adoptive parents through public child welfare agencies. In these cases, children will usually experience foster care prior to adoption.

Public adoptions involve children who have been in foster care and could not be returned to their biological families for a variety of reasons, usually involving the safety and well-being of the child. International adoptions involve children from countries other than U.S. being adopted by U.S. citizens. Special needs adoption usually refers to children from the welfare system that have suffered physical, emotional or developmental problems, and/or were members of a minority, a sibling group, or were over 5 years old (Zamostny et al., 2003). In any of the aforementioned adoption terms, the triad may be involved in a related or unrelated adoption in which either the adoptive family is related to the child or not.

There is also a difference between what is called a closed and an open adoption. A closed adoption takes place when pre- or post-placement contact between the child’s biologic

and adoptive parents is not allowed. An open adoption allows contact between biological and adoptive parents and the child. In an open adoption, some information may be disclosed such as medical information, and sometimes there is full disclosure between adoption members such as a face-to-face visits, cards, and full involvement.

In the APA Dictionary of Psychology, resilience is defined as “the process of outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility to external and internal demands” (2007, p. 792).

CHAPTER II: REVIEW OF THE LITERATURE

Literature Review

Evolution of Adoption

Although adoption has existed since the beginning of time, it was not until 1851 that Massachusetts passed the first adoption law in the United States. Under this law, the welfare of the child was the primary concern and allowed judges to determine if the adoptive parents had sufficient ability to bring up the child in an adoption that was deemed fit and proper for the child (Bussiere, 1998). The law also protected all members of the adoption triad, i.e. the birth parents, the adoptive parents and the child by preventing them from “making a uniformed and precipitous decision” (Bussiere, 1998, p. 5-6). In the 19th century, the focus of adoption was on older children who had been “bound out or apprenticed” to families who used them as workers, were orphaned, or left by parents who could not afford them (Bussiere, 1998, p. 5). It was not until the 20th century that infants began to become the focus of adoption when child welfare experts realized the importance of early attachment.

The trend of making adoption confidential, by states sealing adoption records and advising against contact between adoptive and biological families, was not common until the 1920's and lasted into the late 1980's (Bussiere, 1998). It was thought that anonymity and secrecy was best for members of the adoptive triad. However, as adoptive professionals became more aware of the importance of medical history and the biological parents' history as a way of maximizing the child's abilities, adoption disclosure began to change. The concept of open adoption, in which adoptive and biological families had some contact, was

not introduced until 1976, although even now, adoptees may not know they are adopted or may have little information regarding their adoption (Bussiere, 1998).

The rights of the biological parents, especially in cases of unmarried fathers and biological parents who withdraw consent to adoption, are often a concern in adoption cases. Birth parents can regain custody of a child if consent for the adoption was not obtained properly. In these cases, a child may be removed from an adoptive home in which they have lived for years. Currently, some states have employed a hearing based on the best interest of the child to decide where the child should live due to “concern that return to the birth parents might cause harm to the children who have lived for a significant period of time with the prospective adoptive parents” (Bussiere, 1998, p. 17). Laws regarding the adoption of children have changed to reflect the changing attitudes towards families and children, developments in child psychology, child welfare practice and the supply and demand for adoptable children (Bussiere, 1998).

Beginning in 1986, adoptive parents brought lawsuits against adoption agencies that withheld the social and medical history of adopted children. Adoption agencies have since maintained that they adhere to standard welfare procedure in withholding an adopted child’s medical history from the adoptive parents (Carp, 1995, p. 218). Wrongful adoption lawsuits did not occur more frequently until the late 1980’s and early 1990’s (Carp, 1995, p. 218). Additionally, Carp (1995) argues that although lawsuits did not take place until more recently, “adoption agencies’ release of medical and social history to adoptive parents has been cyclical in nature” (p. 219). Only for a short period during the twentieth century, the mid-1950s to approximately the early 1980s, did adoption agencies withhold negative

medical and social information from adoptive parents (Carp, 1995, p. 234).

Carp (1996) speaks about the adoptive parents' response to disclosure of their child's adoption and several adoption agencies' policies and feelings regarding admission of biological family information. However, previous studies often failed to capture the adoptee's feelings in relation to the disclosure of their adoption. What do the children who were adopted between the mid 1950's and 1980's feel regarding the limited disclosure, if they did find out they were adopted? There are likely many children adopted during this time who had no knowledge of their adoption. How do adoptees who know they were adopted and have information about their biological family feel about disclosure? Would they have rather not known? These are questions that would provide another level of insight into the history of adoption disclosure.

Adoption Registry

Many adoptees and biological parents involved in closed adoptions prior to the 1980's are now seeking to connect. They sometimes have no other way to do so than by using an adoption registry. There are two different types of adoption registries. A passive registry is one in which individuals register themselves if they are interested in having contact with a biological family member, while an active registry is one in which staff conduct the research on behalf of one family member. In order to be matched in a passive registry, both members must enroll. According to Fischer's (2001) information, 41.2% of the 50 United States have a passive registry for adult adoptees and 5.9% for adoptive parents, 15.7% of states have an active registry for adoptees and only 3.9% for birth parents, while 7.8% of states have no specific provision for adult adoptees and 80.4% have no provisions

for biological parents (Fischer, 2001). So it appears that there are far more provisions for adoptees than biological parents. Thus one can conclude that it might be more difficult for a biological parent to find an adult adoptee than vice versa, because the adoptees have more access to registries.

Levin (1999) discussed the U.S. Senate's decision to pass legislation to authorize the Secretary of the Department of Health and Human Services to establish a National Voluntary Mutual Reunion Registry. Levin discussed the importance of a national registry instead of a state-by-state registry because some states only allow people to register in the state in which they were born or adopted.

Registries like this can be important to have so that people can fulfill the "normal desire to fill in the missing piece in [their] personal histories" (Levin, 1999, p. 4). Each of the stories that are captured in this study provide relevance for the registry and how those involved wished that it had been available to them sooner when they were looking for biological relatives. Many in support of the registry were adopted or placed a child for adoption during a time in the 20th century when adoption was closed and kept in secret.

Fischer (2002) presented data from a mail survey of 46 biological parents and 45 adult adoptees that used the services of a statewide reunion registry (Fischer, 2002). The survey results indicated that 86% of birth parents reported satisfaction with the services of the registry. Satisfaction was dependent on how quickly birth parents were linked with their adoptee and if they were linked at all. Those who were not linked longed for information and showed anger regarding their legal rights to find their adoptee. The adoptee survey showed high satisfaction dependent on how quickly information was received and how much

information was received regarding their biological parents. Although closed adoptions continue to take place into the 1990's and 2000's, children adopted during this time may not have an awareness of their adoption and therefore may not utilize adoption registries quite yet. As adoptees and biological parents show an increased desire to connect, it will be important to monitor the effectiveness of adoption registries and how they benefit those who use them.

Stereotypes

People most closely associated to adoption such as adoptees, adoptive parents and biological parents continue to face negative stereotypes about adoption and sometimes hurtful language. Kline, Karel and Chatterjee (2006) analyzed 292 news stories pertaining to adoption. Their results indicate that news coverage contained more negative than positive coverage of adoptees. They found that although birth parents were not always portrayed, adoptive parent and adoptive family depictions were more positive than problematic. However, fourteen percent of the news stories contained overtly stigmatizing claims about adoption and its participants, without refuting these claims. Far more news stories contained both stigmatizing and stigma disproving claims (52%). The use of human interest, morality, and conflict news frames increased the likelihood that stigmatizing claims appeared in the news story. Although the number of solely stigmatizing news stories without refutation was not large, it is significant because it is evidence of a media environment that could serve as a ground for perpetuating adoption stigmas. Almost a quarter of news stories depicted adoptees in solely negative ways and half of the stories did not depict the birth parents at all.

Events related to adoption that are covered in news such as reunions and open adoptions are beginning to be portrayed in a more accepting way, although there is room for improvement (Kline et al., 2006). The authors advised that people should be cognizant of the social labels used when speaking about adoption. In their concluding statements, they shared that they believed labels and their connection to undesirable attributes and the “separation and loss of status that becomes the rationale for believing that labeled persons are fundamentally different” (Kline et al., 2006, p. 497). Furthermore, they argued that it is vital to explore the way social workers and family scholars can foster further community dialogue about adoption-relevant issues and not perpetuate stereotypes. Practitioners can begin to reduce stigma by addressing the “deeply held attitudes and beliefs that lead to labeling, stereotyping, setting apart, devaluing and discriminating” in their practice (Kline et al., 2006, p. 495).

This article did not address the views of adoptees on the media coverage in this article and only focused on television broadcasted news. It would have been interesting to see how actual newspaper articles or magazines portray adoption. Many of the magazines on stands show Hollywood adoptions. An analysis of these studies could be compared to those of television broadcasts. Television broadcasts tend to portray adoption in a negative light while Hollywood and pop culture tend to portray a glorified picture of adoption.

In 2005, community support for three levels of open adoption, including two types of mediated adoption, fully disclosed adoption, and confidential adoption, were studied (Miall & March, 2005). 706 respondents in two samples of the Canadian population were examined via telephone survey with 82 qualitative interviews. The author used Wegar’s (2000)

example as a partial basis for studying community beliefs relating to adoption. They concluded that individuals involved in the adoption triangle cannot be understood unless the social context that shapes their identities, attitudes, and behaviors are examined (Miall & March, 2005, pp. 364-365).

In their study, Miall and March (2005, p. 387) found that 69% (188) of men and 83% (326) of women either strongly approved or somewhat approved mediated adoption level 1. Level 1 adoption is the most basic form of openness in adoption and includes the exchange of cards and letters through a mediator after adoption (Miall & March, 2005, p. 387). Similar results were found for mediated adoption level 2 with a slight increase in support for meeting before the adoption and exchanging cards and letters afterward. Specifically, 72% (199) of men and 84% (331) of women either strongly supported or somewhat supported this arrangement (Miall & March, 2005, p. 388).

Fully disclosed adoption, which advocates complete openness between the birth and adoptive parents before and after adoption, was least supported by respondents with only 19% (51) males and 22% (87) of females strongly approving. However, the majority of respondents supported ongoing personal contact because the total number of people strongly supporting or somewhat supporting this option was greater than those disapproving, with 58% (158) of men and 65% (253) of women approving of on-going contact. Furthermore, respondents showing lack of support for this option was calculated at 42% (114) for men and 35% (137) for women who either somewhat disapproved or strongly disapproved of completely open adoption (Miall & March, 2005, p. 388). Additionally, the authors noted that although open adoption is becoming more common in Canada and the United States,

they also asked their “respondents whether they supported the continuance of confidential adoption in those instances where adoptive parents did not want to have contact with biological parents.” Responses indicated that 87% (241) of the men and 83% (328) of women believed in the continuation of confidential adoptions (Miall & March, 2005, p. 389).

Most respondents in the study by Miall and March (2005) were over 30, white, middle to upper class income range, married, and had raised children. Additionally, these same authors eliminated respondents from the sample who were members of the adoption triangle themselves (adoptee, birth parents, adoptive parent). According to the authors, 31% of respondents (205) indicated familiarity with adoption through a family member who was adopted or had adopted a child or relinquished a child for adoption, while 69% (452), or more than two thirds of respondents did not indicate any familiarity with adoption through family members. Many of the qualitative responses of the respondents provided in the article seemed to match the idea that the respondents did not have a clear idea of what an actual person experiencing adoption might feel. It may have been helpful if the authors of the study followed up by asking people who are adopted or directly involved in adoption the same questions they asked the respondents (people who do not have a direct relation to adoption) to see how the results matched up.

Gajda (2004) explored the prevalence of adoption and common stereotypes related to adoption. The author provided insight into how teachers can promote thoughtful and intentional language thus “providing a model on which adopted and non-adopted students can base their own responses when they are away from teacher and parental intervention” (Gajda, 2004, p. 163). According to the author, nearly 6 out of 10 Americans are connected

to someone who is adopted, whether it is a close family member that was adopted, they adopted a child, or even they themselves put a child up for adoption (Gajda, 2004, p. 161).

One stereotype relating to adoption might be that “adopted children have emotional problems and are maladjusted” (Gajda, 2004, p. 162). In actuality, studies have not found evidence that adoptees have any negative characteristics when compared to other children of comparable education and social status. In one study, teenagers were expected to score more poorly on measures of identity and adjustment than their non-adopted peers. However, they actually displayed “no deficits related to identity, including self-esteem, impulse control, and sociability” (Gajda, 2004, p. 162). Gajda (2004) also dispels another stereotype that adopted children are obsessed with their adoption and biological family. In fact, adopted children are simply curious like any other child is about their parents and their own sense of identity (Gajda, 2004). The author then discusses the fact that all adolescents struggle with identity, contrary to the idea that it is a problem related to being adopted.

Gajda (2004) encapsulates the importance of language choice in referring to adoption. This is an important aspect to recognize when speaking to adoptees about their adoptive experiences. The author provides concrete examples of potential thoughtful and intentional phrases that a teacher might choose to say to an adopted student. Gajda demonstrates a language of acceptance of those who are adopted and provides a framework for speaking about similarities and difference from those who are not. The author discusses the ignorance sometimes demonstrated by others when they use words such as “real mom” and “real dad” when asking adopted children and adoptive parents about their biological parents. The author believes it is important for teachers to remember that although adopted “children came to be

part of their families through an intentional and thoughtful legal and emotional process, adoption is not their sole defining, lifelong label” (Gajda, 2004, p. 163).

Those in the mental health field can apply the author’s hope of having educators understand adoption in a societal context and challenge their own preconceived stereotypes about adoptees. Those wishing to do so would also use intentional and thoughtful language and utilize adoption-affirming activities in practice. Therefore, not only teachers could model the aforementioned behaviors, but anyone in a social services or helping profession.

Resilience (Adjustment, Well-Being, Adaptability)

The concept of resilience did not surface in scientific literature until the 1970’s. When resilience was first discussed, it was thought that some children were immune to the effects of maltreatment and trauma (Chambers & Belicki, 1998). Resilience emerged as a new paradigm for mental health practice. Although only a few references prior to the 1980’s may be found on resilience, the volume of studies involving resilience has grown tremendously in the past few years (O’Neal, 1999). According to Chambers & Belicki (1998) certain dimensions of functioning may be more readily visible to observers, which may be why resilience was not more heavily studied in the past.

One trait of resilient people that may help clarify this concept is social competence. This is conceptualized as a multi-component construct that allows the child access to desirable social relations, conditions, and situations that promote their capacity to be resilient (Stoiber & Gettinger, 2011). Resilience is described as the protective factors, processes, and mechanisms that, despite experiences with stressors, are shown to minimize significant risk for developing psychopathology and contribute to a good outcome. The identified factors

include individual disposition and attributes, family support/cohesion, and external support systems. Individual characteristics are described as constitutional robustness, sociability, intelligence, communication skills, and various personal attributes, such as self-efficacy and talent. Studies often report higher levels of resilience among children growing up in a residential environment characterized by solidarity, cohesiveness, and less interpersonal conflict (Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006).

Todis, Bullis, Waintrup, Schultz and D'Ambrosio (2001) discussed a 5-year qualitative examination of resilience among a group of adolescents transitioning from youth correctional facilities back into their communities. Experiences in the correctional facilities and their transitions out of the correctional facilities were addressed, as well as the external and situational factors that accounted for the difference in the success of the various respondents. The authors addressed the life histories and the respondent's current status and factors that accounted for their divergence into three groups: "succeeders," "drifters" and "strugglers." Next, they described the factors that contributed to the respondents being placed into each group. The respondents described their life before, during, and after incarceration with an emphasis on the respondent's opinion. Exploring each of these groups and the respondents' histories may shed light on what could have been done differently to promote resilience and how they could become resilient in the future with the proper cultivation.

Chambers & Belicki (1998) explored the possibility that resilience is better described as social-behavioral competency and that such competency can conceal emotional pain. They tested sleep problems of people who had experienced a loss or trauma. They found that even though people may have displayed psychological well-being in the face of adversity, their

sleep characteristics and disturbances were consistent with someone displaying psychological dysfunction. The results are consistent with current conceptualizations of trauma/abuse recovery as involving multiple dimensions of functioning, some of which are more publicly observable than others. Therefore, some apparently resilient individuals may appear to be socially and behaviorally competent while still experiencing psychological pain. There are unresolved ambiguities in the definition of resilience. There has also been a large and inconsistent set of variables used to study young people growing up under difficult circumstances. This has sometimes resulted in inconclusive research findings.

According to Hjemdal et al. (2006), there have been consistent findings that people with psychiatric problems report fewer protective factors in their environment that alleviate stress and prevent maladjustment. They expected the Resilience Scale for Adolescents (READ) to correlate negatively with the inventory of psychiatric symptoms of depression labeled the Short Mood and Feelings Questionnaire (SMFQ). Adolescents who reported having experienced negative life events were predicted to score lower on the READ than adolescents with few or no such experiences, whereas adolescents who participated in hobbies that require social interaction and cooperation were predicted to have higher READ scores. Using these tests, they also predicted that those with higher frequencies of physical activity and participation in team sports would score higher on the READ. Both explorative and confirmatory factor analyses were used (CFAs) in this study. Five factors consistently showed up: personal competence, social competence, structured style, family cohesion, and social resources. This five-factor solution was in accordance with the higher order categories of resilience because items concerning family warmth and coherence, personal dispositions,

and external support systems were incorporated. The results show that the READ is a valid instrument for measuring adolescent resilience (Hjemdal et al., 2006).

