Research

Reconstruction of Adoption Issues: Delineation of Five Phases Among Adult Adoptees

Judith Penny, L. DiAnne Borders, and Francie Portnoy

Five adoption-reconstruction phases were identified in narratives of 100 adoptees ages 35 to 55 years. Phases ranged from no awareness of adoption issues (Phase 1) to acute awareness accompanied by anger, resentment, and sadness about adoption (Phase 3) to a sense of peace and acceptance (Phase 5). Consistent quantitative and qualitative differences were found among adoptees at the 5 phases on multiple measures of functioning.

Today, adoption is typically described as a lifelong process or journey (e.g., Brodzinsky, Schechter, & Henig, 1992; E. R. Rosenberg, 1992) complicating one's ability to negotiate normal developmental tasks. For example, all adolescents must incorporate their family—their genealogical and cultural heritage—into their sense of identity; adoptees must integrate a cultural heritage from their adopted family as well as a genealogical and cultural heritage from a birth family, about which they probably have limited knowledge. Although both popular (Melina, 1989) and professional literature (Brodzinsky, 1987; Brodzinsky et al., 1992) describe the psychosocial developmental challenges of adoptees, these descriptions have little empirical basis (Peters, Atkins, & McKay, 1999). This is particularly true for adults (Zamostny, O'Brien, Baden, & Wiley, 2003). Most of the empirical literature on adult adoptees is concerned with searching (e.g., reasons for searching, satisfaction with the search) or with the existence of psychological distress (Borders, Penny, & Portnoy, 2000; Feigelman, 1997; Smyer, Gatz, Simi, & Pedersen, 1998). To date, the developmental tasks of adulthood—such as generativity and life review and how they are manifested by adult adoptees—have not been investigated empirically.

Researchers' focus on psychological functioning, or dysfunctioning, of adult adoptees reflects the problem-oriented, pathological emphasis found in the larger bodies of literature on adopted infants, children, and adolescents (Borders, Black, & Pasley, 1998; Grotevant & Kohler, 1999; Zamostny et al., 2003). Indeed, the numerous losses inherent in adoption sup-

posedly have put adoptees at a much greater risk of dysfunction. Throughout their lives, adoptees must grieve or deal with losses particularly relevant to each developmental stage (e.g., an adolescent grieving the loss of cultural and genealogical heritage in defining identity). This theme of loss, however, has rarely been studied empirically by adoption researchers (Zamostny et al., 2003).

For the middle-aged adult, loss is often a predominant theme because these years typically involve issues such as physical changes and decline, death of family and friends, and unrealized career goals. For the middle-aged adult adoptee, there might be additional adoption-related losses, such as gaps in one's history that cannot be passed along to the next generation (generativity). Within the general developmental reassessment and reconciliation of one's life, then, adult adoptees also must consider what being adopted means—or has meant—in their lives (Borders et al., 2000).

The prevalent theme of loss in adoption as well as in middle adulthood suggests that adult adoptees might experience a grief process as they negotiate middle-age developmental tasks. Current views of the grief process (Neimeyer, 1998) emphasize reconstruction of meaning following a loss. Life purpose and meaning also are integral to middle-age developmental tasks. Thus, depictions of the grieving process also might characterize the reconstruction of the meaning of adoption-related losses during middle adulthood.

We found suggestions of such a connection in a serendipitous manner. Originally, we set out to test assumptions that

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adult adoptees exhibit greater psychosocial dysfunction than do adults who were not adopted. We found (Borders et al., 2000) that, with a few exceptions, the middle-aged adoptees were more similar than different in comparison with a matched group of nonadopted friends. We also discovered, however, that there was significantly more variation among the adult adoptees than among their friends; whether or not the adoptees had searched for their biological parents helped to explain this greater variability. As part of the original survey, we also solicited general comments about midlife and adoption. To our surprise, almost all (80%) of the adult adoptees wrote lengthy narrative responses that described their life stories, including relationships with adoptive parents, feelings about being adopted, and their efforts to deal with adoption issues, as well as their views of adoption policies and laws (e.g., closed records). Some responses were as long as several typed pages that were attached to the back of the survey. These narratives were poignant, touching, heartwrenching, often filled with anger, and, sometimes, imbued with a sense of peace. Clearly, these adoptees had something they were compelled to share.

