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Normative Crisis in the Development of the Adoptive Family
A model for Professionals Working with Adoptive Families

Until recently, adoption literature has been based on the perspective that issues and responses of the adoption triad are pathological. The depression, anger and shame of the birthparents have been seen as an unhealthy response, which is to be conquered. The pain of infertility that adoptive parents often face is too frequently transformed into the sense that there is a “problem” with them, especially in the realm of parenting. The adoptee is over-represented in treatment facilities and often seen as having learning disabilities and emotional difficulties.

These three groups are often perceived as having problems that are not “normal”. Is it normal not to be able to have a child? Is it normal not to keep a child? It is normal not to be kept? Society has colluded with the interpretation that these adoption issues are pathological and has made the very real problems of untimely pregnancy and surrender, and of infertility and adoption more of a stigma and a wound than they already are in and of themselves. There are ethnical and philosophical issues about both untimely pregnancy and about infertility and adoption. This paper will simply reflect on the complex problems, which arise, after adoption is the path chosen by birthparents and adoptive parents.

It is estimated that adoption affects the lives of forty million Americans. This is startling, considering that there are approximately five million adoptees in this country. However, there are birthparents, adoptive parents, birth and adopted siblings, grandparents and a whole array of extended family members who are impacted by adoption. Given these numbers and the fact that adoption is becoming more prevalent in the 1990’s, it will be increasingly important for clinicians to be skilled in working with the unique issues that face adoptive family systems.

Adoption has the potential of being a very positive way to create a family. One must remember, however, that these are feelings about having surrendered a child to adoption, about having adopted a child - especially when one cannot bear birth children - and about being adopted that pose special concerns for those involved throughout their lives.

My research project, *The Normative Crisis in the Development of the Adoptive Family* done at Harvard University and the model for treatment and training I have developed at the Adoption Resource Center (ARC) in Cambridge, Massachusetts with the Pre- and Post- Adoption Counseling Team in Cambridge, Massachusetts, explore the special issues and concerns that birthparents, adoptive parents and adoptees face. The model presumes that there are “normal” developmental crisis that occur in adoptive systems. Although all families and individuals go through developmental stages, the special circumstances that adoption creates add issues and complexity to the process of development. These issues are normal and healthy under the circumstances that surrender and adoption create. The normative model proposes that a systematic approach is needed in order to work with adoptive family systems. There is no identified patient in this model, but the whole system (from the wider context of adoption practices to the intricate relationships in the adoptive family and the birth family) is regarded as the client. Crises can be normal and can even lead to transformation. In order to truly understand and work with this complex system, the clinician must be familiar with and empathetic toward each member of the adoption circle, including the birth family, whether they are known.

Birthparents

(Choice of words is important. Birthparents feel discounted when referred to as “biological parents”, because they are far more than just “baby-making machines.” Adoptive parents feel discounted when birthparents are referred to as real.)

When working with women and their partners who are dealing with an untimely pregnancy and are trying to make a decision about whether or not to surrender a child for adoption, it is essential that they be educated about the post-traumatic effects that will be permanent, especially for the birthmother. In most cases, surrender in a “no win” situation. The pain of loss is likely to be great,

but the issues that make the question of adoption a serious one indicate that being a parent might also be a very difficult choice for these two people at this time.

Working within the lifespan of the developmental model for birthparents include working with the subsequent family and the issues that are common to the next children, especially the ones that we refer to as the “second first child” - the one born “first” after the surrendered child. For older birthparents who surrendered a child many years ago, there are several stages of treatment, including psycho-education, confronting the shame, allowing the anger, acknowledging and grieving the loss, and finally empowering and accepting stages which are crucial to the mastery and emotional development that is often arrested at the time of surrender. In addition, there are post-search issues created by either initiating a search or being searched for by the adoptee.

For those who are able to work with young couples prior to surrender, it is useful to educate and expose them to the experiences of those who have made this decision in the past and the birthparents who have more recently surrendered. We have created group therapy with a clinician and a birthmother who has attained some mastery and who can empathize and work with those who are starting out on this painful journey. The possibility of open adoptions make the processing of these emotions an on-going journey and not one that must be put aside for many years. Groups like Concerned United Birthparents (CUB) and The Adoption Connection (TAC) can help by providing support and education.

Pre-Adoptive Couples

The majority of pre-adoptive couples have been struggling for years with the issues of infertility. The pain and loss that result from constantly hoping for a birth child and the invasive experiences of medical, pharmacological and surgical procedures, as well as the strain on a couple’s relationship that these produce make the process of adoption seem like more hoops to jump through in order to attain their goal to be parents. Just like the birthparents, the adoptive parents feel like victims of the situation. Birthparents are victims of untimely pregnancy and lack of support from a partner, family and society. The result is a lifelong experience of pain, shame, guilt, and loss. Most pre-adoptive parents are victims of the situation of infertility, lack of understanding by some family and friends, and society, often also resulting in a lifelong experience of pain, guilt, shame and loss - a portion of which may seemingly “fixed” by adoption. Of course, adoption does not “fix” infertility. It does, however, make available the experience of parenting.