According to Ungar & Liebenberg (2011, p. 127), “resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways.” Due to minor discrepancies in previous resilience measuring tools, Ungar and Liebenberg (2011) developed the Child and Youth Resilience Measure-28 (CYRM-28). The authors sought to create a tool for the cross-cultural study of resilience that could account for the psycho-social resources available to youth globally. This tool allows the cross-cultural comparison of developmental outcomes associated with resilience. They were also seeking a way to discern which internal and external assets most influence successful developmental outcomes across all the cultural groups included in the study. In creating this new tool, they were able to identify the elements of a mixed methodology. In doing so, they found that this tool is effective in the development of culturally sensitive psychological measures that avoid the use of concepts from minority to majority world contexts (Ungar & Liebenberg, 2011).

Development of resilience. Some people recover from adverse circumstances and seem untouched or unaffected by those experiences. One may think that they have superhuman traits that make them invulnerable to difficulty. However, it is wrong to assume that resilient individuals are invulnerable to adversity. The idea that resilience is an inherent quality that leaves people untouched by difficulties minimizes the efforts of people who have worked hard to overcome adverse experiences. The dictionary definition for “invulnerable” is

“incapable of being wounded, hurt, or damaged,” but all people experience distress when faced with adverse events. Resilient people have been wounded and hurt, but they recover from the experience. Clinton (2008) studied young adults who demonstrated resilience in their twenties and found that they had the following traits and experiences in common: strong intellectual and attention skills, agreeable personality, motivation, and low stress reactivity. In addition, they had a history of higher quality parenting, a positive self-concept, and academic and social competence in childhood.

Hughes (2012) emphasizes psychosocial factors, such as strong social networks, recalling and confronting fears, and an optimistic outlook as factors that help people to recover from stressful events. Hughes states that extreme stress is not unusual for people to experience. In the United States, an estimated 50–60% of people will experience a traumatic event at some point in their lives, whether through adoption, military combat, assault, a serious car accident or a natural disaster (Hughes, 2012).

Environmental aspects of resilience. Collin-Vezina et al., (2011) found several factors that inhibit resilience. Emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect were identified as types of maltreatment that inhibit resilience (Collin-Vezina et al., 2011). They also found that youths who had experienced either 4 or all 5 types of maltreatment had the lowest scores on these scales, in contrast to those who revealed one type of trauma. Other risk factors for lowered levels of resilience include maternal depression, stressful negative life events, income, and race (Martinez-Torteya, Bogat, Von Eye & Levendosky, 2009). Resilient functioning appears to arise over time from the interaction between heritable factors, individual characteristics, and experiential factors.

Genetic, biological, cognitive, and interpersonal factors are all related to individual variability in responses to adversity. Comparisons of abused individuals with and without a history of adult psychiatric disorder focused on several important domains. These domains included individual characteristics, adolescent adversity, psychosocial functioning, and adult relationships. It was found that high neuroticism scores differentiated resilience and non-resilience in abused individuals. However, there were no differences in resilience according to gender or cognitive ability (Martinez-Torteya, Bogat, Von Eye & Levendosky, 2009).

Many people exposed to potentially traumatic events are resilient. However, research on the factors that may promote or deter adult resilience has been limited. In a study by Bonanno, Galea, Bucciarelli, and Vlahov (2007), patterns of association between resilience and various sociocontextual factors were examined. The authors used the data acquired from a random-digit-dial phone survey conducted in the New York City area after the September 11, 2001, terrorist attack. Resilience was defined as having one or less posttraumatic stress disorder symptom and as being associated with low levels of depression and substance use. Their analysis indicated that the prevalence of resilience was distinctively predicted by participant gender, age, race, ethnicity, education, level of trauma exposure, social support, income change, the frequency of chronic disease, and recent and past life stressors. Implications for future research and intervention were discussed. Resilient people may be exposed to an isolated and potentially highly disruptive event, such as the death of a close relation or a violent or life threatening situation, and maintain relatively stable, healthy levels of psychological and physical functioning. In addition, they maintain the capacity for generative experiences and positive emotions. The people with resilient outcomes totaled at

or above 50% across groups. Even among the groups with the most harmful levels of exposure and highest probable PTSD, the numbers who were resilient never dropped below one third of the sample and the overall cooperation rate was 56%. Resilient individuals had lower incidences of depression than people with mild moderate levels of trauma and probable PTSD. Prevalence of resilience was uniquely predicted by gender, age, race-ethnicity, education level, absence of depression and substance use, lower income loss, social loss, social support and fewer chronic diseases, fewer past traumatic events, and not having experienced an additional traumatic experience since September 11 (Bonanno et al., 2007).

Collishaw et al. (2007) addressed the correlation of resilience to adult psychopathology in a representative community sample, and explored the predictors of a good prognosis. In this study, the ratings of psychiatric disorder, peer relationships and family functioning were made in adolescence. The adult assessments included a lifetime psychiatric history, personality and social functioning assessments, and retrospective reports of childhood sexual and physical abuse. It was found that 10 percent of individuals reported repeated or severe physical or sexual abuse in childhood. The measures used revealed increased rates of adolescent psychiatric disorders and high rates of adult psychopathology in those that experienced abuse in childhood. A substantial minority of abused individuals reported no mental health problems in adult life. Resilience of this kind was related to perceived parental care, adolescent peer relationships, the quality of adult love relationships, and personality style. Variations in the characteristics and severity of abuse were strongly related to better or worse outcomes in adulthood. Additionally, prospective and retrospective assessments of individuals' relationships with parents, friends and partners were potent predictors of adult

resilience. The author's results also indicated that quality of the relationships was independently associated with resilience when controlling for variations in abuse severity.

It is not clear if the results from the study by Collishaw et al. (2007) could be replicated in those who did experience adult psychopathology, rather than just those who did not. The article does not explore the motivations and drives the respondents had after their abuse that made them either successful or not. This could be related to drive theory, motivation theory and the locus of control with further research. The people in this study must have had something in their lives that motivated them to be better people, but their resilience or lack thereof is the main factor. This article seems to stress the importance of the caregiver in relation to adopted person. This article further emphasizes the importance of attachment in a successful adoption experience.

Lee, Kwong, Cheung, Ungar & Cheung (2009) executed a longitudinal childhood resilience study that investigated the relationships between resilience-related beliefs and positive child development. Three sets of data collection were completed, with a sample of 843 fourth-grade students, from six primary schools in Hong Kong, China and their parents or guardians. It was found that in addition to having a significant effect on positive development, these resilience beliefs also exert a moderating effect that is dependent on the degree of adversity that the child has experienced. This moderating effect is reminiscent of the buffering or stress-attenuating effect to counter stress. Thus the value of resilience beliefs with regard to living well despite adversity is established by the authors through their study.

Lee et al. (2009) found that resilience beliefs are a cognitive resource contributing to the maintenance of quality of life in the face of adversity. Only a small set of resilience

beliefs, as identified in this study, will predispose children to the kind of positive outlook that enables them to navigate their way to the attainment of positive development despite adversities. Based on these findings, the authors believe that the construction of resilience beliefs need not be a highly complicated matter. A limited set of beliefs appears to be sufficient for these children to achieve resilience. According to the authors, this clearly affirms and refines the focus on research and practice in fostering the child's quality of life. This is the first article this author has come across in which a person's beliefs about resilience are described as being the most dependent aspect of resilience. Obviously this presents flaws, since several other previously examined articles cite other environmental and biological factors that have been attributed to a person's level of resilience. This study could have gone one step farther to test if individuals with more strongly held beliefs might have had more difficulty in accepting and practicing resilient fostering beliefs.

Hughes (2012), presented data that showed mice with uncommonly low activity in the amygdala and hippocampus, consistent with human studies of resilience to PTSD resilience. They also had low levels of corticosterone, a stress hormone, in their urine. This means that even at rest, the mice have calmer systems than others suggesting that there are core biological traits associated with resilience and stress tolerance (Hughes, 2012). In future experiments, Johnson plans to use the mice to study neuropeptide Y and potential new therapies (Hughes, 2012). The military is currently funding research on animal models of resilience (Hughes, 2012). In one study, most of the rodents quickly learned to associate painful foot shocks with a certain cue, such as a tone or a specific cage. After they had learned the association, the rodents froze on experiencing the cue, even without the shock.

Palmer, a geneticist, made a line of resilient mice by selectively breeding mice that froze for abnormally short periods of time. After about four generations, he had mice that froze for about half the time of typical animals. The effect was not due to a difference in pain sensitivity or general learning ability.

Mitra, Adamec and Sapolsky (2009) argue that differences in the coping response lie at the core of vulnerability to conditions like PTSD. They state that like humans, not all animals exposed to severe stress show lasting change in affect, and that predator stress is a traumatic experience inducing long-lasting fear, but not in all rodents they did their tests on. Thus, individual variation may be a cross-species factor driving responsiveness to stressful events. Their study investigated neurobiological bases of variation in coping with severe stress. The amygdala was studied because it modulates fear and its function is affected by stress. Additionally, stress-induced plasticity of the amygdala has been related to induction of anxiety, a comorbid symptom of psychiatric conditions like PTSD (Mitra et al., 2009). Their findings suggest that variation in stress resilience is partly due to a variation in the dendritic arbor of the amygdala neurons.

Mitra et al., (2009) exposed rodents to predator stress and grouped them according to their adaptability based on a standard anxiety test (the elevated plus maze). Subsequently, they investigated if well-adapted (less anxious) and maladapted (extremely anxious) stressed animals differed in the structure of dendritic trees of their output neurons of the right basolateral amygdala (BLA). Well-adapted animals showed low anxiety levels comparable to unstressed controls, while maladapted animals were highly anxious. Golgi analysis revealed that BLA neurons of well-adapted rats exhibited more densely packed and shorter dendrites

than neurons of maladapted or unstressed control animals, which did not differ. According to the authors, their data suggest that dendritic hypotrophy in the BLA may be a resilience marker against lasting anxiogenic effects of predator stress. Different changes in the levels of anxiety displayed by the animals studied related to their dendritic differences. Therefore, when an animal is stressed, their BLA-neurons display different arrangements of plasticity. This finding could lay the foundation for widely reported individual differences observed in humans when coping in response to stress and trauma (Mitra et al., 2009).

The research in the study by Mitra (2009) does not consider what has caused these differences in the amygdala. Are these differences purely biological, or were there environmental factors for the mice that caused them to have differences in the amygdala, thus leading to better coping skills in stressful situations? This does not mean that this study is flawed but it does mean that they deduced the coping of the rats down to the difference in their amygdala dendrites and no other factor.

Curtis and Cicchetti (2003) sought to examine the psychosocial levels of resilience and the biological contributors to competent functioning despite the experience of adversity. They also set forth a preliminary theoretical framework and outline of empirical strategies for studying the biological foundations of resilience.

The initial sections of the article by Curtis and Cicchetti (2003) focused on the particular suitability of a transactional organizational theoretical perspective as a conceptual foundation for including a biological level of analysis within the existing theoretical framework of resilience. Subsequently, other important theoretical considerations for the inclusion of a biological perspective on resilience are discussed, including the avoidance of

an approach that would reduce resilience to merely a biological process, the application of the constructs of multifinality and equifinality to a biological perspective on resilience, as well as a general discussion of the potential for utilization of brain imaging and other technologies in the study of resilience. The possible relation between the mechanisms of neural plasticity and resilience were examined, with specific suggestions concerning research questions needed to examine this association. Sections of the paper discussed the likely relation of several areas of brain and biological functioning with resilience, including technology (MRI, fMRI use) emotion, cognition, neuroendocrine (neural plasticity) and immune functioning, and genetics.

One area of emotion research directly involving the brain that may hold promise for the study of resilience is the study of hemispheric asymmetries in cortical EEG activity, in which a growing body of evidence has indicated differential roles for the left and right prefrontal cortex in emotion (Curtis & Cicchetti, 2003). In general, it appears that the left hemisphere participates more heavily in positive affect, whereas the right hemisphere mediates negative emotion.

Developing a biological framework for resilience does not currently include enough information on the environmental factors of resilience. Curtis and Cicchetti (2003) state that they are focusing on establishing the importance of studying the biological factors of resilience to strengthen what is already known, thus improving the lives of those faced with adversity. This research is useful because it provides a lot of information on the current connection between resilience and biological factors in one paper. They have included summaries and examination of several articles that pertain to the biological aspects of

resilience and coping in order to build their theoretical framework for studying resilience on both a biological and environmental level.

Fostering resilience. In 2002, LeBuffe investigated whether or not within-child protective factors can be strengthened in young children. The within-child protective factors are thought to be a contributing factor to resilience, according to the author. In the study, 133 preschool children were administered the Devereux Early Childhood Assessment (DECA) and received the full DECA program. The DECA assessment was also administered to a control group of 209 preschoolers who did not participate in the DECA program. The results indicated that resilience could be fostered in preschool aged children. LeBuffe (2002) argues that protective factors demonstrated in the children increased significantly over the course of the year, as reported by their teachers and the DECA assessment. It was also found that behavioral concerns decreased in the target group and increased in the control group.

Lebuffe (2002) does not necessarily relate to how resilience is developed but rather indicated that resilience can be fostered. It could, however, be linked to the experiences of children who have been adopted and are resilient if their experiences are similar to that of the children in the study. This same type of program may be utilized in adults to increase their protective factors and support and build resilience. Resilience programs can contribute to helping people who have been adopted and are not considered resilient. However, this article could be used in the limitations section since it demonstrates hope for those who are not resilient. Although the children went through the DECA program, they did not necessarily experience adversity between the time their resilience was tested and when they took the program. Therefore there is no evidence that the results are long lasting and actually truly

changing a child's resilience. The real test would be if the children who did the program faced the adversity, and then still showed traits that they had gained the ability to be resilient based on the DECA program.

Variability in the Adoptive Experience

Although adoption may be considered a general term, the actual experiences of those who have been adopted can be quite diverse. There are transracial and same race adoptions, varying levels of openness in adoption, and different ages of placement with adopted families that may influence the adoptee's experience. Additionally there are variables related to special needs adoptions and psychological changes in members of the adoption triad that may affect the individual experiences of adoptees. Many adoption studies focus on the vulnerabilities and deficits of adoptees, despite researchers not finding dependable and relevant overall differences between adoptees and their non-adopted counterparts in terms of mental health and psychological well-being (Zamostny et al., 2003.)

The majority of adoption studies have shown that on variables ranging from adjustment to prosocial behaviors, adoptees are as well-adjusted if not better adjusted as compared to non-adopted children, teens and adults. Sometimes, authors who address adopted children in mental health treatments fail to mention methodological problems or the biases in referrals of professionals (Friedlander, 2003). Not all adoptees come to therapy for grief, pain, longing or anger regarding their adoption. Many children are placed for adoption because they suffered abuse or neglect from their criminal, chemically addicted, intellectually challenged, or mentally ill biological parents (Friedlander, 2003). Some

children may also have been malnourished, institutionalized, or had multiple foster care placements, at times with disastrous consequences.

In our culture, as well as in most others, blood ties between people are preferred while adoption is second best (Friedlander, 2003). Adoptive parents, adoptees, and birth parents may struggle for self-acceptance in the face of stigma and marginalization. However, for most people involved in the adoption process, adoption is the solution, not the problem. Adoption is not a personality trait of those who have been adopted, but rather an event in their lives. As adoptees mature physically, emotionally, and cognitively, there is not a developmental end point for their individual process of adoption.

In another study, the authors found five phases of adoption reconstruction (Penny, Borders & Portnoy, 2007). Their first phase was “No Awareness/Denying Awareness,” the second “Emerging Awareness,” the third “Drowning in Awareness,” the fourth “Reemerging From Awareness,” and the fifth “Finding Peace” (Penny et al., 2007, p. 31). By using the adoptees’ narrative responses on the questionnaire, most of the adoptees could be reliably classified by independent raters into one of the phases. Those in the first phase identified as having no or little acknowledgment of adoption and ranged through phase three, where there was focus on adoption losses with strong, negative feelings. Finally, some adoptees met the last phase of feeling integration and peace with regard to their adoption. Therefore, these phases appear to be an effective and reasonable system of describing certain differences observed in adult adoptees’ experiences related to adoption issues.

In relation to successes of the adopted child, the authors emphasize that the losses need to be recognized and “confronted to some extent as unresolved and especially so for older

children adopted from orphanages who are likely to have memories of pre-adoption families, institutions, friends, language and culture” (Johnstone & Gibbs, 2012, p. 227). The longer the child spends in the institution, the greater the risk of long-term problems. The children spending more of their lives in places like orphanages may require more work on the adoptive parents’ part in resilience-building activities. The authors reported that the children who have spent more time in the orphanages might have more issues related to attachment, because at the orphanage there is not as much of an opportunity for the child to receive individual care or the chance to develop an intimate relationship with one adult. Within environments like orphanages, sensory experiences like cuddling and soothing talk are limited, which may lead to disordered or insecure attachments (Johnstone & Gibbs, 2012). These sensory experiences may lead to the difference between a child that adapts healthily with optimal development and one who does not.

In their study, Johnstone and Gibbs found that the characteristics important in assisting adopted children by their parents were “maintenance of realistic expectations; gaining supports from families and welfare and post-adoption services; especially when children present challenging behaviors; and maintaining high levels of commitment” (2012, p. 229.) Johnstone and Gibbs (2012) explored adoptive parents’ journeys towards adoption, ways they built attachment with their adoptive children and challenges in creating parenting and attachment relationships. The authors also researched the impact of adoption on the family, the positive abilities of the parents and children, and resilience (Johnstone & Gibbs, 2012). The results of this study show that the parents’ efforts in developing positive attachments and relationships revealed “loyalty, commitment, patience, tolerance, flexibility

and a deep desire for the child's well-being and future development," which are all factors contributing to the child's overall success (Johnstone & Gibbs, 2012, p. 240).