Following completion of our original, planned study, we returned to these narrative responses to determine what we might learn from them. Through our reading, rereading, and ongoing discussions, several themes and patterns emerged from the widely divergent narratives. The range of responses—from descriptions of intense, ongoing struggles to mild considerations—seemed similar to the *continuum of salience* that Grotevant and colleagues (Grotevant, Dunbar, Kohler, & Esau, 2000) found in adolescents' discussions of their identity as adoptees. These researchers reported that the adolescents' discussions ranged from a preoccupation regarding adoption to finding meaning in adoption, as well as other aspects of identity, to little or no interest in adoption. We saw a similar range in the middle-aged adults' attempts to understand and deal with various adoption issues. Moreover, our adoptees' responses often reflected the "tasks" (Attig, 1991), "challenges" (Neimeyer, 1998), and processes described in current models of loss and grieving. It appeared to us that there were clearly recognizable and distinct patterns in the adoptees' narratives, which reflected their efforts to find meaning in, or to reconstruct, adoption issues within the framework of midlife review. We grouped these patterns into the following five phases:

1. No Awareness/Denying Awareness *(Ignorance Is Bliss):* The adoptee has a sense of obligation and gratitude toward the adoptive parents. There is no overt acknowledgment of adoption issues. Adoption is considered a positive influence on the adoptee's life.
2. Emerging Awareness *(Curiosity Killed the Cat):* The adoptee views adoption as a positive influence on his or her life and also recognizes some adoption issues (e.g., has curiosity about birth family, yearns for closeness, experiences a void, has a sense of not belonging) but is hesitant to explore these issues.

3. Drowning in Awareness *(Ill as a Hornet/Mad as Hell):* The adoptee has feelings of anger, resentment, and sadness about the adoption. The adoptee is focused on losses in adoption, as well as anger toward the adoptive parents, birth parents, and/or the adoption system.
4. Reemerging From Awareness *(Rising From the Ashes):* The adoptee recognizes the losses in adoption and problems with the adoption system but also recognizes the gains from adoption. The adoptee is attempting to bring acceptance and integration to adoption issues.
5. Finding Peace *(Let It Be):* The adoptee has worked through adoption issues and feels at peace about adoption or is moving toward peace.

Given this preliminary work, we embarked on the current study, which was designed to test the viability of the proposed five phases. This involved three sequential research questions: (a) Were the five phases distinctive enough that independent raters could reliably categorize the adult adoptees' narrative responses into these phases? (b) Would each of these five phases exist in our sample of adult adoptees, and, if so, what percentage would be categorized into each phase? and (c) Would the adoptees in the five phases exhibit differences on a range of objective measures of psychosocial functioning collected for the original study?

Method

Participants and Procedure

Participants in this study were the adult adoptee respondents from our survey reported in Borders et al. (2000). Nonadopted adults who constituted the comparison group in that study were not included here. The adoptees were recruited primarily through a statewide adoption and foster care agency in North Carolina. The agency sent letters to middle-aged adoptees who had contacted it within the past 5 years and also published a notice about the study in its newsletter. Surveys were sent to the 137 adoptees who responded positively to these requests for participation (44 who had contacted the agency and 93 who responded to the newsletter notice). In addition, 19 surveys were sent to other adoptees known to the researchers (the authors of this article). Of the 156 survey packets mailed out, 102 were returned; of these, 100 were usable.

All 100 respondents were between 35 and 55 years of age, with an average age of 42.7 years ($SD = 5.6$). All respondents were White, and most of the respondents were women (78%), were married (70%), and had children (78%). Respondents were well educated: 57% were college graduates, and 35% had completed some college. According to socioeconomic status, almost all were in the middle class or higher (88%), based on Hollingshead's (1975) Four Factor Index of Socioeconomic Status. All respondents had been adopted as infants; most (84%) were adopted in North Carolina, and the majority (75%) were placed through the cooperating agency.

Measures

Given the lack of data available for adult adoptees, we constructed a comprehensive survey composed of standardized measures of five domains of general well-being relevant to adults (see the following). We also included questions specific to being adopted (e.g., age when learned of adoption, search status). A brief description of each measure is included here. For more detailed information, including validity and reliability, see Borders et al. (2000).

Current view of life. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used as a measure of global life satisfaction. The SWLS consists of five statements concerning the quality of life, each rated on a 7-point scale. Higher scores indicate higher levels of satisfaction.

The Semantic Differential Scale (SDS; Campbell, Converse, & Rodgers, 1976) was used as a second measure of global life satisfaction. The SDS contains eight adjective pairs placed at the extremes of a 7-point rating scale on which respondents place themselves. Higher scores indicate higher levels of satisfaction.

The Purpose in Life Test (PIL; Crumbaugh & Maholick, 1981), based on Frankl's (1955) existential-based theory of logotherapy, was used as a measure of life purpose or meaning. The 20 items are rated on a scale of 1 to 7. Higher scores indicate stronger purpose. At the end of the PIL, we added an item asking respondents to list, in order, the three things that gave them the most meaning in their lives.