Pre-adoptive couples are subject to a variety of stresses that others do not experience in parenting, i.e. agency assessments and home studies, processing the variety of types of adoption includes varying degrees of openness and having to make choices that will affect the rest of their lives, often while lacking support and information from people who understand their process. Groups like Resolve and The Adoption Connection can provide support and education about these issues.

Couples need education about the varying degrees of openness and the variety of types of adoption, because they are making choices with lifelong implications. Couples are often quite surprised to hear that just as in a marriage in which the in-laws and families are present (like a Greek chorus) whether they live next door or 3,000 miles away, so in adoption are the birthparents and birth families present in the lives of the adoptees, whether the adoption is a closed or open one. The education of the pre-adoptive couple about the issues of adoption and how they affect the whole family (birth and adoptive), about the kind of adoption that is best for them and about the empowerment that is so important for them to be strong and caring parents are components of this very specialized clinical work.

Adoptive Families

There are ongoing issues in adoption for the whole family: how to tell the child, what to tell the child, when to tell the child, how to deal with extended family members and neighbors, how to work with the schools and with professionals who have little or no experiences with learning disabilities, attention deficit disorder and emotional difficulties in adopted children. Things that birth families take for granted may pose serious dilemmas for adoptive families. One example is medical history - physicians say that dealing with an adoptee is like dealing with a coma victim in the sense that critical and current family history information is often missing and impossible to get.

In adolescence, a variety of issues emerge for the adoptee and for the adoptive family. Adoptees, like all adolescents. Begin to look at themselves more carefully. For the adoptee, looking in the mirror may lead to the realization that he/she does not know another human being in the world that is

related to him/her. The fact of adoption complicates issues of identity, sexuality, trust, self-esteem and individuation, to name just a few.

As adolescence brings on a search for identity, adoptive parents are often faced with the confusing task of how to help the child integrate a complete sense of self when pieces of his/her heritage may be problematic or even missing entirely. Simultaneous with the adolescent doing his/her search, the adoptive parents are often subconsciously or consciously dealing again with the issues of loss, wondering what their birth-child might have been like and about the preparation for their adopted child's move toward adulthood and intense feelings about the loss of this child, who will soon be an adult.

There are also effects on the adoptees and the family if the search for birthparents is undertaken. The search brings up issues of conflicting loyalties for the adoptee between the adoptive parents and the birthparents. It also brings up fear and fantasies for everyone that is often difficult to manage. It is at this time that issues of loss arise again for all members of the adoption circle. For the adoptee there is fear of loss of and rejection by the adoptive family and possible rejection by birthparents. Adoptive parents must confront the fear of losing the adoptive child to the birth family, and the birth parents have the pain and loss associated with surrender brought back into their lives. It is important to note that although search brings up difficult and painful issues, it is an integral part of the healing process of identity and intimacy that is essential to making whole all of these broken connections. Clinicians must understand the importance and intricacies of the search and recognize that it is a healing journey no matter what is found. There are also issues regarding the adoptee as parent, the birthparents' future parenting, the complexities (and concrete possibilities) of open adoption, the myriad of reproductive technologies and the issues of adoption that are present for generations, as we look at family histories through genograms with a family system approach.

Adoption is an ongoing issue throughout the life cycle and beyond, affecting not only the generations past but the ones to come as well. In consideration of the experiences of adoptive systems throughout the lifespan, I have developed a therapeutic approach in my model called "brief long-term therapy" in which a family and various constellations (family as a whole and different sub-systems) are seen during a crisis and the work is in transforming the crisis into an empowering experience. Coming back for further counseling at another point in the development of the family is not seen as failure, but as a success in working through yet another stage of development. There is a completion of each stage of therapy but no termination. The word "termination" is too loaded for those who have suffered the losses associated with adoption - the loss of generational continuity and connection. The brief long-term model proposes that a therapist be available for consultation and therapy to each family in an ongoing fashion so as to avoid the emotional cut-off and loss that are primary issues in adoption.

An approach that incorporates "normative crisis" allows us, as professionals, to see the difficult times in a way that is not based in pathology. This creates opportunities for clinicians to act in ways that lead to the empowerment of individuals and families affected by the issues of adoption. Work with the larger system, the professionals, schools, courts and agencies are also a part of the model, which is a model of training as well as treatment.

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