In a study by Neil (2011) there were 43 children from 31 families interviewed who had been placed for adoption under the age of four. According to the author, "seventy percent had been adopted from the public care system, and most retained some contact with their birth family," which was believed to be a result of their adoptive families' openness (Neil, 2011, p. 409). Through qualitative analysis, the children were asked questions relating to how they used language to differentiate between birth parents and adoptive parents, their views about why adoption happens, being viewed differently by other children, feelings about their birth parents, as well as their feelings towards their birth family and being adopted (Neil, 2011). Qualitative analysis revealed that almost all children felt fully integrated into their adoptive family, expressing positive feelings of love for and closeness to their adoptive parents. In terms of managing the tasks of differentiation, one quarter of the children were not yet exploring the meaning of adoption, another quarter of the children found these issues unproblematic, and half of the children had complicated emotions that often included feelings of loss, sadness or rejection in relation to their birth family. Over half of the children reported experiencing uncomfortable questioning or teasing from other children about their adoption (Neil, 2011).

Neil (2011) also stressed the importance of preparing and supporting adoptive parents in helping children make sense of being adopted. This is where the work of psychologists and social workers may be helpful. The author also emphasized the necessity of helping children manage their adoptive status in the peer group context. Several children mentioned that they

did not like other children's questions because it was “personal” and “embarrassing,” or because it upset them to talk about their birth family and they did not know how to answer. A few children talked about other children tormenting or teasing them or feeling sorry for them because they were adopted.

Neil also discusses the importance of the adopted children integrating into their adoptive families, but needing to “differentiate between their adoptive and birth families, and to make sense of their adoptive status” (2011, p. 413). In the study it was found that children used different language to associate between their adoptive and biological parents as a way of identifying them. The children provided their own perspectives on why they had been given up for adoption or removed from their biological parents, as well as why their adoptive parents had chosen to adopt them. The author found that a significant number of children had gaps in their information about their birth parents. One child who had infrequent contact with his birth family wondered if his birth parents might have died (Neil, 2011, p. 413). The results from this qualitative and exploratory research encourage the need for increased openness of information in adoption (Neil, 2011, pp. 411-412). An area that has yet to be explored is the connection between the experience of adoption and resilience.

Grant (2009) outlines a way she worked through the possible trauma she experienced when separated from her biological mother at nine days old. The author hoped that her paper would “provide a positive perspective upon how successful an adoption can be” (Grant, 2009, p. 423). In the beginning of the article, the author describes the moment when she was 6 in which her mother and father sat her down and told her she was adopted. She described it as a moment in which things changed, but at the same time nothing changed. Her perception

of her parents and her brother, who was also adopted, shifted as she imagined new ways of identifying her family. In the article the author communicates that she has lived with a sense of loss from an early age (Grant, 2009).

It is clear throughout reading her recollections that the author experienced healing by telling her story. The author speaks about the harsh stigma, shame and social conditioning that took place during the time when her biological mother was pregnant at 17 years old in 1962. The author believes that being brought up in a non-judgmental environment by her adoptive parents enabled her to move beyond the unconscious emotional environment of shame into which she was born, to being adopted (Grant, 2009).

Grant (2009) discusses using a “journeying process” method of healing in which she explored emotions that had become “stuck” inside her body (Grant, 2009, p. 428). In relation to this healing method, she claims to have a memory directly after her birth of lying on a cold surface and being alone. There may be some skepticism of some of the validity of the article, in particular related to her memories. She speaks of remembering the day of her birth which may not be likely and this seems to take away some of the credibility of the article.

There were a couple of issues in the adoption that stuck out to this author as factors that may have contributed to her feelings of sadness and loss in her adoption. The first one was that she was the result of a shameful, unwanted pregnancy and that her biological mother and her mother’s parents kept it a secret from the rest of the family. The second was that the author was not made aware of her adoption until she was six years old. Her biological mother also did not fully acknowledge her once they did meet in 2005, which also caused the author sadness. She stated that her biological mother made a comment about how they both had

separate lives and families to attend to, affirming that she would continue to keep the author's adoption a secret from her biological family. Examining this article may be of importance in a study on the experiences of those adopted in relation to their resilience, because it provides an understanding of how an adopted person might feel and how they might work through it. The author working through it demonstrates a coping skill that may be important in her success and resilience. This may be an important process for others who have been adopted.

Impact of Adoption

Adoption studies highlight important aspects of non-traditional upbringings on children's development. However, psychosocial adjustment through the lifespan may be less evident (Collishaw, Maughan, & Pickles, 1998). Adopted children have sometimes shown an increased risk for more disruptive behaviors than their non-adopted counterparts. Children with an increased risk for behavioral problems are typically those placed with adoptive parents at a later age, lending more time for difficult early experiences prior to adoption. Adjustment in adult adoptees is less certain and perhaps less examined. Data from the National Child Development Study (Collishaw et al., 1998) examined psychosocial functioning across a number of lifespan domains in adopted and non-adopted people with similar birth circumstances. The results from the study indicated that adopted women demonstrated positive adult adjustment across all domains examined in the study. Adopted men also showed healthy adjustment with only slight difficulty in the areas of social support and employment (Collishaw et al., 1998).

Smyer, Gatz, Simi and Pedersen (1998) were also curious about the long-term impacts

of adoption. They proposed that being raised by biological parents is not the only path to adulthood, as demonstrated by people who were exposed to the potential early stressor of adoption. In their study, 60 pairs of twins who had been raised in separate families were utilized. In these cases, a biological parent or parents raised one twin adoptee while an adoptive, non-biological parent or parents raised the other. They found few significant effects of adoption on adult adjustment in adoptees. Their results suggested that adult adoptees actually achieved higher education and were less likely to drink than their non-adopted siblings. However, adoptees did report higher levels of psychological stress as measured by neuroticism and alienation, although the levels of psychological stress were within normal limits (Smyer et al., 1998).

In a separate study, 716 adoptees were assessed for psychological adjustment. The findings indicated that adult adoptees were at risk for elevated levels of distress, anger and depressive symptomology as compared to normative data (Cubito & Brandon, 2000). Although their scores were elevated, they fell short of norms for outpatient populations. Specifically, adoptees who had initiated some level of searching for their biological parents showed the highest level of maladjustment when compared to those who had not searched for their adoptive parents. This study addressed adoptees that had been reunited with their biological parents but did not specify at what age they were reunited. It did not include adoptees that were involved in an open adoption in which contact with biological parents might have been initiated from the onset of the adoption. Their sample therefore may not have been representative of other levels of adoption besides closed adoption.

O'Brien and Zamostny (2003) provided a critical review of 22 studies on adoptive families. They then explored 16 studies comparing adoptive and non-adoptive families. For each analysis, they provided a summary of the study, its findings, common trends, and limitations. Because of the wide range of studies, the authors had many findings and attempted to find some common patterns.

O'Brien and Zamostny (2003) found that adults who were adopted earlier were significantly more apt to respond that they felt like they were loved by their adoptive mothers and fit with their adoptive families. Additionally, behavior problems, "difficulties in social and cognitive development, and ego resiliency were slightly correlated with maternal classifications of children as having difficult temperaments" (O'Brien and Zamostny, 2003, p. 682). Three studies "reported no differences in parental reports of the adjustment of adopted and biological children in overall well-being, problem behaviors" and social behaviors (O'Brien and Zamostny, 2003, p. 686). So the correlation between maternal classifications of problem behavior and actual difficulties in social and cognitive development may not be related to adoptive children specifically,

O'Brien and Zamostny (2003) reported that adoptive families reported positive outcomes with regard to satisfaction with familial functioning, overall adoption of the child and the communication between the parent and child. Furthermore, "empirical studies comparing adoptive and biological families, although limited in number and methodological sophistication, suggested that adoptive families are not more troubled than biological families, as societal perceptions about adoption seem to imply" (O'Brien and Zamostny, 2003, p. 690). On the majority of variables measuring healthy family constructs, there was

little or no difference found amongst adoptive and biological families. In actuality, some adoptive parents demonstrated slightly more affirmative assessments than biological families. The highest consistently negative result “related to adoptive families was that many adoptive parents rated their children as having more problems, although few of the children actually exhibited serious concerns” (O'Brien and Zamostny, 2003, p. 690). Perhaps this is due to the parents' own levels of empathy, self-monitoring or personal prejudice of adoptive children's “expected behaviors” as deemed by a negative stereotype.

In 2003, Neil reported on qualitative data collected during interviews with 30 families who had recently adopted young children and were involved in face-to-face contact with the biological families of their child. The author wished to examine and describe the extent to which adoptive parents were able to empathize or take the perspective of both the birth relatives and the child. To do so, two variables were rated from adoptive parent interviews: “empathy for the adopted child, and empathy for birth relatives.” Neil also explored how the ratings of empathy related to people's experiences of face-to-face contact arrangements, “i.e., are empathic attitudes affected by having contact with birth relatives and does the continuation of contact depend on the nature of such attitudes?” (Neil, 2003, p.10).

According to Neil (2013), it is necessary that adoptive parents have confidence in managing their own feelings, the ability to anticipate and accept their children's needs, and the ability to understand the behaviors and feelings of biological relatives (Neil, 2003). According to the author, evidence from a number of research studies show that some adoptive parents can be afraid of the prospect of contact with birth relatives, fearing that such contact may diminish their relationships with the child. However, in infant adoptions these

anxieties are usually proved unfounded. In actuality, contact can “make adopters feel less anxious and guilty about taking over the parenting role, and it does not lessen feelings of entitlement or closeness to the child” (Neil, 2003, p. 5).

Interestingly, adoptive parents generally “found it easier to ascribe negative qualities in the child to genetic inheritance if they had *not* met the birth parents firsthand and had therefore retained a stereotyped or prejudiced view” (Neil, 2003, p. 7). However, partaking in ongoing contact with the biological parents allowed adoptive parents a chance to see positive qualities. They may have not anticipated the positive qualities and were also able to see the difficulties that they had presupposed. In most of these adoptions, biological parents had originally considered disputing the adoption, but having ongoing contact had discouraged them from following through. By having contact, adoptive parents became cognizant to the idea that birth relatives had developed a sense of acceptance concerning the adoption, which appeared to help them feel more positive about themselves and the biological family (Neil, 2003).

Neil (2003) found that adoptive parents who had a strong ability to see the perspective of others were more apt to “view contact positively and maintain or increase such contact over time, even in situations where contact presented significant challenges.” Although meetings with birth relatives did have an impact on the views of adopters, the adoptive parents’ “interpretation of situations seemed far more important than the actual nature of events” (Neil, 2003, p. 25).

When the adoptive parents’ commitment to contact is driven by an “understanding of the long-term value of such contact to their child and an ability to take on the perspective” of

the biological family, contact with the biological family is “more comfortable and sustainable” (Neil, 2003, p. 25). However the author hypothesized that “having a sense of how other people feel and think is likely to serve adopters well in a number of other parenting tasks, such as understanding why children behave in difficult ways, or dealing with their own feelings about not being able to have a birth child” (Neil, 2003, p.26). Therefore, adoption agencies and families placing children may want to be aware of the adoptive parents’ level of empathy not just as a factor of sustainability of future contact but also as an indicator in the success of parenting. Many parents in a study by Fratter (1996) felt that having face-to-face contact with the biological parents had “helped them to develop a close attachment in the early stages of placement. In many cases it was the belief that birth parents had chosen them, or approved of them, as adopters that helped adopters to feel confirmed in their role” (Neil, 2003, p.26).

In a study by Passmore, Fogarty and Bourke (2005), adoptees and non-adoptees were found to only have slight differences in self-esteem, maternal care, and maternal overprotection. These differences were qualified by reunion status such that only reunited adoptees differed significantly from non-adoptees. Furthermore, parental bonding and identity processing style were more significant than adoptive status in predicting self-esteem.

Juffer and Ijzendoorn (2007) contended that adoptees might suffer from neglect, malnutrition and abuse prior to adoption while in institutions. Furthermore, the authors predicted that coping with their adoptive status might present difficulties associated with not having resemblance to their parents. Therefore they assessed self-esteem and adjustment of adoptees in 88 different studies and found no differences in self-esteem between adoptees

and those not adopted. Additionally, the authors found no difference in self-esteem between domestic, international and transracial adoptees as compared to non-adoptee comparisons in 18 different studies (Juffer & van Ijzendoorn, 2007). Furthermore, adoptees in 3 sets of studies showed higher levels of self-esteem than non-adopted institutionalized children.

The adopted children's equal and high levels of self-esteem compared to their non-adopted counterparts may be due in part to their resilience in the face of adversity and is further reinforced by the secure attachment between the adoptive child and the adoptive parent, a known protective factor. Another explanation of the results could be that many of the studies analyzing self-esteem were conducted beyond early childhood, allowing for a longer period of time between placement and testing. This could also allow adoptees more of a chance to catch up to their non-adopted equivalents. However, the authors claim that even in their assessment of children ages 4-12 years old, there were no differences in self-esteem between adoptees and non-adoptees (Juffer & van Ijzendoorn, 2007).

Age of Placement and Contact with Biological Family Members

Adoptees' age of placement has been positively associated with knowing about and contacting birth parents (Park, 2005). Adoptees who were adopted between the ages of 3-6 were eight times more likely to be in contact with birth mothers than those placed before age 7 months. Those who were not neglected or abused were less likely to have knowledge about their biological families as compared to children who were. Suffering negative experiences from caregivers reduced likelihood of being in contact with birth parents. Contact with biological parents occurred most easily when adoptive parents were supportive.

Park (2005) found that having knowledge or making contact with birth parents in

adolescence was associated with a lower probability of attending college and higher probability of romantic relations (Park, 2005). The author expected that adoptees' contact with their birth parents might help their adjustment by resolving identity related issues. However, in this sample, having contact with biological family members was not an effective coping strategy but rather may have provided additional stressors since being reunited could be viewed as an extra stressor or as a second rejection in some adoption cases. The author in this study did not compare age of contact, contact amount and adjustment. In this study, maladjustment was linked to birth parent knowledge and contact may have been related to the age of contact. Also, the level of contact and knowledge of adoptive parents increased with the persons' age, indicating that most people in the sample did not initially have knowledge of their adoptive parent. Most gained knowledge and contact in adolescents and early adulthood. If the adoptee had contact and knowledge at a younger age, this may not have been viewed as a stressor and a second rejection in young adulthood.

A study by Lynn, Grotevant and McRoy (2006) examined whether varying levels of openness between adoptees and their biological parents were associated with behavioral and emotional adjustment of adolescent adoptees. Their sample consisted of 170 infant-placed, domestic adoptees between ages 4 -12 that were participating in the Minnesota/Texas Adoption Research Project (MTARP). The results showed evidence of a significant association between openness and self-reported externalizing behavior. Externalizing behavior was found in such a greater proportion of adoptees in confidential arrangements that scores in the clinical range were more than would be expected by chance. Although exploratory, these findings may help to alleviate concerns about the effects of long-term

contact on adoptee externalizing behavior. Ongoing, fully disclosed arrangements, voluntarily negotiated over time, as compared with confidential arrangements, appeared to pose no additional risks to adoptees, in relation to externalizing behavior perceived by adoptees and their parents. Adoptive parents' reports did not indicate a significant relationship between openness and adolescent adjustment. The adoptees that experienced long-term direct contact with their biological families reported significantly lower levels of externalizing behaviors than adoptees without (Lynn et al., 2006).

In a later study, Grotevant, Rueter, Von Korff and Gonzalez (2011) examined adoptive family relationships in adoptees during childhood, adolescence, and emerging adulthood who were participating in the Minnesota/Texas Adoption Research Project (MTARP). All 182 adoptees in the 190 families were placed with adoptive parents of their race; none were special needs, none were international adoptions, and all were placed in very early infancy and adopted before their first birthday (Grotevant et al., 2011). In this study, the results indicated that externalizing behavior showed moderate consistency across childhood, adolescence, and emerging adulthood. Additionally, contact and adoption communicative openness were related to one another. However, contact and adoption openness were not related to externalizing behaviors in adolescence or emerging adulthood. Adoptive families who were most satisfied with contact with the biological family reported relative declines in adoptee externalizing behavior during adolescence as compared to those in less satisfied families, when the researchers controlled for the effect of childhood externalizing. Therefore, satisfaction seems to be more predictive of externalizing behaviors, open communication, and contact overall in the adoptions (Grotevant et al., 2011).

In 169 adoptees adopted between birth and nine years old, adjustment was affected by their age of adoption and stressors they had experienced prior to their adoption (Gleitman & Savaya, 2011). The study participants reported moderately close relations and open communication with their parents, along with age appropriate peer orientation, high self-esteem, low levels of problem behaviors and very low use of addictive substances and school dropout rates, compared to the average non-adopted person. The findings showed no association between any of the outcomes assessed and either age of adoption or pre-adoption stressors.

Grotevant discusses issues concerning open adoption in a study from 2000. The author defines openness in adoption as variation in contact and communication between members of an adopted child's biological and adoptive family. If an adoption is closed or confidential, the information "shared between parties is general (e.g., nationality, height) and non-identifying" (Grotevant, 2000, p. 46). A fully disclosed or open adoption involves direct contact between some adoptive members and biological family members. The authors state that open adoptions did not become more common until the 80's. According to the author, critics of open adoption believed that children would be confused as to who their "real parents" were and would in turn have issues with identity development and self-esteem. Critics of open adoption felt it would affect adoptive parents negatively by causing them constant fear of intrusion by birthparents, "would feel a lack of entitlement to serve as the child's 'full parents,' and would have a poorer relationship with the child" (Grotevant, 2000, p. 47). Finally, they thought the biological parents would not be able to forget the loss of placing their child for adoption since "contact with the child would prevent them from

dealing with their ever-present grief” (Grotevant, 2000, p. 47). The author of the current article examines evidence that dispels many of the critics’ arguments against any type of openness in disclosure.