The Mid-Life Identity Concerns Scale (Silverberg & Steinberg (1987, 1990) was used as a measure of the degree of reevaluation of one's life situation, life choices, and self. Respondents use a 4-point scale to respond to the 10 items. Higher scores indicate less concern (i.e., greater resolution of midlife identity issues).

In addition, we used the list of life regrets for midlife adults created by Lewis and Borders (1995). The list includes 16 statements about education, career, finances, health, family, spirituality, and self. Respondents rate each regret by using a 6-point Likert-type scale. Higher mean scores across all rated regrets indicate higher levels of regret.

Finally, we included a list of 10 adoption-specific regrets identified from the literature and from our own experiences working with adoptees. These statements used the same response format as the aforementioned list of life regrets. Higher mean scores indicate higher levels of regret.

Intimacy. The Sensitivity to Rejection Scale (Mehrabian, 1970, 1994a, 1994b) measures one's tendency to avoid behaviors in social situations that might lead to rejection. Respondents indicate level of agreement with the 24 items using a scale from –4 to +4. Higher scores indicate higher levels of sensitivity.

The Kansas Marital Satisfaction Scale (Schumm, Scanlon, Crow, Green, & Buckler, 1983) was used as a measure of global satisfaction with one's marriage and spouse. Respondents rate the three items using a 7-point Likert-type scale. Higher scores indicate higher levels of satisfaction.

Connectedness. The Family/Friend APGAR (Good, Smilkstein, Good, Shaffer, & Arons, 1979; Smilkstein, Ashworth, & Mon-

tano, 1982) measures social support along five areas of functioning (adaptation, partnership, growth, affection, and resolve). Respondents were asked to answer the family items in terms of the *family in which you grew up,* including immediate and extended family. Respondents use a 5-point scale to indicate frequency of satisfaction for each of the 10 items. Higher scores indicate greater satisfaction with support from family and friends.

The Adult Attachment Scale (Bartholomew & Horowitz, 1991) is a four-category typology measure of adult attachment styles: secure (comfortable with intimacy and autonomy), preoccupied (preoccupied with relationships), fearful-avoidance (fearful of intimacy and socially avoidant), and dismissing (dismissing of intimacy and counter-dependent). Respondents read brief descriptions of each style and indicate the one they believe is most self-descriptive.

Emotional/psychological functioning. The Center for Epidemiological Studies Depression scale (CES-D; Radloff, 1977) is a measure of depression symptoms in the general population. Respondents use a scale of 0–3 to indicate how often they have experienced each of the 20 symptoms within the past week. Higher scores indicate higher levels of depression, with a score of 16 or above indicating clinical depression.

The Rosenberg Self-Esteem Scale (M. Rosenberg, 1979) was used as a general measure of self-esteem. Respondents use a 4-point scale to indicate level of agreement with each of the 10 items. Higher scores indicate greater self-esteem.

In addition, we asked respondents to indicate whether they had ever received any type of counseling and, if so, the age and reason for seeking counseling each time. We also asked them to list any support groups to which they currently belonged.

Adoption-specific questions. In the last section of the survey, we requested information about respondents' adoption (e.g., "How old were you when you learned of your adoption?"). We included two questions about the adoptive family: "When you were growing up, could you talk about your adoption in your family?" and "How do you think your adoptive parents felt about adoption?" Respondents were asked to indicate the extent to which being adopted had affected *who you are.* To assess search status, we asked whether they had searched for and found biological parents. Those who had searched were asked to rate the outcome of their search. Those who had not searched were asked if they would like to search. Each of the aforementioned questions had anchored responses for the respondents to select. In addition, respondents were provided space to explain their answers to these questions. There was a final open-ended question at the conclusion of the survey: "Please write any comments that you think might be helpful to us in understanding adoptees at midlife."

We developed coding schemes for the explanations adoptees provided for each of the adoption-specific questions, and we trained counseling graduate students to code these explanations. Results and rater agreement can be found in Borders et al. (2000).

For this follow-up study, the independent raters (the counseling graduate students) were trained to identify the five phases

and were instructed to read all of the narration for a specific adoptee (explanations for adoption-specific questions and the final open-ended question) and to place that respondent in one of the five phases. Two raters coded each survey; if they did not agree on placement, a third rater coded the survey.