Grotevant (2000) examined issues in the research of open adoption and the definition and understanding of adoption to adoptive parents and their children. The author then discussed his own work. In his ongoing studies, he measured child outcomes that included “their satisfaction with the degree of openness and their curiosity about their birthparents; global self-worth and four aspects of socio-emotional adjustment from the Child Adaptive Behavior Inventory: poor emotional control, social isolation, symptoms, and intellectual engagement” (Grotevant, 2000, p. 48-49). He found that children with more information about their biological parents had a “higher level of understanding of adoption” than children with less openness (Grotevant, 2000, p. 49). Two differences emerged when outcomes were examined by whether children were included or excluded from contact that was occurring between the adoptive and biological family. Older female adoptees who were included in contact presented with the most curiosity about their birthparents, and children included in contact had higher levels of understanding of adoption than did children excluded from contact. More importantly, regardless of how openness was assessed, differences were not found on any of the four scales of socio-emotional development (Grotevant, 2000).

The article does a good job of exploring open adoption. However, it does not provide references for who the critics are that believe open adoption would cause identity and developmental issues in adoptive children, poorer relationships between adoptees and their parents, and the inability of birth mothers to move on with their lives. Although the author

does not give his opinion of whether openness in adoption is a positive or negative for members involved, the article does provide evidence that support the idea that “fully disclosed open adoptions can work well if both adoptive parents and birthparent parents want it to” (Grotevant, 2000, p. 51). Complexities of the relationships require ongoing management of boundaries, communication, flexibility and commitment to the process.

Disclosure in Adoption

Wydra, O'Brien, and Merson (2012) explored the topic of disclosure with 8 adult adoptees. All of the adults were adopted as infants and participated in semi-structured interviews. The researchers hoped to learn about their experiences of adoption and disclosure with hopes of providing insights and suggestions for adoption professionals and parents with ways to improve the disclosure process.

The authors provided quotes from the adoptees that were interviewed to demonstrate their views on disclosure. According to the responses from the adoptees, it appears as though it was more shocking and life-changing the older the participants were when their parents disclosed the adoption. One adoptee who was 18 when he was told he was adopted, stated that he could not believe this and was in shock (Wydra et al., 2012, p. 71). This same participant also wondered why his mother had waited so long to tell him. Eight of the children in the sample of 18 stated that they always knew or had known forever that they were adopted. They reported that their parents never hid it from them and that “they didn’t want to try and hide it and have [them] find out another way” (Wydra et al., 2012, p. 68).

The results of the study suggested that most of the participants preferred their parents sharing adoption-related information early and “communicating openly about adoption

across the lifespan” (Wydra et al., 2012, p. 75). The author stressed the importance of parents participating in education and assistance geared towards preparing them for the disclosure process. The author believes that many parents might feel anxiety related to the process that might be alleviated by this assistance and preparation, and that it is also important to advise them of the negative reactions from children who did not receive disclosure until later years. In this author’s sample, “disclosure that occurred after age 5 was experienced as distressful” and “adoptees who were told later in life felt shocked, misled, and temporarily disconnected or isolated from the family” (Wydra et al., 2012, p. 75).

Racial and Ethnic Identity

Sometimes the most difficult issue for an adopted child is being different. Many early childhood programs could integrate normalizing stories of family into their programs. Early childhood educators can have an important part in building a sense of awareness regarding adoption issues, so that the adopted child does not have to be the point person for all of the explaining. By separating the child’s identity from the adoption, it signifies that an adult made the decision to place a child for adoption because it was the best decision for those involved, not due to “anything about the way the baby looks or acts” (Greenberg, 2001, p. 90).

According to Mohanty and Newhill (2011), marginality and low self-esteem may be experienced by adoptees from ethnic minorities different than their adoptive parents. In their study, they assessed the feelings of Asian adolescents and young adult participant’s feelings of marginality. Specifically, they wished to determine if there was a relationship between ethnic and racial socialization and psychological well-being. The study results indicated that

supports for racial socialization decreased adoptees' feeling of marginality, thus increasing their positive sense of self. Furthermore, ethnic socialization was not related to feelings of marginality and self-esteem. This study illustrated the importance of providing services addressing racial socialization issues to families after adoption. It indicated that adoptive families could benefit by teaching their adoptive children ways to deal with racial prejudice and discrimination, while also helping them to develop positive coping strategies.

Burrow, Tubman, and Finley (2004) explored whether early adolescent, different-race adoptees fared better across measures of academic performance, familial relationships, psychological adjustment, and physical health than their middle and late adolescent counterparts (Burrow, Tubman, & Finley, 2004). They found little evidence of increased maladjustment among adopted adolescents as they aged, compared to non-adopted study participants. In addition, “racial incongruity between the present diverse sample of adopted adolescents and their adoptive parents was not associated with poorer adjustment outcomes” (Burrow et al., 2004, p. 279).

In a study of 83 adult Korean-born people adopted in the United States, both ethnic identity and adjustment to adoption (considered a factor of adoptive identity) were thought to predict psychological well-being (Basow, Lilley, Bookwala & McGillicuddy-DeLisi, 2008). Psychological well-being was measured by personal growth, self-acceptance, and positive relationships with others. The study results indicated that specific predictors varied as a function of the particular aspect of identity and psychological well-being that was examined. Participants with high levels of ethnic identity scored higher on measures of personal growth and self-acceptance. Diverse cultural socialization experiences were found to contribute to

high personal growth scores, mainly by increasing ethnic identity scores. Thus, parents could help their transracial-adopted children by providing cultural socialization experiences and facilitating their identity explorations. Cultural socialization experiences also were related to personal growth, although this relationship was fully mediated by strength of ethnic identity.

Reinoso and Forns (2010) studied the coping strategies used by internationally adopted children from Spain. They were specifically interested in the relation between coping strategies, personal strengths, and difficulties. They administered the Kidcope questionnaire of strengths and difficulties to 35 children and their parents. Self-reported problems were categorized and their relation to coping strategies and psychological adjustment were explored. Test results indicated that adoptees in the study reported issues of interpersonal natures. Specifically, the issues referred to relationships with others, health, illness, and accidents. The parents reported that their children were generally well adjusted and that they had no problems outside the normal range. Therefore, the tests results may not necessarily be indicative of someone who is adopted.

Family Relationships

Sherrill and Pinderhughes (1999) performed a study of older adoptee's conceptions of family and adoption as compared to their non-adopted peers. The authors executed the report based on clinical, theoretical, and empirical literature on children's understanding of adoption and family. They interviewed 15 children between the ages of 8 and 11 and 15 non-adoptive children within the same age range. Study results suggested that older adoptees were more likely to accept and view nontraditional family constellations as the norm. Additionally, older adoptees reflected a deeper qualitative embellishment of family,

reflecting their diverse birth family and foster care experiences (Sherrill and Pinderhughes, 1999). Younger adoptees tended to rely more on biological themes related to family. When the researchers analyzed characteristics within the adoptee's group, they found that those who lived in an adoptive home longer and those who spent more time in foster care had a greater understanding of family and a more realistic view of permanence of the placement than those who had not (Sherrill & Pinderhughes, 1999).

Attachment

Attachment theory has been discussed frequently within the topic of adoption. Whether it is the adoptee's age of adoption, their age of adoption disclosure, or amount of openness with biological families, many aspects of the adoption experience can be tied to theories of attachment. Attachment is of particular importance in the adoption experience since a secure attachment relationship with the adoptive parents has been shown to positively influence adoptees' later social development (Juffer & Van Ijzendoorn, 2007). Bowlby, one of the leaders in attachment theory, emphasized the importance of the mother-infant contact immediately following birth. However, this aspect of his model is inadequate in explaining the attachment process unique to adoptive families. Contrary to his model, many adoptive children develop attachments to their adoptive parents despite being adopted post-infancy (Portello, 1993). However, aspects of Bowlby's attachment theory and researchers who have expanded upon his model provide a sound foundation for attachment in adoption experiences.

According to attachment theory, a close attachment bond with a primary caregiver serves as a protective factor. Positive parent-child relationships, including parental warmth and positive parent-child communication, have been found to predict psychological adjustment

identified as personal self-esteem, positive well-being and less distress (Passmore, Fogarty & Bourke 2005). Juffer and van Ijzendoorn (2007) have suggested that healthy self-esteem is the result of a secure attachment. A working model of the self as valuable and valued is created within the framework of the caregiver who is affectively responsive, loving, and emotionally accessible. This framework provides infants/children with a set of expectations that guides their behavior and allows a secure attachment. Therefore, securely attached children feel supported and protected by their parents while also feeling lovable and worthwhile about themselves (Juffer & van Ijzendoorn, 2007).

Theories of resilience state that adopted children may show resilience in the face of adversity, which is further reinforced by the secure attachment between the adoptive child and the adoptive parent, a known protective factor (Juffer & van Ijzendoorn, 2007). Bowlby originally postulated that attachment would become increasingly stable with time and development. According to research, this is usually the case if a child's experience of caregiving is consistent over time, because the child begins to have increasing influence over environmental and developmental outcomes (Waters, 1994). However, in cases of adoption, the child's experience is not consistent over time. Adopted children may have more difficulty developing secure attachments, since adoption involves the breaking and making of bonds of affection (Juffer & Van Ijzendoorn, 2007). In a study exploring the impact of adoption on attachment security outcomes in adulthood, it was found that self-reports of parental bonding were more influential predictors of attachment than adoption status. Opinions of care and affection from mothers and fathers during childhood were particularly relevant in predicting adult attachment security. This finding is consistent with previous literature connecting

attachment security to experiences of sensitive and responsive caregiving from the onset of placement, and highlights the instrumental role of adoptive parents in the process of attachment (Feeney, Passmore, & Peterson, 2007).

The adoptee's age of placement with an adoptive family is also important in the attachment formed. Adoptees placed with adoptive families as babies (ordinarily between birth and six months) are less likely to be at risk for long-term issues. If problems develop, they are typically related to poor peer relationships in late childhood and adolescence (Howe & Fearnley, 2003). Adoptees placed at older ages are much more likely than infant-placed children to require mental health services spanning a range of behavioral issues and psychological needs (Howe & Fearnley, 2003). Attachment theory proposes that ongoing contact between adopted children and their biological family provides adopted children with a more realistic viewpoint of their adoption (Schweiger & O'Brien, 2005). Adopted children who do not have contact with biological parents may develop idealized notions of them despite experiences of abuse in the past. According to Schweiger and O'Brien (2005), continued contact with the biological family has long-term benefits of offering perspective and continuity to those who are adopted.

Bowlby described attachment theory as a "working" model and emphasized the idea that cognitive-emotional constructs of attachment are dynamic and open to influence and that they change with new experiences (as cited in Waters, 1994). This further emphasizes the importance of ongoing behavior, interactions, and learning within the attachment structure (Waters, 1994). This may provide optimism to those who adopt children after infancy, during a time in which children are considered by some researchers to be at higher risk for long-term

issues. Meaningful bonds and secure attachments can be achieved in adoptive families when the child is placed after one year of age.

The adoptive parent's ability to share emotions with an adoptive child is of utmost importance in the process of attachment and bonding in adoptive relationships. The mother's sympathetic psychobiological attunement to the infant/child's "dynamically shifting internal states of arousal" determines the development of a secure attachment between the mother and child (Fosha, Siegel, & Solomon, 2009, p. 116). With "visual-facial, auditory-prosodic and tactile-gestural communication the caregiver and infant learn the rhythmic structure" of one another and adjust their behavior in tune with that structure, thus creating a specially attuned interaction (Fosha et al., 2009, p. 116). This process contributes to the process of healthy attachment between adoptive children and their adoptive parents. For adoptive parents this indicates that there needs to be a certain level of effort on their part in attuning to the child. Without this process, the mother and adoptive child may feel a lack of attachment whether fully aware of it or not.

When a mother is responding emotionally to the infant, the mother "appraises the nonverbal expressions of the infant's internal arousal and affective states, regulates them, and communicates them back to the infant" (Fosha et al., 2009, p. 117). In communicating back the internal arousal and affective states of the infant, the mother is sharing the emotion with the infant. To regulate the infant's internal affective states and arousal, the mother must effectively modify the "optimal or non-optimal low levels of stimulation that would induce supraheightened or extremely low levels of arousal" in the infant/child (Fosha et al., 2009, p. 117). In cases where the caregiver has mis-attuned, the caregiver can regulate the infant or

child's undesirable state by correctly re-attuning to the child within a timely manner (Fosha et al., 2009).

Although Fosha et al. (2009) use the example of the infant and mother when describing the process of developing a secure attachment, these same ideas may be applied to adoptees and their adoptive parents. In the case of adoptive parents and their adoptive infant or child, the attachment process is starting new with the adoptive relationship. Fosha et al. (2009) provide examples of secure attachments developed between therapists and their clients. The same dynamics used between the infant and mothers are used between the client and the therapist for regulating the client's internal arousal and affective states, and communicating them back. Therefore, the dynamics of regulating attachment can successfully be applied to the adoptive attachment relationship between parent and child.

The "regulatory processes of affective synchrony" that create interactive repair and generate positive arousal modulating the undesirable or harmful arousal, demonstrate the central importance of emotion. An indicator of secure attachment is viewed when a person demonstrates resilience when faced with stress and new situations. According to Fosha et al. (2009, p. 117), interactive regulation is defined as "the ability to flexibly regulate psychobiological states of emotions with other humans in interconnected contexts." This is central to the development of attachment between adoptees and their adoptive parents since in the development of secure attachment, it is necessary to properly attune affective states of emotion between the caregiver and their infant/child.

In cases where the caregiver is not emotionally accessible and responds to the infant/child's "expressions of emotions and stress inappropriately and/or rejecting," thus

showing “minimal or unpredictable participation in the various types of arousal-regulating processes,” traumatic states of enduring negative affect can be created in the child (Fosha et al., 2009, p. 119). Thus, “the caregiver induces extreme levels of arousal very high in abuse and/or very low in neglect” instead of moderating stimulation (Fosha et al., 2009, p. 119). When the caregiver does not provide interactive repair within a timely manner, the infant/child’s intense negative affective period will go on for longer periods of time. This may be the experience of adoptive children who have come from homes of abuse and neglect and may provide an extra challenge in attachment for the adoptive parents.

The negative effects of the parent’s deregulation with the child may lead to hyper-arousal and dissociative states that can last a lifetime if intervention does not occur. Fosha et al. (2009) state that the “dissociative metabolic shutdown state” is a principal “regulatory process” utilized through the person’s lifespan, in which the “stressed individual passively disengages in order to conserve energies, fosters survival by the risky posture of feigning death, and allows restitution of depleted resources by immobility” (p. 121). When working with a child who has experienced hyper-arousal and dissociative states from a primary caregiver’s lack of affective synchrony with the child, an expansion of both negative and positive affect tolerance is the goal. For some adoptive parents it is clear that mental health services will be needed to intervene in the processes of creating a secure attachment between the adoptive child and parents. This is usually the case when an adoptive child has experienced attachment trauma prior to placement with his or her adoptive parents. However, the adoptive parents can create a secure attachment by regulating the child’s affective states and being attuned to the child’s emotions.

The research on attachment indicates that children who are adopted will need to go through the appropriate phases of attachment with their parents regardless of their age of adoption. While non-adopted children will go through these phases beginning at birth, those who are adopted will need to be treated as though the adoption is a new birth in regards to attaching to their adoptive parents. The adoptive parents will need to possess the capacity to share the emotions of their child by displaying empathy and sympathy. Bonding and secure attachments between adoptive children and adoptive parents appear to be necessary factors in the satisfaction of the adoption experience by the adoptive parents and adoptee. A child requires more than food and shelter. It is essential that a child receive the love and soft touch of their caregiver.

Gaps in the Literature

What emerges from the literature on adoption and adjustment is that the experiences of adoption are widespread and varying. Although there are several studies on resilience and adjustment in relation to adoption, there are not many that capture the experiences of adoptees from their perspectives. Through these studies there is still not a clear answer regarding how adoptees become well-adjusted and resilient. There is a need for a more clear idea of what types of experiences of adoption promote adjustment for adoptees into adolescence and adulthood. Overall, what factors do the adoptees feel contributed to their positive experience of adoption? How can these positive experiences of adoption contribute to resilience and adjustment? Can these experiences be replicated in future adoptees? These are all vital questions in the study of the relation between the experiences of those who have been adopted in relation to their resilience. In order to understand the relationship between the experiences

of those who have been adopted and their resilience, there must be a certain level of understanding of both adoption and resilience by the reader. Thus this research study will attempt to provide a better understanding of adoption in relation to how adoptees become well-adjusted and resilient.

The limitation of many previous studies on adoption is that they focus on the negative consequences of adoption instead of the positive adjustment experiences involving well-adjusted adoptees. Furthermore, these studies focus on quantitative data of factors that might impact the adoptee, rather than the phenomenological experiences of the adoptees. Many studies address adoptees in childhood and as adolescents but fail to provide data on the long-term effects of adoption on adoptees. Additional studies that serve to operationalize specific components of the adoption experience will be helpful in determining which particular components predict positive adjustment and resilience in adult adoptees. This qualitative study has the goal of making such determinations and contributing to the knowledge base of adoption in terms of its effects on the adoptee, and the positive aspects in particular.

CHAPTER III: RESEARCH DESIGN AND METHOD

Research Design

Qualitative Research.