Results

Phases of Adoption Reconstruction

Trained independent raters (mentioned earlier) were able to classify all but a few of the adoptees into one of the five hypothesized phases. For 5 adoptees, responses to the open-ended questions were too brief to permit classification. With the original two raters, exact agreement on classification of the adoptees was 53%; adjacent agreement was 82%. A third rater was needed for 46% of the surveys, and, for one survey, a fourth rater was necessary to reach exact agreement on classification of phase. Chance exact agreement for two raters on five categories would be 20%, and chance adjacent agreement would be 52%; therefore, we believed our agreement figures did indeed suggest that independent raters could reliably classify adoptees into the five phases (Research Question 1).

Our second research question queried whether all five phases would appear in our sample, and, if so, what percentage of the sample would be in each phase. All five phases were identified among our adoptees by the raters. About a fourth (22%) of the adoptees were placed in Phase 1, exhibiting no or little acknowledgment of adoption issues. More than half of the adoptees (55%) were at various points of exploring and

trying to reconstruct adoption-related issues, with 29% being classified into Phase 2 and 25% placed in Phase 3, characterized by strong and mostly negative emotions. About a fourth of our sample (23%) had done some reconstruction of adoption issues, including both concerns about broad adoption-related societal issues and individual, personal experiences as an adoptee. Most of these adoptees were placed in Phase 4 (17%), with only 6 (6%) viewed as being in Phase 5.

Psychosocial Well-Being by Reconstruction Phase

To address the third research question, we divided the various measures of psychosocial well-being into four broad groups: current view of life, intimacy, connectedness, and emotional/psychological functioning. We then examined whether adult adoptees in the five phases differed on the measures within each of these broad groupings.

Current view of life. We conducted a multivariate analysis of variance (MANOVA) on the six measures of current view of life, with reconstruction phase as the independent variable. The MANOVA was statistically significant, $\lambda = .47$, $F(24, 290.76) = 2.97$, $p < .0001$. All of the individual analyses of variance (ANOVAs) for the six measures also were statistically significant. In general, means by phase for each of the variables yielded a curvilinear profile: Analyses of trend revealed a statistically significant quadratic trend for each of the six measures (p values ranged from .0008 to .0292). More positive scores were seen at Phases 1 and 5, with the least positive scores seen at Phase 3. Phase 3 was always statistically significantly different from at least one other phase (see Table 1 for individual scale means).

TABLE 1

Means and Standard Deviations of Measures of Well-Being by Reconstruction Phase

| | Reconstruction Phase | | | | | | | | | | |
| | Phase 1 (n = 21) | | Phase 2 (n = 28) | | Phase 3 (n = 24) | | Phase 4 (n = 16) | | Phase 5 (n = 6) | | |
Scale	M	SD	M	SD	M	SD	M	SD	M	SD	F
Current view of life											
SWLS	27.75$_a$	6.85	25.86$_a$	17.14	17.52$_b$	7.51	24.69$_a$	7.60	27.50$_a$	7.40	6.74****
SDS	47.40$_a$	7.34	45.32$_{a,b}$	9.01	38.70$_b$	11.35	45.94$_{a,b}$	7.19	47.83$_{a,b}$	7.47	3.29*
Mid-Life Identity Concerns	19.19$_a$	5.32	16.93$_{a,c}$	5.85	11.88$_b$	6.81	13.20$_{b,c}$	6.35	17.89$_{a,b}$	6.76	4.98**
Purpose in Life Test	115.20$_a$	11.40	109.97$_a$	16.40	95.97$_b$	21.77	109.96$_{a,b}$	10.90	117.30$_a$	14.41	4.84**
Life regrets	3.60$_a$	0.64	3.62$_a$	0.74	4.38$_b$	0.79	4.15$_{a,b}$	0.63	3.68$_{a,b}$	1.15	4.84**
Adoption regrets	2.29$_a$	0.81	2.55$_a$	1.00	3.96$_b$	0.89	3.45$_b$	0.78	2.98$_{a,b}$	0.99	12.38****
Intimacy											
Sensitivity to Rejection	−3.60	20.92	10.15	28.02	8.92	25.00	13.93	21.75	5.67	30.30	1.33
Kansas Marital Satisfaction	16.75	5.66	18.00	3.33	14.44	5.78	15.82	4.42	18.00	0.00	1.38
Connectedness											
Family support	15.70$_a$	4.26	14.00$_a$	4.97	6.79$_b$	5.63	10.87$_{a,b}$	5.18	14.17$_a$	6.11	10.36****
Friend support	16.95$_a$	2.91	15.57$_{a,b}$	4.04	13.58$_b$	4.03	13.56$_{a,b}$	4.35	17.17$_{a,b}$	1.47	3.46*
Family/friend support	32.75$_a$	5.93	29.57$_{a,c}$	7.96	20.38$_b$	7.38	24.93$_{b,c}$	7.22	31.33$_{a,c}$	6.15	10.01****
Emotional/psychological functioning											
Rosenberg Self-Esteem	33.90$_a$	4.97	33.02$_a$	5.41	27.35$_b$	6.60	30.92$_{a,b}$	4.58	35.00$_a$	3.24	5.60***
CES-D	8.03$_a$	7.31	12.37$_a$	11.69	23.13$_b$	12.78	12.23$_a$	7.05	4.60$_a$	3.05	7.91****

Note. SWLS = Satisfaction with Life Scale; SDS = Semantic Differential Scale; CES-D = Center for Epidemiological Studies Depression scale. Means having the same subscript are not significantly different at $p < .05$ in Tukey's post hoc tests.
*$p < .05$. **$p < .01$. ***$p < .001$. ****$p < .0001$.

With respect to the list of adoption-specific regrets mentioned earlier, the means for Phases 3 and 4 were significantly higher than the means for Phases 1 and 2. In particular, Phase 3 adult adoptees wished they had not been separated from their birth family, had had more information about and contact with their birth family as a child, had not been adopted, had been aware of the effects of adoption earlier, and had been able to express anger about adoption and talk more freely about it. Phase 4 adoptees shared most of these same regrets, although the strength of the regrets was less than that for Phase 3 respondents. The major exception was that Phase 4 respondents did not regret being separated from their birth family and being adopted. In contrast, adoptees at Phase 1 expressed the strongest wish to have been born into their adoptive families. Phase 2 adoptees also wished they had been born into their adoptive families, but their strongest regret was not having more information about their birth family as a child. Phase 5 adoptees wished they could have talked more freely about adoption and that they could have had more information about their birth family as a child. This latter desire was the one regret shared by all adoptees except for those in Phase 1.

At the end of the PIL, respondents were asked to list the top three things that gave them meaning in life. A chi-square analysis exploring the association between reconstruction phase and listing "family" as a meaning of life achieved statistical significance, $\chi^2(4, N = 91) = 9.83, p = .0434$. Adoptees at Phase 3 (21%) were less likely to list "family" as a basis for their meaning of life (Phase 1 = 57%, Phase 2 = 44%, Phase 4 = 67%, Phase 5 = 50%). There were no statistically significant associations between reconstruction phase and whether respondents listed children, spouse or significant other, or parents as a meaning of life.

Intimacy. An ANOVA for the Sensitivity to Rejection Scale yielded no statistically significant differences by reconstruction phase, $F(4, 87) = 1.33, p = .2636$. Likewise, the ANOVA for the Kansas Marital Satisfaction Scale, based only on the married respondents, was not statistically significant, $F(4, 57) = 1.38, p = .2520$ (see Table 1).

Connectedness. Three separate ANOVAs were conducted for the Family/Friend APGAR measures of social support. All three were statistically significant for reconstruction phase: family support, $F(4, 88) = 10.36, p < .0001$; friend support, $F(4, 90) = 3.46, p = .0111$; and total family/friend support, $F(4, 88) = 10.01, p < .0001$. As with the current view of life scales, a curvilinear pattern was seen with the social support scales: The most positive scores occurred at Phases 1 and 5, with a dip to least positive at Phase 3. Again, trend analyses yielded statistically significant quadratic trends for total family/friend support and for each of the two subscales.

In follow-up Tukey's tests (see Table 1 for means), Phase 3 was significantly lower than Phases 1, 2, and 5 were on both family support and total family/friend support and was significantly lower than Phase 1 on friend support. In addi-

tion, Phase 4 was significantly lower than Phase 1 on total family/friend support.

Because frequencies of some categories of adult attachment by reconstruction phase were quite low, the four categories were collapsed into two: secure (the original secure attachment category) and not secure (composed of dismissing/avoidant, preoccupied, and fearful/avoidant; see Table 2). The chi-square analysis of attachment by phase was statistically significant, $\chi^2(4, N = 95) = 10.17, p = .0376$. Two thirds of the adoptees at Phases 1 and 5 classified themselves as securely attached. Only about a third of those at Phase 2 (36%) and Phase 4 (38%) selected the secure attachment category. Adoptees at Phase 3 (25%) were the least likely to view themselves as fitting the secure attachment description (see Figure 1).

Emotional/psychological functioning. A MANOVA on measures of depression and self-esteem by reconstruction phase was statistically significant, $\lambda = .20, F(8, 176) = 4.24, p = .0001$. Individual ANOVAs for both scales were also statistically significant for reconstruction phase: CES-D, $F(4, 89) = 7.91, p < .0001$, and Rosenberg Self-Esteem Scale, $F(4, 89) = 5.60, p = .0005$. Analyses of trend produced statistically significant quadratic trends for both measures, confirming the visual appearance of the same curvilinear pattern apparent with the current view of life and connectedness scales: Most positive scores were found at Phases 1 and 5, with least positive scores found at Phase 3.