Qualitative research was chosen for this study to “produce a rich description and in-depth understanding” of the lived experience of adoptees (Magilvy, 2003, p. 123). The purpose of the current research is to describe the lived experiences of people who have been adopted and self-identify as resilient and well-adjusted. Qualitative research allowed the participant interviews to provide a deep understanding of the experience of being adopted with a focus on factors contributing to their resilience and well-adjustment. Participants were interviewed using a semi-structured protocol to explore their beliefs and attitudes related to how their adoptive status affected their sense of well-being and resilience.

This study is intended to provide an understanding of the experiences of people who have been adopted and will explore how these experiences have contributed to levels of adjustment and perceived resilience in adoptees. Adoptees that identified themselves as resilient and well-adjusted may have had different experiences in their adoption than those who do not self-identify in this way. The following objectives guided the researcher towards the goal of identifying factors in the adoptive experience that impact resilience and well-adjustment:

1. What aspects of the adoptee’s adoption experience led to perceived well-being and resilience?
2. Did the adoptee’s age of adoption contribute to their well-being?
3. Did the adoptee’s age of adoption disclosure contribute to their well-being?

4. Did the level of contact with their biological families contribute to their well-being?
5. Did the adoptee's level of attachment and relationship with his or her adoptive family contribute to his or her well-being?

Phenomenological Research.

The construct of the research study was qualitative design of the phenomenological type. A phenomenological study is a research strategy of inquiry that seeks to understand the essence of the experience of a phenomenon. This type of study centers on what the participants have in common as they experience the phenomenon (Creswell, 2013). In the current study, phenomenology allowed the researcher to explore the common themes found in the experience of adoption that may lead to resilience and well-adjustment. Using a phenomenological model allowed the researcher to develop these themes based on the first-hand report of those closest to this phenomenon, the adoptees.

For a phenomenological study, the process of collecting information primarily involves in-depth interviews. In-depth interviews allow the researcher to describe the meaning of the phenomenon for a small number of individuals who have experienced it (Creswell, 2012). Phenomenology allowed the researcher a window into the experiences of the nine adoptees that participated in this study.

Phenomenological studies strive to describe, as accurately as possible, the phenomenon the person is experiencing while refraining from any pre-given framework, while also remaining true to the facts (Groenwald, 2004). The researcher was concerned with understanding psychological and social experiences from the perspectives of those involved. Participants were asked open-ended questions aimed at capturing their adoption experience.

In this research study, the interview questions were directed to the participant's feelings and experiences surrounding their adoption. These questions were crucial in capturing the essence of the shared experience. With the construct of the research study being of a qualitative phenomenology design, the purpose of the project was to explore individual perceptions of the adoption experience and identify factors that adoptees considered as having had an influence on their sense of well-being and adjustment.

The phenomenological research method facilitated the study of adoptees' experiences and perceptions toward the role their adoption may have or may not have played in their resilience. It measured the participants' understanding of the contexts or situations of their experience and illustrated the understanding and experiences the adoptees had with their own level of adjustment. Phenomenology is an interpretive process and description in which the research is the mediator of the different meanings that come about from the interviews (Creswell, 2013). In the end, using phenomenology allowed this researcher to find a descriptive passage that discussed the essence of the experience of adoption for adoptees and "how" they experienced it.

Participants

The study sample consisted of nine adult participants, aged 25 to 65, who were adopted. The participants in this study were recruited from various locations in the states of Washington and California, as a convenience to the researcher who resided in those areas. Purposeful sampling was used to select cases that allowed for the greatest understanding and insight into the experience of the participants (Bloomberg & Volpe, 2012). In the current study,

participants were chosen based on their adoptive status and their self-identification of resilience and well-adjustment.

Participants were recruited using a chain effect of referrals from participant and professional contacts (Creswell, 2013). This type of sampling and recruitment was useful in identifying interested contacts from people who recognized cases that could be information-rich and appropriate for the current study (Creswell, 2013). The current research was not specific to any specific organization, institution, or site and was not linked to any specific location.

Criteria for Inclusion.

Participants were chosen based on a specific set of predetermined criteria. In order to participate, those interested were required to be over the age of 18, adopted and who were self-reported as resilient and well-adjusted. This predetermined criterion ensured that participants shared common traits needed for the phenomenological study of well-adjusted, adopted adults. A self-report of being well-adjusted was subjective, meaning the participant decided if they are well-adjusted. However, their self-identification as “resilient” was supported by administering the Brief Resilience Scale (BRS).

Criteria for Exclusion.

Due to the purpose of the research, participants were not eligible for the study if they were not confident of their identity as a resilient and well-adjusted adoptee. Additionally, this study required that participants be over 18 years of age. This requirement was made with the purpose of capturing the remembered experience of adoption that could contribute to adoptees identifying themselves as resilient and well-adjusted in adulthood. It was believed that adult

adoptees would provide a richer sample of these factors and be able to provide a new perspective on the adoptive experience since previous studies have focused on the perception of adoptees as children and adolescents.

Data Collection Procedures

The proposed study used a phenomenological method to capture the lived experiences of those who have been adopted in relation to their well-adjustment. Once informed consent was signed, participants completed the Brief Resilience Scale (BRS) in order to measure the participant's current level of resilience. This was done with the intent of further solidifying their perception of being resilient adoptees. Participants were then asked to complete a demographic questionnaire (see Appendix C). Demographic information was collected to describe the participants and to identify similarities and differences in their demographics (Bloomberg & Volpe, 2012).

Once the demographic questionnaire was completed, one-on-one interviews were conducted to capture each participant's perspective of his or her adoption experience. Each participant chose the site of their interview to ensure their comfort. This was implemented in an attempt to maintain confidentiality, comfort level, openness of discussion, and to ensure ample time to conduct the interview. This researcher communicated a willingness to meet under the participant's preferred circumstances. This included Skype interviews for interviewees that preferred this as opposed to a face-to-face meeting.

The interview questions were open-ended, ranging in length from 45 to 90 minutes, and were recorded with a digital audio recorder. A primary set of semi-structured interview

questions was used to assist in detecting and understanding the factors in the experience of adoption that contributed to the adoptees' resilience and well-being (Appendix B).

As stated previously, resilience was assessed using the Brief Resilience Scale (Smith et al., 2008). The Brief Resilience Scale was designed to capture the original and most basic meaning of resilience. This is defined as the ability to bounce back or recover from stress (Agnes, 2005). Since adoption and experiences related to adoption, such as separation from the biological family, may be considered a stressor, it was thought to be appropriate to administer a scale to capture the resilience of the adoptees being interviewed in this study. The BRS includes six questions, with an equal number of positively and negatively worded items to reduce the effects of social desirability and positive/negative response bias (Smith et al., 2008). Participants were presented with the BRS and asked to indicate the extent to which they agreed with each of the statements within the six questions. Their responses were scored after reverse coding items 2, 4, and 6 and then calculating the averages for the responses on the six questions.

Data Analysis Procedures

In this study, the process of analysis involved “organizing the data, conducting a preliminary read-through of the database, coding and organizing themes representing the data, and forming an interpretation” (Creswell, 2012, Chapter. 8, para. 1). Once the participants were interviewed, the audio recordings were transcribed and assigned identification codes. Transcriptions were labeled according to type, dated and copies were made of all materials (Bloomberg & Volpe, 2012). The audio recordings and transcriptions were stored in a password-protected, well-labeled computer file.

Prior to reading the transcriptions, this researcher first bracketed herself out of the study by describing her own experiences of adoption in relation to adjustment. Although this process serves to identify personal experiences of the phenomenon, it does not remove the researcher from the study completely. It enables the researcher to set aside some of her experiences with the phenomena so that she can focus on the participant's experience of the phenomena being studied (Creswell, 2012). In the current study, the researcher is adopted and self-reports as resilient and well-adjusted. Thus, this step of the analysis was vital in keeping the researcher as objective as possible in the process of analyzing data.

Once the bracketing was completed, the interviewer listened to the audio recording several times before transcription. This provided a context for the development of particular "units of meaning and themes" in the process (Hycner, 1985, p. 281). Non-verbal and para-linguistic levels of communication such as pauses, emphasis and intonations of the participants were considered during analysis (Hycner, 1985). In addition, each transcript was read in its entirety several times to get a sense of the participant's expression and meaning as a whole.

During the analysis, the researcher coded the interview transcriptions by highlighting meaningful sentences, statements, or quotes that provided the researcher with an understanding of the participant's experience (Creswell, 2013). The data were examined descriptively to identify similarities and differences in the data, categories, patterns, and themes allowing for interpretation to provide a rich description of the lived experiences (Magilvy & Thomas 2009). These codes were words or phrases that frequently came up in the interview or were predetermined based on common phrases or words found when studying adoption experiences and well-adjustment in adults. According to Creswell (2012) these codes may represent

material the researcher expected to find prior to the study or “information that the researcher did not expect to find and information that is conceptually interesting or unusual to researchers.”

Once the significant statements and phrases were coded, they were grouped into larger units of information, called “meaning units” or themes. Themes are comprehensive pieces of information that are comprised of several codes that are compiled to form a common idea (Creswell, 2012). In this study, seven themes were identified as being salient to capturing the factors in an adoptive person’s experiences of adoption that contribute to their resilience and well-adjustment.

The data was interpreted by examining the codes and themes with the intent of generating ideas of general meaning (Creswell, 2012). The interpretation of this phenomenological study was tentative, questioning, and inconclusive to leave room for further analysis (Creswell, 2012). Previous research on adoption and factors leading to well-adjustment that were examined in the literature review were used during the process of interpreting. This information served as a base for the interpretation of the codes and themes found in the current study.

Ethical Considerations

Protection of the participants through ethical and meaningful research is at the forefront of this research. Prior to inclusion in the study, all participants signed informed consent forms (Appendix A). The informed consent form documented the rationale behind the research, procedures and any perceived risks and benefits to participation in the study. It also specified that involvement in this study was entirely voluntary and confidential for all participants

involved in the research. Personal information that was collected was kept confidential and no identifying information was associated with the research findings. The signed informed consent forms will be shredded and properly disposed of once seven years have elapsed.

Each participant was assigned a case number prior to the interview to ensure confidentiality. The list of participant numbers has been kept in a separate, locked location from the raw data. Any identifying information was altered and kept close to the actual content without disclosing identifiable information to provide confidentiality. Data is kept secure in a locked filing cabinet that is stored separately from the master identification list of participants. Participants were made aware that participation was voluntary and that they could opt out of the study at any time, without penalty. If a participant decided that they need to discuss their experience further or if they experienced distress from the interview process, they were informed that they could request a refutable referral for therapeutic support.

The transcripts are stored in a Microsoft Word document maintained on a password protected data storage device, and a second backup data storage device, as to avoid inadvertent data loss. After seven years have elapsed, the hard copies will be properly discarded.

Potential Benefits and Risks to Study Participation.

The potential benefits for participation in this study included reflection on the factors of the adoptee's experience that led to their well adjustment. This involved speaking about positive experiences related to their adoption and may have provided comfort in reminiscing about what went well. They may have also found it empowering to share how they overcame what could be considered an adverse experience and might have found solace in knowing that they are paving the way for a more positive view of adoption.

The potential risks in the proposed study were determined to be minimal since participants were self-identified as well-adjusted. Participation in this study included disclosing information about the person's history related to the experience of being an adoptee. Some participants may have experienced emotional discomfort in describing their early memories of being adopted if they had negative experiences associated with being adopted. The participant may have considered speaking about their adoption as distressful if they had any feelings of grief surrounding the experience or estrangement from their biological parents. As a precaution, participants were given the option of debriefing after their interview to talk about their feelings regarding being interviewed and participation in the study. This lasted for no more than 15 minutes.

CHAPTER FOUR: RESULTS

For this study, nine adults who were adopted as infants were interviewed. All participants in the study self-identified as being resilient and having a strong sense of well-being. Of the nine participants who were interviewed, six identified as female and three as male. The participants ranged in age from 25-65 years of age. With regard to ethnicity, seven participants identified themselves as Caucasian, one participant identified as Hispanic/Latino, and one participant identified as multi-racial. Participants were asked 17 semi-open ended interview questions to aid in identifying and describing significant factors in their adoption experience. The primary purpose of this study was to identify factors in the adopted individual's experience of being adopted that may have contributed to their overall resilience and well-being.

Using a semi-structured phenomenological interview process, approximately 498 minutes of audio recorded material was accumulated to create transcriptions. Overall, seven major themes emerged from data collected. Themes were identified when at least 50% of the participants provided similar responses that were significant to the research questions. This researcher identified subthemes when responses were especially salient and could be categorized under a central theme.

Participant Summaries

Jubei

Jubei is a 37 year-old Caucasian male. He was raised in a two-parent household for the majority of his life. He has one older sister who is also adopted. Jubei was placed with his adoptive family at three weeks of age and was adopted shortly thereafter. He remembers his

adoptive parents telling him he was adopted around age “four or five” and believes being told at this age had a negative impact on him. Jubei has had no contact with any biological relatives. In his early twenties he contacted the adoption agency to see if he could obtain any information related to his biological parents. According to Jubei, the agency pulled his file and mailed him a letter that his biological mother had left with them when Jubei was first adopted. Jubei expressed that having that letter from his biological mother as a child, rather than as an adult, may have offset the “negative impact” of learning he was adopted.

Corinne

Corinne is a 30 year-old female who identifies as Caucasian. She has one younger sibling and grew up in a two-parent household. Corinne began living with her adoptive family at three days old and was adopted at that age. Corinne has known she was adopted since as early as she can remember. She has had no contact with and has received no information about her biological family.

Noel

Noel is a 32 year-old Caucasian female. She grew up in a two-parent household and was united with her adoptive parents at just eight hours old. She has one older brother and one younger sister, both of whom were also adopted. Noel has known that she was adopted since as early as she can remember and has had no contact with her biological relatives.

Kate

Kate is a 65-year-old Caucasian female. She was placed with her adoptive family at three months and was adopted around the same time. She has one younger brother who is also adopted. Kate reported that she has known she was adopted for as long as she can

remember. Kate believed that she grew up in a time when adoption was much more stigmatized than it is today. Her aversion to feeling different than non-adoptees caused her to keep her adoptive status more private, however, as adoption has become a more social acceptable way of creating a family, she has become more open about being an adoptee. Kate has not had any contact with her biological family but expressed that when she was having children, she attempted to make contact without success.

Galileo “Gali”

Gali is a 25 year-old-male who identifies as Latino. He grew up in a two-parent household and is an only child. Gali began living with his adoptive family at two weeks old and was adopted around the same time. He has known he was adopted since as early as he can remember. Gali has had no contact with his biological relatives.

Nicole

Nicole is a 45-year old Caucasian female. She was raised in a two-parent household but reports being “closer” to her mother. Nicole was placed with her adoptive family at three months of age and adopted at six months of age. Nicole has known that she was adopted since as early as she can remember. She has had no contact with biological relatives and expressed no desire for information or contact.

Elizabeth

Elizabeth is a 25-year old female who identifies as multi-racial. She was raised in a two-parent household for the majority of her life. She was adopted at under a month old and is an only child. Elizabeth reported that she has known she was adopted since as long as she can remember. She shared that, when she was 18, she spoke with her biological father but

felt as though he had an “attachment” to her that was not reciprocal on her end. She has not kept in contact since.

Allen

Allen is a 50-year old Caucasian male. He was raised in a two-person household until his mother’s passing when Allen was thirteen years old. Allen was placed with his adoptive family when he was two weeks old and adopted when he was two months old. He shared that he has had contact with his maternal biological grandmother and aunt. He expressed that this has been a pleasant experience.

Daisy

Daisy is a 45 year-old Caucasian female. Daisy was placed with her adoptive family when she was two months of age and adopted around the same time. She grew up in a two-parent household until her father passed when Daisy was thirteen years old. Daisy shared that her parents adopted two children prior to her and that she felt like her mother had not wanted to adopt another child. Daisy expressed feeling unwanted by her mother, but extremely loved and cared for by her adoptive father.

Themes

Theme One: Positive Narrative of Adoption

One central theme that emerged among the adoptees experiences of adoption was a story or narrative for why they were adopted. The narratives appeared to cast a positive light on their placement with their adoptive families. The majority of these narratives were provided to the adoptee by their adoptive parents with the intent of providing a sense of security to the adoptee.

Jubei shared that during his childhood he expressed some distress over his adoptive status. According to Jubei, his parents provided him with a positive narrative to explain his adoption. “They posed it more as like, ‘we weren't able to have kids and we went through this process of trying to find and being able to pick a little boy or a little girl, and you came up and we chose you. Most people just get whatever kid that they get, and we get to pick?’ It was posed as more of like a blessing,” recalled Jubei.

For Corinne, the story of her adoption was also cast in a positive light by her adoptive parents. “I think that...it hurt them I’m sure to answer some questions that I might have had but in the long run that ultimately helped me feel like it was comfortable enough to open up to them,” she reflected. Corinne shared that her mother made a point to never talk negatively about Corinne’s biological mother. “I remember my mom always saying that, ‘she loved you so much that she didn’t have an abortion, she didn’t do this, that, or the other and she was able to hold you in her arms and still give you a better life,’” Corinne explained. Corinne’s narrative of her adoption had a theme related to sacrifice stating, “you get a different perspective on love and sacrifice.” She further added, “I couldn’t imagine carrying somebody for...nine months and giving them away, so to speak and then knowing how much on the other side of the scale my parents...wanted somebody that they went out and searched somebody and took somebody else’s child and loved them as much you would your own biological child.”

Noel viewed the narrative of her adoption as her parent’s way of giving her and her siblings a way to explain themselves in public. In reference to her mother’s explanation, Noel commented, “I think she explained it to us for our own sake and just so we could tell people

in society if they asked us, 'How are you sisters?'" Since Noel and her two siblings physically looked very different, Noel believed that their parents provided them with a positive story so they could "explain it to other people."

Kate remembered that her parents provided her with a story of how they came to adopt her. "They had a cute story that they told when I was a kid, it sounded totally real. It made it sound like they were going by lots of little babies... at a hospital kind of a thing, but it was at the Children's Home Society. My dad had his keys out and when I saw them I reached for them. I'm thinking, knowing what I know about kids now, at three months I don't know if I would've really reached for them but maybe I did." Kate expressed some distress as a child related to being adopted but indicated that it was because she didn't want to feel different from other children. She reflected on how her mother soothed her worries by saying "you know, you at least have to look at it that we would not have been able to raise you and you wouldn't be ours." Kate went on to say, "She could turn things around and make me understand that maybe it was a meant-to-be kind of thing. They were so blessed to have me and they were so excited because my parents waited ... They didn't adopt until my dad was 31 and my mom was 30 because back then there was no fertility clinics and all that kind of stuff."

Nicole shared that she knew why she was adopted and that she felt secure in her relationship with her mother. "I just know my parents really, really wanted me," she commented. Nicole was in foster care until she was adopted at six months old and stated, "I think that's a good part of it, too. My mom's my mom and has been since I was in the foster. I have no memory of anything else. I was okay with it." She went on to express the belief that

she would not have had a good life if she had not been adopted. “I obviously have a way better life than I would have had, had they kept me.” Nicole had the knowledge that her biological mother was in college when she became pregnant with Nicole and that although her biological parents were together “they weren't ready.” She went on to say, “I think she wanted to finish school, and they just weren't at that place to raise a child. They did me a favor.”

Elizabeth shared that her mother sat her down and provided a story as to why she was adopted. “I think she talked about how like ... you know, birds and bees discussion, ‘you were born to these people, but then for some reason or another you had to have a different family, and then we adopted you, and we're your family’ then she would talk a little bit about what family is and how family isn't always like ... It's really just those people that love and care about each other and are there for each other.” Elizabeth also had an understanding as to why her parents wanted to adopt. “My parents, I think they weren't able to have kids. I mean, which I guess is a common reason why people adopt.” Elizabeth’s narrative of why she was adopted heavily emphasized the fact that her adoptive parents really wanted to have a child. “I think, just in general, I think growing up I had such a great support system, because I think they were ... They had tried, and tried, and tried, and weren't able to have kids, so I think growing up, they knew that they wanted to have a daughter. I know for them it was just really an answer to prayer.”

In her understanding of why she was adopted, Daisy expressed that people give up children for adoption for good reasons. “I figure there had to have just been a good enough reason to make that choice. If I came from her, and I was like her, and we felt the same thing,

you wouldn't make a decision like that unless it was the ultimate thing that you knew was going to have to be.” Daisy has a relationship with her biological mother and indicated that her positive narrative of her adoption has transformed over the years since meeting her biological mother. Daisy commented, “My birth mother could have never given me what my adoptive family gave me. She was not equipped... so I was raised in a much better home environment than I would have never seen.”

Theme Two: Preference for Early Adoption Disclosure

Another central theme that was revealed in interviewing the adoptees was their belief that the adoptee should know they were adopted as early as possible. All nine participants believed that telling a child from the beginning that they were adopted was the best scenario for the adoptee and the family. The majority of the adoptees reported that they had “always known” or had some knowledge of their adoption with the exception of Jubei who learned he was adopted for the first time around “four or five.”

Jubei shared that learning he was adopted around four or five caused him significant distress, commenting, “your reality gets all wiped away....it left me full of questions and full of doubt of what is real and everything that I understood to be about what a family was suddenly was not...I didn't feel like I fit in that mold anymore...I felt like I was an outsider now and I felt like there was something, it immediately went into trying to figure out what was wrong with me as to why that happened.” Jubei reported that learning he was adopted at this age had a negative impact on his relationship with his adoptive parents. He reported questioning whether or not he could trust them and if he had to obey them.

Jubei expressed being unsure of the “appropriate age” to tell a child they were adopted but offered a strong opinion of what would not work well. “I don't think that teenage years would ever be a time to drop the bomb for sure...It would have to be in the youth, younger window of time...I can imagine now with types of books that they have for kids, all the crazy family relationship things that they have for kids, reading stories about that that are simplified, that a child that's learning to read and learning things about the world, that they're learning about this and that this is who they are and this is what it is, and it's not a bad thing and it's not a scary thing.” Jubei admitted that it might work best to tell a child they are adopted from day one rather than later. “I could see that learning thing, that it's not necessarily shaking a foundation, it's actually building it from the ground up...that way it's a foundation that they've always known.”

Gali shared that he learned he was adopted at a very young age and shared a similar belief to Jubei in that “when people wait for such a long time to tell someone they're adopted, they reject that ordeal...then they kind of stay in their own little bruited fit I guess.” Daisy stated that she knew she was adopted from the time she could remember. Kate also endorsed always knowing she was adopted and believed this had a positive impact on her. Kate stated, “I think that was because I always knew it...I always felt like my parents chose me.” Nicole also viewed her adoptive status as something she was always aware of. “I've always known...It wasn't like they sat me down when I was 10 and finally told me that I was adopted...I've always known,” she shared. Nicole was placed with her adoptive family at three months old and said that she thought adoption might be more difficult to disclose to a child if they were older and already had an attachment to their biological parent. Nicole

reflected that she had no memory of an attachment to a biological parent and therefore felt as though explaining her adoption might have been easier for her adoptive parents.

Corinne also expressed that she had always known she was adopted. “I knew the truth from the beginning. The hospital gave my mom a book...It's like a little cartoon book and in child terms, describes where you came from or how you got to be with them...My mom would read that to me all the time...Having a cool book...helps the...transition between telling somebody a big life lesson or life story.” Corinne believed that her parents had help from the staff at the hospital on ways to disclose the adoption to Corinne. “I think that the tools that were given to my parents at the very beginning helped a lot in adjusting and knowing the whole story and always knowing the whole story...I think whatever they did and gave them at the hospital and counseling before rolled into me,” she shared.

Elizabeth shared a similar story with Corinne in that she always knew she was adopted. Corrine expressed that because she has “always” known she was adopted; it “feels very natural and very normal.” She endorsed not having any memories of her mother telling her for the first time. “I think it's something we always had discussions about, and I knew about, and I think growing up, she...I remember her showing me pictures of my birth parents. I remember from a very young age, having the discussions...I just don't really remember the first time that she told me.”

Allen shared a similar sentiment to other adoptees in that he was told he was adopted as early as he could remember. “I don't ever believe there was ever a surprise, there was never a shock, ‘Oh my gosh, I was adopted,’ or ‘what does that mean?’...I know there was question about what does that mean versus some of my friends in the neighborhood, or

schoolmates, but my parents were always open with us...they probably told me before I understood what it meant.” Allen stated that it was helpful that his parents had already adopted his older sister. “The only thing I remember them explaining to me, is that they had already adopted my sister, and she is two years older than me.”

Noel shared that she had adopted siblings, one older brother and one younger sister, and all of them look nothing alike. She expressed always knowing they were adopted but that their mother actually explained what it meant when Noel was around four. “I just remember making cookies with my mom and she was trying to explain it to us in terms that we could understand because my brother is El Salvadorian and my sister is half black-half white. I never thought it was weird, because we were so young. I think because we looked so different, there had to be an explanation.”

Theme Three: Attachment to Adoptive Parent

Having a positive relationship with at least one adoptive parent also emerged as a central theme in the interviews. When interviewing the participants it became clear that they all were attached to at least one of their adoptive parents. Some adoptees reported that they were estranged from one of their adopted parents or felt much closer to one parent over the other. One adoptee felt very distant from one adoptive parent and very close to the other. This same adoptee experienced significant distress once the parent with whom she was attached died. Another adoptee felt as though being told he was adopted at a later age negatively impacted his relationship with his adoptive parents. However, the majority of the adoptees expressed that their parents would do anything for them and that they felt unconditional love.

Noel expressed having a positive relationship with both of her parents. “Oh my goodness, if I ever had any issue, they've always been there. Even in times when I probably shouldn't have had anyone at my side because my decisions were poor. They have always, always supported us.” Noel expressed that her parents would be there for her and her siblings no matter what. “From day one, my parents have always been extremely supportive. We've never had to worry, at the end of the day, if someone is going to be there for us or not, because even in the bad times, they've always been there.” Noel shared her belief that her parents loved her and her siblings unconditionally.

Kate also communicated that she felt like her parents would be there for her no matter what. “I don't want you to think that there were no difficult times in my life because there were, but being secure in my parents' love was never one of them. I always felt that.” She gave an example of this feeling saying, “even when I got married and when I had little kids and everything was just painful and just difficult I'd think, if something happened to my husband, I know my parents would be there for me. I just knew that. That was just a big security.” She went on to say “the essence of my parents was very, very caring. I just always felt that they really loved me. That was like a given. I was always able to talk with them about anything I felt challenged by.”

Gali shared that his mother and father adopted him around Valentine's Day. He reflected on how special this day is for him and his parents. “She always tells me I'm the greatest gift she ever got on Valentine's Day. That right there, that always just like sinks in a little bit deeper every year that I'm her child. Since she couldn't have children, I'm hers. She always tells me, if anything ever happens to me, she'll just be completely and utterly just

done, just defeated, destroyed. She wouldn't know what to do.” Gali expressed that he feels deeply loved by his mother and father and that he finds his relationship with them very meaningful.

When speaking about his relationship with his parents, Allen stated, “I never felt disconnected, I never felt alone, I always felt loved. I always remember the way my parents wanted to make sure that I was healthy, and strong. I think that they would have done anything for me.”

Elizabeth expressed that she had been through hard times in her family but credited her parents in aiding her in getting through those difficult times. “I had such a close relationship with my parents, that I was still able to get through that.” Elizabeth lives on the East Coast now and her parents live on the West Coast of the United States. She expressed that she is reminded of her feelings for them the most when she has to part from them. “When I leave, that's when I feel it the most. It's really hard when my mom comes to visit. I have a really great relationship, and a great time with her, but when she leaves, it's like ... it's so hard. When she leaves, I miss it. She's the only person I think that ... my father too, in a different way, who really understands me so well.”

Three of the adoptees expressed being closer to one adopted parent than the other. Corinne shared, “I'm clearly closer to my mom. She's my mom if I needed anything ever, she's there, vice-a-versa, so she'll always be my mom and the person I cry on.” Nicole also expressed having a significantly closer relationship with her adoptive mother than her father. “My mom's my mom” Nicole stated. “She's the one who raised me, she's the one who's been

there for me, and even though she didn't give birth to me, she's my mom” shared Nicole.

Nicole stated that her mother “unconditionally loved” her and her brother “no matter what.”

Daisy expressed having a poor relationship with her adoptive mother but a very close relationship with her adoptive father. “My dad was made to have children...Every ounce of good in me was taught to me by that man, every ounce of good, and how to be a parent. He was awesome. He was just an incredible human being, and he let me be me. He didn't try to change me. He got me. He understood me. He knew.”

Daisy reported that her relationship with her mother caused difficulty for her. Daisy shared that her mother would “always” introduce her as her “adopted” daughter to others. Daisy also questioned whether or not her mother wanted a daughter and felt as though the decision to adopt her was more on her father’s end rather than her mother’s. Once Daisy’s father died, Daisy experienced neglect from her mother. Furthermore, Daisy reported that in adulthood she attended therapy to work through her issues related to being given up for adoption, feeling unwanted by her adoptive mother and to work through her father's death.

Theme Four: Feeling Stigmatized or Different

Another theme that emerged from the interviews was the adoptees’ experiences of not wanting to seem “different.” Some adoptees felt stigmatized by others and a few felt like others’ reactions to their adoptive status were frequently more positive than negative.

Allen commented that he spent “a lot of the earlier years curious” about how he was “different” because he was adopted. “I guess the first thought that popped into my head was that people are interested in the story. There are a lot of people that grow up in traditional biological families that are very curious about it. Allen felt like he got some “extra attention

growing up” because other children were “interested to hear more about it.” Allen believed that sometimes others “did not understand it, so they felt that it was some weird thing. Maybe they cast a negative light on it” but that “for the most part, it was more curiosity.”

Daisy expressed feeling different as a child because her adoptive mother “labeled” her. She remembers that her mother always referring to her as her “adopted daughter.” Daisy stated, “feeling different sucks. It really sucks, when you don't think that you're in the norm, so don't label your kids. Just love them.” Kate also expressed that she felt different at times. “Sometimes...I didn't like the fact that I was adopted because there is a stage when you don't want to be different from anybody else. I purposely wouldn't tell anybody that I was adopted because I didn't want them to think I was weird or strange.” Jubei expressed that feeling different was his “own thing.” He commented, “I don't think anyone ever made fun of me for it and nobody ever brought it up in any kind of a negative way.”

For Elizabeth, feeling different was not necessarily a negative experience. She stated, “it's not really negative, but I think that there's a certain amount of identity crisis that you go through when you realize that it's different than what other people experience.” Elizabeth shared that sometimes people's initial reactions to her being adopted were “shocking.” She stated that they would have questions like, “Do you love your parents?” Elizabeth expressed offense to these comments thinking in reaction, “Why would you even say that?” Elizabeth expressed that she also sometimes felt stigmatized when people assumed that adoption is a negative experience. “I think that might be something where you feel stigmatized.” When other people made statements about adoption being a negative experience, Elizabeth expressed wanting to say, “No, I've had really positive experiences. Just because my mother

didn't give birth to me, it doesn't make her any less my mother." Overall, Elizabeth shared that most of the people that she's talked about her adoption with have been her friends and their responses have been "very positive." She went on to say that they have "taken it as a way to learn something new."

Corinne shared that she never felt stigmatized for being adopted because she always had a positive view of adoption. When reflecting on her experience growing up she stated, "the kids didn't mind at all." She credits being adopted in allowing her to know "love on a different level." She went on to say, "I think it gives you acceptance as well... my family is from Britain, like Irish and I'm clearly not." Corinne believed that as an adopted person "you're predisposed" to having acceptance and being less judgmental.

Nicole expressed that her adoption status never made her feel different or stigmatized. She shared that she grew up in a neighborhood where many of the other neighborhood children were also adopted and commented that the people she was "around never would have thought that that was a bad thing." Nicole went on to say, "I never hid it. If someone asked, I'd be like, 'I'm adopted.' I don't think my parents ever made it seem like it was a bad thing or anything like that."

Theme Five: Reasons For and Against Contact With Biological Relatives

The adoptees' reasons for and against contact with biological relatives also emerged as a theme in this study. Participants shared similar opinions as to why they would or would not want contact with biological relatives. Three participants out of the nine had some level of contact with biological relatives and their reasons for contacting their biological families were similar to those who had never had biological contact. Not wanting to harm another

family's existence, desire for medical information, difficulty obtaining information and consideration of adoptive parents feelings were identified as sub-themes.

Noel shared that she and her siblings have not had contact with their biological parents. She commented, "I probably have the least desire next to my brother. I just don't feel like that's something I need in my life. There's a reason why you're adopted. I just feel like leave it." Noel went on to say that she didn't think having contact would be "a big benefit" in her life and that she would rather "just leave that as it is."

Daisy shared that she and her biological mother made contact when Daisy was twenty-six years old. Since establishing a relationship with her biological mother, Daisy described feeling "unconditionally loved" by her biological mother in a way that she had not felt since her adoptive father. Despite Daisy's strong connection with her biological mother, she believes that adoptees should not have contact with or seek out biological parents until after eighteen years of age. Daisy commented, "I believe that if you make your choice, until that child is 18, they can change the scenario...that's how I look at it. I needed to have her in my life when it was time," in reference to seeking out her biological mother.

When asked about contact with his biological parents, Gali stated that when people learn of his adoptive status they often say, "Oh, do you ever want to meet them?" and he replies, "maybe? They'd be nice to see, but I wouldn't have any sort of attachment." He went on to say, "I don't really have them in my life at all, they're just biological parents. That's their title for me." Gali went on to express that he does not desire a relationship with his biological parents and that other people may have difficulty understanding why he would not want to contact his biological parents. He commented, "My mom and my dad are my mom

and my dad. Everyone's like, 'oh, what about your parent, parents. Your biological parents?' I'm like honestly, my comment is always, 'What about them?'"

Allen also expressed an initial lack of interest in contacting his biological relatives, stating, "I have been loved, and I have had a great childhood. I don't feel I have any negative impact as a result of my adoption, so why should I?" He ultimately decided to make contact but stated, "I don't ever remember feeling that I wanted to do this for a relationship. It was to solve a curiosity bone, that was just constantly in the back of my head is gone. I need to shut that off."

Subtheme One: Not Wanting to Harm Another Family's Existence.

Two of the adoptees expressed concern in harming another family's existence if they made contact with biological relatives. Elizabeth expressed that she was very secure in her relationship with her adoptive family and worried about stirring up emotions or issues in another family by having contact with her biological relatives. She commented, "I think the hardest part for me was when I turned 18 and I spoke to my biological father." She went on to say, "I felt like I was looking at it from a very academic level, like this is so fascinating, this is so interesting ... I didn't want him to get too connected and get too hurt, because I felt like the level of attachment was really different. I didn't want him to get his expectations too high and expect that I was going to be his family. He had his own family, he had a daughter and a wife, and I felt like there were too many emotions that were getting called back for him, and I didn't want that." Elizabeth shared that she has not had continued contact with members of her biological family.

Allen described the day he met with his biological grandmother and aunt as a “pretty big day.” Prior to meeting them he “was so nervous about harming another family's existence.” He expressed being concerned that he “might negatively impact the birth side of [his] family.” Allen shared that he had a “perfectly healthy, great life up to that point” and wondered if he was “being selfish and curious” and might “find out there is some wound, or open something in somebody's past that was very difficult.” Allen found this stressful once he decided to embark upon the journey of finding members of his biological family. Allen believed that society had sparked some of his concern in harming another family’s existence stating, “society gives that impression to us... we are just going to bring up this whole negative past of someone's life.”