Follow-up Tukey's tests (see Table 1 for means) indicated that adoptees at Phase 3 had significantly higher depression scores than did the adoptees in the other phases. On the self-esteem measure, the scores of Phase 3 adoptees were significantly lower than those of the adoptees in Phases 1, 2, and 5.

On the depression scale, 32 respondents scored above the cutoff score for clinical depression. A chi-square analysis of above/below depression cutoff by reconstruction phase was statistically significant, $\chi^2(4, N = 95) = 15.58, p = .0036$. A majority of adoptees at Phase 3 (62%) were above the cutoff score, whereas most respondents at other phases scored below the cutoff score (Phase 1, 86% below the cutoff score; Phase 2, 68%; Phase 4, 69%; Phase 5, 100%). None of the 6 respondents at Phase 5 scored above the cutoff score for clinical depression (see Figure 1).

TABLE 2

Frequency of Attachment Categories by Reconstruction Phases

Reconstruction Phase	Attachment Category			
	SEC	D/A	PRE	F/A
Phase 1	14	1	4	2
Phase 2	10	2	3	13
Phase 3	6	3	3	12
Phase 4	6	1	3	6
Phase 5	4	0	1	1

Note. SEC = secure; D/A = dismissing/avoidant; PRE = preoccupied; F/A = fearful/avoidant.
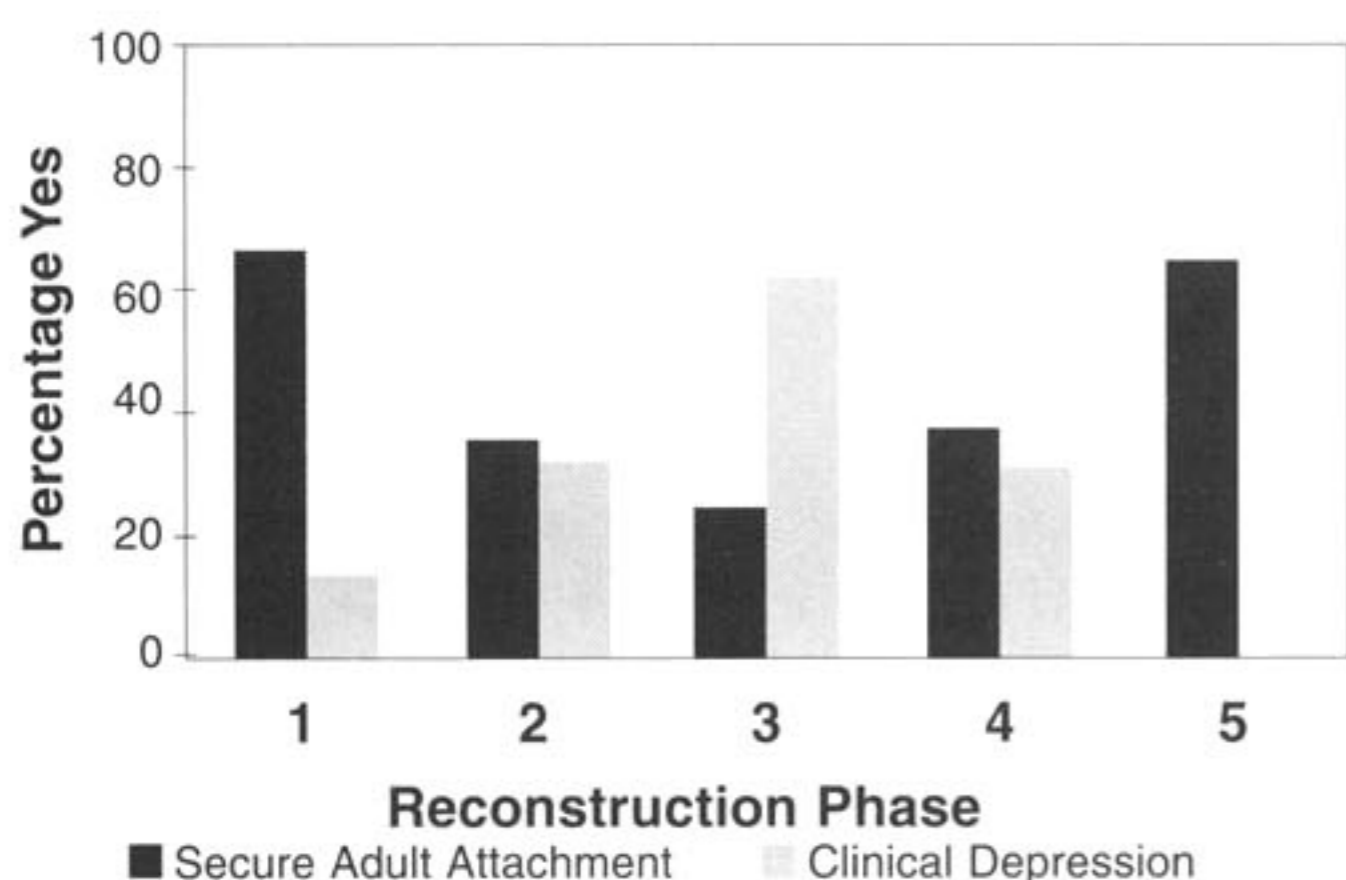
FIGURE 1

Secure Adult Attachment and Clinical Depression by Reconstruction Phase

Two thirds of all respondents reported that they had received counseling at some point in their lives. These reports, however, differed by reconstruction phase, $\chi^2(4, N=95)=11.66, p=.02$. The overwhelming majority of respondents at Phase 3 (83%) had received counseling, followed by Phases 2 (68%) and 4 (75%), with fewer at Phases 1 (38%) and 5 (50%).

Furthermore, respondents at Phase 3 were more likely to currently belong to a support group (not necessarily adoption related), $\chi^2(4, N=95)=10.23, p=.0367$. Half of Phase 3 adoptees belonged to a support group compared with a third of Phase 5 respondents and less than 20% of the respondents at the other phases (Phase 1 = 19%, Phase 2 = 14%, Phase 4 = 19%).

Among those who belonged to a support group, none of Phase 1 or Phase 5 respondents belonged to an adoption-related support group. A third of Phase 4, a fourth of Phase 2, and more than half of Phase 3 respondents belonged to such a group.

Search Status

In the original study (Borders et al., 2000), whether or not an adopted adult had attempted a search for biological parents (regardless of the outcome) seemed to explain some of the within-group differences in measures of psychosocial well-being. A chi-square analysis conducted to examine search status by reconstruction phase was statistically significant, $\chi^2(4, N=95)=26.80, p<.0001$. Adoptees at the first two phases were less likely to have initiated a search (Phase 1 = 24%, Phase 2 = 32%) than were respondents at the other phases (Phase 3 = 79%, Phase 4 = 88%, Phase 5 = 67%). Of the Phase 1 adoptees, less than half (44%) had either searched or wanted to search. Even more respondents at Phase 2 (62%) had either searched or desired to conduct a search. The overwhelming majority of the respondents at the other phases had either searched or indicated a desire to search (100% for Phase 3, 88% for Phase 4, and 83% for Phase 5). Twelve respondents indicated that they did not wish to search for or to be found by their biological families. Of these 12, 10 were at Phase 1, 1 was at Phase 5, and 1 could not be classified by reconstruction phase.

Among searchers, respondents at Phases 3 through 5 were more likely to have found at least one biological parent (58% of Phase 3 searchers, 93% of Phase 4 searchers, and 75% of Phase 5 searchers) than were those at Phase 1 (20%) or Phase 2 (44%). This might reflect the length of searching. If adoptees at Phases 1 and 2 are just beginning to explore adoption issues, they would be more likely to be in the initial stage of searching and less likely, therefore, to have found their biological parents at this point.

When asked about the outcome of their search, the overwhelming majority of all searchers (90%) were either *glad* or *very glad* they had searched. None of the adoptees said that they were *sorry* they had searched or *deeply regretted* searching. These results varied somewhat by phase. More than 90% of searchers at Phases 2 through 5 were either *glad* or *very glad* they had searched. However, only 40% of searchers at Phase 1 felt so; 60% of Phase 1 searchers were *neutral* about the outcome of their searches. This might also be a reflection of beginning searchers who have not found a biological parent and who therefore feel neutral because their search is still in progress. Indeed, none of those Phase 1 respondents who were *neutral* had located either biological parent.

Other Adoption-Specific Issues

We asked respondents to select one of five statements in response to the question "When you were growing up, could you talk about adoption in your family?" All but one each of Phase 1 and Phase 5 respondents, along with 75% of Phase 2 respondents, selected either *most of the time I could talk with most family members* or *I could talk with any member of my family at any time*. Only 29% of Phase 3 and 38% of Phase 4 adoptees selected one of these statements. In fact, the majority of Phase 3 (58%) and 44% of Phase 4 respondents chose either *I could not talk with any family member* or *Occasionally I could talk with a family member*.