Subtheme Two: Desire for Medical Information.

A few adoptees cited their desire for medical information as being a reason for making contact with biological parents, regardless of whether or not they planned on actually making contact. Corinne expressed that “not knowing any information... any medical history” has caused some difficulty. She stated, “I know I have to take tests and...start doing things like mammograms... at much earlier age not knowing. Then also getting up at an age, that fact that I haven’t had kids, not knowing any medical history or anything like that.”

Kate also shared that she “wanted to know medically if there was any ...heart disease and cancer and all that.” Kate expressed that she attempted to attain obtain medical information, “but I couldn't even get that” and thought, “that's really sad to me that the records are so locked away that you can't even find out your medical history.” Allen also expressed interest in “knowing” his “medical background.” Noel expressed strong feelings

against any desire to contact her biological relatives stating that if she was on her “deathbed and need a blood transfusion or something, then yes” but that other than that she had “no desire.”

Subtheme Three: Difficulty Obtaining Information.

More than half of the adoptees interviewed expressed difficulty with “not being able to just easily obtain information” about their birth parents. Jubei expressed hesitation and discouragement in “reaching out and taking some steps” towards getting information about his biological parents. Allen stated that he “did a little searching” but that his biological parents had passed away many years prior. “It took me two years to find them through a private investigator that specializes in...adoption cases,” said Allen.

Corinne commented, “I was born in Illinois and in Illinois adoption laws they’re closed so you aren’t given any identifying information, anything. I don’t know who they are or even if they’re still alive and I’ve not taken initiative to go find them.” She also shared her understanding that “everything is closed so it’ll be a big long hassle in court going to try and get things reopened and everything.” She expressed that she has “not felt that need.” Kate shared that she tried to make contact and get information about her biological parents in the past but “never got anywhere.” She shared that her daughter got some information ten years ago but Kate “didn’t pursue it” and decided, “at this point I’m good.” She commented “my parents are gone and I just ... I didn't really ... It's not that I didn't care but I just didn't really have that desire anymore.”

Subtheme Four: Consideration of Adoptive Parent’s Feelings.

Some of the adoptees expressed consideration of their adoptive parents' feelings as having some effect on their contact with biological relatives. Corinne commented "questions are coming up now, I know they're starting to get a little bit more difficult for my mom to deal with as far as looking to find any biological relatives and things like that and thinking about that more, because things are opening up a lot more now as far as courts and everything go." She expressed "I think it almost hurts her more the thought of it now, more so than it did when I was younger". Kate expressed a similar sentiment stating "her answer was, 'Well, if you want to that would be okay,' but I could tell there was a kind of part of her that wanted to know why I would. Did they do something wrong? I had none of those feelings whatsoever." Kate went on to say that the "chance that it might be hurtful" and "because there was no strong desire" in her she "never pursued" making contact with her adoptive relatives.

When questioned about her level of contact with biological relatives, Nicole commented, "I just always figured, my mom's my mom. She's the one who raised me, she's the one who's been there for me, and even though she didn't give birth to me, she's my mom." Nicole stated that "she always felt like it would be hurtful" to her mother to "try and inquire and find out." She went on to share that she "never really had any questions about it" and credited this to her mother taking her and her brother to the adoption agency where her and her brother were adopted. Nicole remembers that the agency "had sheets of information. Certain questions you'd want to know, like how tall, what were their hobbies."

Theme Six: Positive Impact of Talking to Other Adoptees

The positive impact of talking to other adopted people was a central theme among all adoptees. Adoptees expressed that it was helpful in normalizing their experience to talk to other people who were adopted. A few of the adoptees in this study had adopted siblings with whom they felt could also relate to their experience of being an adoptee.

Jubei reflected that it did help to talk to another adoptee he met and found it “nice” when they had an opportunity to share their experiences. Elizabeth expressed that other people who are adopted can relate to similar thoughts and feelings that might be unique to an adopted person. She stated, “I think especially because people are so shocked that it's so normal to me. When you talk to someone else who is adopted and has had a positive experience, I think it really confirms to me that it's not out of the ordinary.” Corinne also found it to be a positive experience, stating that other adopted people “think about the same things.” Corinne shared that when she talked to other adopted people she got to “bond” and “laugh over certain things that somebody else might not, like really get or that you would really talk about with anybody else who might not have experienced that.”

Daisy expressed that other adoptees could “understand” where she was coming from and that “if you're born into a family and you're raised by your birth family, you will not understand.”

Gali also expressed that among his group of friends “a couple” are adopted and “it comes up once in a while. We go on our little spiels and rants about what it was like growing up and did you always know,” he said.

Noel found having two other adopted siblings to be a positive factor in her adoption experience because she felt they were all “experiencing it in so many similar ways.” She

stated, “the bond that I have with my sister is stronger than anything in the world. Our relationship, when I meet people who don't have strong relationships with their actual blood siblings, it's crazy to me. I would never sacrifice that relationship. I think if they think there is any kind of, 'Oh they're not going to be able to get along because they're all different.' That's absolutely not the case. She's my best friend.” Kate also described being close to her brother. “My brother and I, we're still close. He lives in Utah and I live all these miles away but we keep in contact. We are actually closer than my husband and his brother,” she commented.

Theme Seven: Successful Integration Into Adoptive Family

Throughout the interviews many of the adoptees expressed that they did not “feel adopted.” They expressed strong bonds with their adoptive family and an overall feeling that it was meant to be. Elizabeth reflected, “I think growing up, family was a very different concept. It's not just about blood relations, it's the people that mean the most to you.” She felt as though the “amount of love and support” she received helped her significantly. Elizabeth felt supported not just by her “immediate family,” but also by her “extended family.” She gave an example of her grandparents, stating “nobody was ever like, ‘Oh, that's my adopted granddaughter.’ It's like, ‘That's my granddaughter.’” Elizabeth expressed that the “pride” that they had made her feel like “their own flesh and blood.” Elizabeth felt like that was “really crucial” to her sense of well-being and security. Noel expressed a similar sentiment stating, “since I didn't ever know what it was like to have a sister that looked like me, or a brother that looked like me. I guess I'm adopted, but I don't feel like I'm adopted.”

Allen also felt as though he was fully immersed in his family and as though he was no different than his relatives that were born into his family. "I felt like the lucky lottery," he reflected. "As I grew older, I looked back...and I thought how incredibly lucky I was to have parents that could scoop me into their family, and make me part of a great family, and treat, and love me like one of their own," he remembered. "I always felt that my extended family acted totally normal to myself and my sister, and they have biological kids, so cousins and stuff. We were all hanging around, and it never felt any different," shared Allen. Kate also shared that she never felt any different than her cousins and family members that were united by blood. She shared that at one point, when Kate was a child, her grandmother attempted to describe this feeling to Kate. Kate remembered that her grandmother said to her, "I know that you might think that this is funny but I don't think of you as being adopted." Kate's grandmother expressed feeling closer to her than her "son's children that were all blood and biological." Kate stated that it made her feel good but that Kate replied, "That's not very nice, grandma, you know?" "Because the cousins were really sweet to me, too, and I loved them but I understood what she was trying to get at. She was just trying to say that my brother, and me were just as important and just as special." Gali also shared his feelings of being fully integrated into his adoptive family. "It's like we have to take care of each other. We're all we have. Granted we may not be at the same bloodline or the same culture but still we are one. We are one family," he shared.

CHAPTER V: DISCUSSION AND IMPLICATIONS

The purpose of the current study was to explore the lived experiences of adult adoptees who self-identified as resilient and well adjusted. In the Discussion section the identified themes will be explored and made sense of by utilizing the findings from the literature review. The results led to seven major themes that facilitated a sense of healthy adjustment and resilience in the participant's experience of adoption. Implications for clinical practice, implications for future research, and limitations in the current study will be identified based on the multifaceted aspects of the current study.

Many of the themes that emerged in the current study are supportive of information identified in previous studies. However, the current study is different in that it captured the first-hand experiences of adult adoptees reflecting on their adoption experience. Furthermore, many adoption studies focus on the vulnerabilities and deficits of adoptees. The majority of previous studies have failed to discover dependable and relevant overall differences in mental health and psychological well-being between adoptees and their non-adopted counterparts (Zamostny, O'Brien, Baden & Wiley, 2003.) This study was specifically conducted to shed light on the ways adoption can work for the families and individuals involved in the experiences of adoption.

The themes that emerged captured the experience of adoption from the adoptee's perspective and factors that may have contributed to their resilience, healthy adjustment and well-being. Adoptees self-identified as resilient and well-adjusted, which was further supported by the Brief Resilience Scale. All adoptees were identified as resilient according to the scale, with many falling in the high average to above average range. Common themes

were identified in their experience of adoption that positively impacted their resilience and adjustment.

Theme One: Positive Narrative of Adoption

Participants shared narratives of their adoption story that highlighted their understanding of why they were unable to stay with their biological parents and had to be adopted. The participants also provided their understanding of why their adoptive parents adopted them. Participants expressed being at peace with their adoptive status and understanding their adoption as a necessary in allowing them to have the best circumstances to live a healthy life. This is in line with previous research on the importance of adoptees making sense of their adoptive status and differentiating between their adoptive and biological families (Neil, 2011).

Some adoptees expressed knowing the specific circumstances under which they were given up for adoption and others had a more general understanding. Jubei did not have knowledge of why he was given up for adoption until he was an adult, but understood why his parents had adopted him. The participant's narratives for their adoptive status were communicated with a positive undertone. They expressed acceptance of their adoptive status and an overall feeling of being "chosen" by their adoptive parents and feeling "special." This finding is consistent with previous research on adoption reconstruction. The participants in the current study met the last phase of adoption reconstruction of "finding peace" with their adoption (Penny, Borders & Portnoy, 2007).

Jubei's narrative highlighted his parent's gratitude in receiving him and how they got to "pick" him out of all the other babies. Corinne's narrative emphasized love and sacrifice,

as she believed that her biological mother must have loved her deeply to give her a chance at a better life. She communicated that her adoptive parents wanted a child “so much” and loved her as much as they would had she been a biological child. Kate identified as being “chosen” and special because her parents waited to have children and that she was “meant to be” with them. Nicole knew the story behind why her biological parents adopted her and felt like her parents truly wanted her. Nicole emphasized that she was much better off because she was adopted and expressed that she could not imagine her life any other way.

Elizabeth’s narrative of her adoption encouraged her to share her story with others to educate people on positive experiences of adoption. Elizabeth understood that her biological parents could not keep her and that she had to have a different family. According to Elizabeth, she was an answer to her parent’s prayers as they had tried and tried to conceive with no success. Daisy understood that her biological mother was not equipped to raise her and expressed a deep connection with her adoptive father and understanding that he really wanted her. Allen knew why he was given up for adoption and understood that his biological parents could not care for him at their young age and within their religion. In his perception he was meant to be with his adoptive parents.

Overall, the adoptees communicated that their biological parents would not have given them up for adoption if it were not the last resort and that they must have had “good reason” to do so. It was more frequent that the participants understood why their adoptive parents adopted them rather than exactly why they were given up for adoption. Having a narrative for why they were adopted and why their biological parents could not raise them helped the participants make sense of their adoptive status. At a young age, children may

internalize the experience of adoption as an indicator that they were not wanted, especially if they are unsure why they were given up. In the current study, most of the participants knew why they were given up or rationalized why they were given up for adoption with a positive framework. The circumstances under which they were adopted may have been negative, but the adoption itself was viewed as positive because it led the adoptee to their adoptive families and provided the adoptee with the opportunity for a better life. These findings support existing research on the importance of adoptive parents helping their children make sense of being adopted (Neil, 2011).

Theme Two: Preference for Early Adoption Disclosure

Eight out of nine participants shared that they had “always known” they were adopted or had some knowledge of their adoption from a very early age. Regardless of the participant’s age of adoption disclosure, all of the adoptees in the current study believed that a person should know they are adopted from “day one” or “as early as possible.” This is in line with a previous study of adoptees in which participants preferred their parents sharing adoption related information early and “communicating openly about adoption across the lifespan” (Wydra, O'Brien, & Merson, 2012, p. 75).

Jubei experienced distress when he learned about his adoption status. Jubei was around four or five years old when his parents told him he was adopted. He described a shift in reality where everything he once knew, he now questioned. This experience is aligned with existing research which suggests that disclosure is more shocking and life changing as the person’s age of adoption disclosure increased (Wydra et al., 2012). Present findings are consistent with existing research where disclosure occurring after age five is experienced as

distressful and adoptees who are told later in life often feel shocked, misled, and temporarily isolated or disconnected from their family (Wydra et al., 2012). When parents tell children they are adopted after age five there is a high likelihood that it will impact the relationship that the adoptee has with their adoptive family negatively. Often adoptees told later in life report that they felt deceived and as though everything they once knew was a lie.

Noel shared that her adoption disclosure had to happen because she and her two siblings are all adopted and physically look very different, being of different ethnicities. She expressed always knowing that she was adopted but that her parents discussed the topic more directly once she was about four so that her and her siblings could explain their family dynamics to other people outside of their family.

Participants shared their strong beliefs against parents waiting to disclose adoption to their children. When they shared these opinions, the adoptees often provided examples as to why they thought it would not be best for the child or used their positive adoption disclosure as evidence for working adoptive status into a person's foundation from a very young age. The adoptees in this study shared that their parents were open about their adoption and answered questions. The adult adoptees reflected that some of their questions might have been uncomfortable for their parents but that their parents answered them anyway.

The majority of the participants in this study had their adoptive status built into their experience of family from as early as they could remember. Knowing they were adopted was not a surprise, it was not shocking and they were told before they may have understood what it meant. Some of the participants shared that their parents used books to explain adoption, others had conversations from a very young age of families but most felt as though it was just

weaved into their lives and that it was natural. Whatever avenue adoptive parents take in telling their children they were adopted or weaving it into their lives, this should be done as soon as possible. It appears to be most beneficial for the adoptee and their families if there is honesty about the person's adoption even prior to an age at which they might fully understand the meaning of adoption. In the study those who appeared the most well-adjusted "always knew" or had some sense that they were adopted.

Theme Three: Positive Relationship with at Least One Adoptive Parent

Not surprisingly, participants identified at least one adopted parent with whom they had a positive relationship. This is consistent with current research on the correlation between the parent-caregiver relationship and the adjustment and well-being of that child. Previous studies have shown that a secure attachment with adoptive parents positively influences an adoptee's later social adjustment (Juffer & Van Ijzendoorn, 2007).

All of the participants identified as having the ability to have close and meaningful relationships with others. Two participants described some difficulty in relationships with others. Jubei believed that learning of his adoption at a later age caused issues in his relationship with his parents but he also indicated feeling attached to them. Daisy described having a close and positive relationship with her father until he passed away. However, her relationship with her mother was distant and it appeared that she and her mother were not able to create a healthy attachment. Daisy's attachment to her father may have served as a protective factor despite her perceived lack of attachment to her adoptive mother.

The experience of being adopted can be considered an adverse experience to some. However, some of the participants described other instances in their lives where they

experienced adversity and are resilient. Allen lost his mother in his youth, Jubei lost his father in his early twenties, Daisy lost her father at a young age. A few of the adoptees also shared that they were estranged from one parent and were very close with the other. The adoptees expressed receiving unconditional love from one or both of their adoptive parents and believed that their parents would always be there for them, “no matter what.” It appears that their close attachment bond with at least one primary caregiver served as a protective factor and contributed positively to their resilience, adjustment and well-being. These results are supportive of previous research showing that positive parent-child relationships predict psychological adjustment identified as personal self-esteem, positive well-being and less distress (Johnstone & Gibbs, 2012). The participants described having at least one relationship with an adoptive parent that was as supportive, surrounded by warmth, and reported that their parents understood them.

Participants in the current study were at a lower risk for maladjustment due to their early placement with their adoptive families. The participants were placed with their adoptive families from as early as eight days old to three months old and all were adopted prior to six months old. In line with the current study, younger age of placement with adoptive parents increases psychosocial adjustment (Howe & Fearnley, 2003). Typically, adoptees are at a lower risk for behavioral problems when placed with adoptive parents at a younger age because less time is allowed for difficult early experiences prior to adoption (Collishaw, Maughan, & Pickles, 1998). Being placed at a younger age may have also provided a greater opportunity for the child to establish a healthy attachment with their adoptive caregiver. This supports previous findings linking early age of adoption with a higher likelihood that the adoptee would

report that they felt like they were loved by their adoptive mothers and fit with their adoptive families (O'Brien & Zamostny, 2003).

Theme Four: Feeling Stigmatized or Different

Findings from the current study support previous research indicating that adoptees may face negative stereotypes about adoption and sometimes negative reactions or intrusive questioning from others (Kline, Karel and Chatterjee, 2006). Four of the adoptees shared that feeling different was a negative aspect of their adoption experience while one adoptee expressed that feeling different was not necessarily a bad experience. Participant interviews revealed that whether or not the participant felt different and stigmatized was heavily influenced by the responses of others to their adoptive status. The participants experienced more instances of uncomfortable questioning and teasing during childhood and found that this wore off as the adoptee became older. This could be due to the curiosity of children and lack of appropriate boundaries and social skills.

The participant's reactions to stigma and negative responses appeared to be mediated by their understanding of their adoption and the support they received from their parents. Adoptees who did not experience being adopted as negative and those who were less likely to have negative responses from others described being supported by others who normalized and accepted their adoptive status. Five of the adoptees described living in communities and having experiences with others that supported adoption and felt as though they were not stigmatized or made to feel different.

Adoptees that were more comfortable with their adoptive status and felt supported by their parents and community were less likely to report feeling different or stigmatized. They

reported that although other children were curious, they were open about their adoptive status and could talk to their parents about any concerns that arose. Because adoption continues to be a non-conventional way of creating a family, those who are adopted will likely continue to experience instances of stigma and stereotyping. When adopted people have a narrative of their adoption story and support from their parents, they are more confident in their ability to talk about their adoption with other children. Several adoptees in the current study acknowledged that people that are not involved in the experience of adoption are curious about the experience of adoption and what it means. Adoptees shared that people would ask them if they would want to meet their “real parents.” This has been discussed in other studies and can be an area of growth for those not involved in the process of adoption to become educated on ways to talk about a person’s adoptive status and names they give the people in the adoptive triad (Gajda 2004). One adoptee welcomed the opportunity to talk about her experience with others as she viewed it as a way to educate others about her positive adoption experience. The findings support previous research encouraging parents to help their children manage their adoptive status in social interactions with others and to feel confident in their adoption experiences.

Although some participants identified negative feelings associated with their adoptive status and interacting regarding their adoptive status, all participants believed that their adoptive status contributed to personal strengths. One of the common personal strengths identified by participants was compassion, acceptance and understanding of others. Adoptees believed that because they were part of a minority status and knew what it felt like to be different they had gained a sense of compassion for others.

Theme Five: Reasons for and Against Contact with Biological Relatives

The majority of participants cited practical reasons for and against contact with their adoptive families and some desired no contact whatsoever. Three out of nine participants had some level of contact with their biological relatives but only two remained in contact. Four subthemes were identified as being related to reasons for and against contact with biological relatives. These included not wanting to harm another family's existence, desire for medical information, difficulty obtaining information, and consideration of adoptive parents' feelings. Some adoptees just cited curiosity as fueling their desire for information about their adoption. This is aligned with previous studies dispelling the stereotype that adopted children are obsessed with their adoption and biological family (Gadjda, 20014). Many participants in this study demonstrated a normal curiosity with their identity.

Four of the adoptees directly cited the desire for medical information as a reason for contacting biological parents. However, participants expressed that they were not seeking a relationship with their biological parents but rather information that could impact their future such as hereditary disease and illness. The adoptees' reason for contact appeared to be impacted by the amount of information they had about their adoption and by their relationship with their adoptive parents. The adoptees in the current study that expressed a desire to attain more information had little information at the time of interview and some had an unsatisfactory relationship with one adoptive parent.

Two of the adoptees expressed that they were hesitant to have contact with biological relatives for fear of harming another family's existence if they made contact with biological relatives. These adoptees were aware that adoptive relatives much like themselves already

had families of their own. They each expressed concern with opening up old wounds and one adoptee worried that her adoptive relatives might have feelings towards her that she could not reciprocate.

Participants also expressed the belief that they would have difficulty obtaining information related to their adoption. One participant felt that she found her biological mother with ease while another adoptee shared that it took him two years to find his biological relatives. Others expressed that they only wanted medical information but that the idea of going through the ordeal of trying to get information outweighed their desire. This supports previous research by Levin (1999) that addressed the difficulty adoptees face in finding information related to their adoption and in some cases making contact with biological relatives. Many adoptees in the current study had gaps in their information about their birth parents. The participants in this study provide further justification for easier access to information pertaining to not just adoptive parents but the biological health of the adoptee.

Three of the nine participants cited concerns about their adoptive parents' feelings as a reason not to seek contact with biological relatives. It appears that the adoptees' concerns may have been a reflection of their adoptive parent's feelings regarding their children's contact with biological relatives. It has been found that some adoptive parents can be wary of the possibility of contact between their child and biological relatives, often fearing that this type of contact might diminish the parent-child relationship. However, in infant adoptions these anxieties may be lessened as the parent and child have an earlier opportunity for attachment. Previous research has found that some contact can lessen the anxiety and guilt

many adoptive parents feel when adopting and does not lessen feelings of closeness between the child and adoptive parent.

Theme Six: Positive Impact of Talking to Other Adoptees

Participants in the current study believed that talking to other people who were adopted had a positive impact on their adoption experience. Over half of the adoptees described having a close relationship with at least one other adopted person, who in many cases was a sibling. Four of the participants described having a very close relationship with their sibling(s) and believed that their relationship with their adoptive sibling was closer than that of two people who might be biologically related. Over half of the total participants described a very close relationship with someone else that was adopted regardless of whether or not they had an adopted sibling or if they were close to that person. One participant who had adopted siblings with whom she was not close married someone who was also adopted, while another adoptee described having close friends with whom he has regular contact that are also adopted.

Talking to other adopted people about the experience of adoption appeared to normalize the experience of being adopted. Many participants felt as though other adoptees understood things that non-adopted people would not understand, such as not looking like adoptive family members, being different, interactions with non-adoptive people, etc. It was also reaffirming for adoptees to hear about both negative and positive adoption experiences from other adoptees. Adoptees described pleasure and validation in talking to other adoptees that appeared satisfied with their adoption experiences. When they spoke to other adoptees

who had negative experiences, they commented that they were happy that those experiences were not their own.

Theme Seven: Successful Integration into Adoptive Family

The adoptees valued a sense of community and family support that included and went beyond their relationships with their adoptive parents. They expressed strong relationships with siblings and extended family members and often reported feeling as though they were not adopted. Adoptees clearly communicated that they felt as though their relationships with family members were as strong as if they would have been biologically related.

Participants commented that family members that are related to one another biologically are not immune to familial dysfunction. They also expressed that their adoptive status did not diminish the quality of their familial relationships. These findings support existing research indicating positive outcomes with regard to adoptee satisfaction with familial functioning (O'Brien & Zamostny, 690).

The majority of participants shared that they felt no different than anyone else in their family and that it was difficult at times to explain this to people outside of their family. Participants described something deeper than acceptance when describing their family's feelings towards them. This feeling was expressed by the majority of the adoptees and was described with difficulty. Participants felt like there was not a word to capture that they did not feel adopted, but felt as though they were just as connected to their families as someone who was blood related.

The adoptees in the current study were between twenty-five years old and sixty-five years old during the time of interview. Participants accepted nontraditional family

constellations as the norm and believed that their experience of family was no different or less than that of more traditional family constructs. In support of previous research, the adults in this study were adopted in infancy, which could also account for their perceptions that they fit with their adoptive families (O'Brien & Zamostny, 2003). The participant's age of adoption, attachment to their parents and familial connections appeared to positively contribute to integration into their adoptive families.

Implications for Clinical Practice

The adoptees in the current study did not become resilient or well-adjusted without the help of others and without impact from their environment. There were various environmental factors and interpersonal relationships that impacted their experience and affected where they are today. The adoptees in this study thrived based on their connection with others, attachment, communication, openness, unconditional love, feelings of belonging, closeness and support from their family, friends and community.

It is hoped that the personal stories of the participants in this study can augment current beliefs regarding the meaning-making experiences of adoptees. The information collected in this study may provide support, validation and guidance to those who have been adopted and those seeking to be involved in the adoption process. It is possible to cultivate adoptive experiences that foster resilience and healthy adjustment in adoptees. The themes identified in this study as impacting adoptees' overall well-being may be useful to professionals who work closely with those involved in adoption, including mental health professionals and paraprofessionals working closely with adoptees and their families. The conceptualizations should also be helpful for adoption agencies, policy makers, the legal

system, and adoptive families in determining best practices that foster resilience and healthy adjustment in adoptees. This information may also be of value for those involved in family dependency treatment courts, child welfare services, and other agencies who wish to promote positive experiences for children and families who become involved in the adoption process.

Psychologists and others working with adoptees who are struggling could use the information from this study to help adoptees make sense of their adoption and to pace out what may have gone well and what was missing that led to their struggle. It is important to keep in mind that not all adoptees come to therapy because of grief, pain, longing or anger regarding their adoption. Many adopted people attend therapy for reasons unrelated to their actual adoption such as other adverse experiences they have encountered (Friedlander, 2003).

Implications for future research

The current study found several factors that impacted the resilience and well-adjustment of the participants regarding their experiences of adoption. It is hypothesized that it was not one factor but the combinations of factors that lead to the resilience and well-adjustment of adoptees in this study. It is unclear which of the factors identified in this study have the most impact on the adoptees' resilience and well-being and how many of these themes are necessary to positively impact resilience and well-being.

Previous studies have typically been quantitative and focused on the deficits of adoptees. The current study provided an in-depth exploration of the experiences of adoption that led to the emergence of several themes that impacted resilience and well-adjustment. However, the actual impact of each theme was not individually assessed and thus they are viewed as having a collective impact on the adoptee. Additional studies involving factor

analysis could serve to operationalize the specific components of the adoption experience to determine which particular components predict positive adjustment and resilience in adult adoptees.

Limitations

One limitation of the present study is the lack of procedures to enhance validity. Triangulation was not employed since the only method used to collect raw data was the participant interviews. Furthermore, this researcher collected, transcribed, and analyzed the data without assistance from an outside party. Moreover, there was no respondent validation, as participants did not participate in a second meeting to review the content of themes and provide feedback on this researcher's interpretations of their responses. This researcher is operating under good faith that interviews were transcribed accurately, and themes were identified with as little biases as possible.

Because the results of the current study were based on self-report, participants' perceptions of what was helpful to them may be incomplete in that they may not be aware of the all the factors that impacted their well-being. Another limitation is that interviews were only conducted with people who consider themselves well-adjusted, so they may not be that dissimilar from the experiences of people who do not consider themselves well-adjusted. That would require a different kind of study, in which both well-adjusted and the not-so-well adjusted adoptees were included to provide more of a comparison.

Conclusions

The current study identified themes in the experiences of being adopted from the adopted person's perspective. The participants were able to provide a first-hand perspective

on their adoptive experiences and from these stories themes emerged that could be correlated with their resilience and adjustment. It is hoped that this study provides education on adoption and the experiences of being adopted that may impact how others interact with adoptees, clinical practice, and those involved in the adoption process whether it be the adoptive agency, court systems, adoptive parents, biological parents and so on.

The participants valued their experience of being adopted and demonstrated resilience and well-adjustment. Having an understanding of why they were adopted out of their biological family and why their adoptive parents adopted them was a common theme. Each participant expressed a strong preference for early disclosure of adoptive status to the adoptee with the majority believing adoptive status should be weaved into the child's foundation. A close relationship with at least one adoptive parent was a significant factor identified by the participants as affecting their resilience and overall well-being. All adoptees shared their experience of contact with biological relatives and lack thereof with their perspective on the matter and how it impacted them. Relationships with other people who were adopted were also of importance to participants and positively impacted their lives. Participants demonstrated integration into their adoptive families and peace with their adoptive status.

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APPENDIX A

Informed Consent Form

The Remembered Experience of Adoption: Factors Supporting Healthy Adjustment

Antioch University, Santa Barbara

Principal Researcher:

Researcher Title:

Antioch University, Santa Barbara is committed to ethical compliance in protecting research participants. You are invited to participate in a research study that explores the experience of being adopted in relation to well adjustment. In order to participate in this study, you must be a person that has been adopted and would report yourself as being well adjusted. You must be 18 years of age or older to be a participant in this study. If you choose to be involved in this study you will be required to participate in an interview in which you will be asked questions about the factors in your experience of adoption that may have contributed to your current perception of well adjustment. The duration of the interview will be 45-90 minutes. You will be given the option of a 15-minute debriefing session after the interview to talk about your feelings regarding being interviewed and participation in the study. During this time you may also ask questions about the study.

With your permission the interview will be digitally recorded and transcribed with the intent of capturing and maintaining an accurate record of the discussion. Your name will not be used at all and all identifying information will be disguised as much as possible without interfering with the intent of the study. On all transcripts and data collected only a case number will refer to you. Every effort will be made to ensure that all information provided by you is confidential.

There are some potential risks associated with participation in this study. Although the intent of the study is to look at factors that contributed to the well-adjustment of adoptees, some of the questions in this survey may cause you to recall unpleasant or emotionally upsetting experiences. The interview questions related to the experience of being adopted may elicit memories that could be considered emotionally distressful. Should you feel the need to speak with a professional counselor about these memories or your response to them, you will be provided with a list of mental health treatment referrals

There are also potential benefits to this study. As a participant, you will be contributing to a

larger understanding of what it means to be adopted and what factors in the experience of being adopted contribute to your adjustment. This may aid in providing models of care for future and current adoptees with the idea of promoting health and well-being in people who have this experience that is often considered adverse.

Your participation in this study is voluntary and you may refuse to participate or withdraw from participation in the study at any time without penalty. Additionally, participants may refuse to answer any of the questions without penalty. Digital audio recording is part of this research. Only the principal researcher will have access to written and audio-recorded materials. By signing this consent form you are agreeing to be audio recorded during the interview portion of this study.

If at any time you have any questions about this study you may contact the research, Crystal Gonsalves, M.A., or her dissertation supervisor, Steve Kadin Ph.D. at Antioch University, Santa Barbara, 602 Anacapa St., Santa Barbara, California, 93101, (805) 962-8162. Should you experience any distress related to being a part of this study, you may contact the study researcher. They will take steps to connect you with local resources that can provide counseling and support.

By signing below, you state that you have read the foregoing information, are over 18 years old and are able to give consent. You have had the opportunity to ask questions about it and any questions asked have been answered to your satisfaction. Your signature serves as your voluntarily agreement to be a participant in this study.

Name (Please print) _____

Signature of Participant _____ **Date:** ____ / ____ / ____

APPENDIX B.

Interview Questions

The Remembered Experience of Adoption: Factors Supporting Healthy Adjustment

Antioch University, Santa Barbara

1. At what age were you adopted?
2. What is your perception of the influence this may have had on you?
3. At what age did you learn that you were adopted? (age of disclosure)
4. What level of contact did you have with your biological family?
5. What are the lived positive experiences of adoption from your perspective?
6. What are the lived negative experiences of adoption from your perspective?
7. What aspects of the adoption experience negatively contributed to your overall adjustment and perceived resilience?
8. What services, programs, and supports aided in your perceived well adjustment and well-being?
8. What role did your adoptive family play in facilitating your adjustment and resilience? (attachment)
8. What would you have done differently in reference to the adoption?
9. What do you wish your adoptive parents had done differently in reference to your adoption if anything?
10. How would you define being well-adjusted?
11. What traits in yourself do you perceive as contributing to being well adjusted?
12. What was it like for you to learn they were adopted? Tell me about that experience.

13. How do you feel about being adopted?

14. What is the response of other people to your adoption? With peers at different ages, other adults. Did you feel stigmatized? Self-conscious?

15. Were there particular people who reacted in particularly welcome ways? If so, what were they?

16. Do you know other people who are adopted; if so, has it helped to be able to talk to them?

17. Is there a particular experience that was especially meaningful to you, in either a positive or negative way?

APPENDIX C

Demographic Questionnaire

The Remembered Experience of Adoption: Factors Supporting Healthy Adjustment Antioch University, Santa Barbara

1. What is your age: _____
2. What is your gender?
 - Female
 - Male
3. What is the highest level of education you have completed?
 - High School or Equivalent
 - Some College
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree
 - Professional Degree (MD, JD, etc.)
 - Other _____
4. How would you classify yourself?
 - Asian/Pacific Islander
 - Arab
 - African American/Black
 - Caucasian/White
 - Hispanic
 - Latino
 - Multiracial
 - Would rather not say
 - Other _____
5. What is your current marital status?
 - Divorced
 - Not married but living with a romantic partner
 - Married
 - Remarried
 - Separated
 - Single
 - Widowed
 - Engaged
 - Would rather not say
7. Do you have any children?

- None
- 1
- 2
- 3
- 4 or more
- Stepchild or Stepchildren

8. What is your religious affiliation?

- Protestant Christian
- Roman Catholic
- Evangelical Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic
- Atheist
- Spiritual but not religious
- Other _____
- No religious affiliation

9. What was/is your employment status?

- Employed full time out of the home
- Employed part-time outside the home
- Employed full time in at home business
- Employed part-time in home
- Full time caregiver
- Retired
- Unemployed
- Other _____

10. Have you ever had psychotherapy or counseling?

- yes
- no
- rather not say

If yes, was it helpful? yes no not sure

If yes, at what age or time periods did you receive counseling?

11. Do you have siblings?

- yes
- If yes, how many? _____
- Where were you in birth order? _____

- no
- step-brothers and or step-sisters

12. What was your family structure growing up? (Check all that apply)

- Two-parent household
- Single parent household
- Other _____

13. At what age were you placed with your adoptive family? (year or months of age)

14. At what age was your adoption made official (actual date of adoption)

15. At what age was your adoption disclosed to you?

16. Do you have contact with your biological relatives?

yes no

If yes at what age did contact begin? _____

17. What type of contact do/did you have with biological relatives?

Letters

Phone calls

Face-to-face meetings

Other _____

18. Any pertinent information you would like to add?

APPENDIX D

Permission to Use the Brief Resilience Scale

The Remembered Experience of Adoption: Factors Supporting Healthy Adjustment

Antioch University, Santa Barbara

The following is proof of permission to use the Brief Resilience Scale for the current study.

The following e-mail is from Bruce W. Smith, Ph.D., Department of Psychology, University of New Mexico, Albuquerque, NM 87131-1161. E-mail: bw-smith@unm.edu

“Hi Crystal,

Thanks for your interest in the Brief Resilience Scale. You are welcome to use it free of charge and for as much as you like. I have attached the original validation article, a copy of the scale as it usually appears in questionnaires, a chapter with suggested cut-offs for high and low resilience, and an article on the predictors of resilience. Please let me know what you find when you can. I wish you the best in your research.

Kind Regards.

Bruce”