We offered four choices for the question "How do you think your adoptive parents felt about adoption?" All of Phase 1 and all but one each of Phases 2 and 5 respondents selected either *Accepted it as just the way our family was formed* or *Felt great about it*. In comparison, only half of Phase 3 and approximately 70% of Phase 4 adoptees chose one of those two statements. Almost 14% of Phase 3 and 6% of Phase 4 respondents selected *viewed with regret*. None of Phases 1, 2, or 5 adoptees chose this statement.

When we asked how much adoption has *affected who you are*, Phase 2 adoptees were the most ambivalent. Two thirds of respondents at Phases 1 and 5 along with more than 90% of respondents at Phases 3 and 4 chose either *quite a bit* or *has affected all aspects of my life*. Approximately 40% of Phase 2 respondents selected one of these responses. Another 40% selected either *some* or *a little*, and 20% selected *not at all*. A fourth of Phase 1 adoptees also selected *not at all*. Only 1 of 24 respondents at Phase 3 and none of the Phase 4 or 5 respondents selected *not at all*.

We then asked respondents to explain how adoption had affected them. Raters read and classified the valence of these narratives as positive, negative, mixed (containing both positive and negative elements), or unclear (unable to determine if positive or negative). In general, about a fourth to a third of the explanations for each reconstruction phase were categorized as unclear.

Among Phase 1 respondents, 60% of the narratives were classified as positive, with one narrative classified as mixed. None of the Phase 1 adoptees' explanations were categorized as negative. For Phase 2 respondents, 40% of the explanations were positive, 20% negative, and 13% mixed. None of the Phase 3 adoptees wrote explanations that were classified as positive; 70% were classified as negative, with 9% mixed. At Phase 4, 19% of the explanations were categorized as positive, 44% negative, and 25% mixed. The Phase 5 adoptees' explanations were primarily mixed or unclear, with one each positive and negative.

As the raters read through these explanations and the other narrative responses of the respondents, we asked them to look for the presence or absence of 37 specific themes, such as a sense of gratitude toward the adoptive parents, a statement in favor of open adoption records or adoptee rights, a recognition of benefits of adoption, rejection or abandonment, or anger or resentment about adoption. An ANOVA on the number of themes present in the narratives by reconstruction phase was statistically significant, $F(4, 90) = 8.96, p < .0001$. The average number of themes increased with each phase, from approximately 3 at Phase 1 to almost 7 at Phases 4 and 5. Tukey's post hoc tests showed that the average number of themes for Phases 4 and 5 was significantly higher than that for Phases 1 and 2. In addition, the number of themes for Phase 3 was significantly higher than that for Phase 1.

Themes most often mentioned by adoptees at Phases 1 and 2 included personal benefits of adoption to the adoptees ("I received more exposure and a better education"), feelings of closeness with the adoptive family ("Our bond is firm and wonderful"), and a sense of gratitude toward the adoptive parents.

In general, Phase 1 adoptees affirmed their adoption as a positive influence on their lives; they seemed unaware of issues or problems with adoption—or truly did not have issues. They often stated that being adopted was "not different" but just the way it is ("I don't understand all the fuss"). Some said they "felt chosen," and several mentioned they had a better life by being adopted ("We are a lucky bunch!").

Adoptees at Phase 1, then, either had not begun to explore the issues surrounding adoption or did not acknowledge any adoption issues. Some of them had become curious and seemed likely to begin an exploration soon, perhaps when their adoptive parents are gone ("In the future, possibly after the death of my parents, I may want to search"). In contrast, it appeared some probably will never search for different reasons: fear of hurting the adoptive parents ("For a number of us, we wait until our adoptive parents have died before pursuing the search for our birth parents, out of loyalty—or false loyalty—or a combination"); fear of what might be encountered; and, for a few, no sense of longing or void ("The only thing I would want to do is thank my biological parents for loving me enough to give me to my parents—they made the right decision").

Adoptees at Phase 2 were quantitatively and qualitatively similar to those at Phase 1, except that they were curious and were beginning to explore losses and other adoption issues. They expressed gratitude to their birth mother as well as to their adoptive parents. They were considering a search for their birth parents but had very ambivalent feelings about what they might find. They were also sensitive to the feelings of their parents, both adoptive and biological ("I appreciate what my biological mother did and wouldn't want to hurt her but I would be concerned more about my adoptive mother's feelings").

Adoptees at Phase 3 were less positive about adoption. More than half wrote comments in favor of open adoption records or adoptee rights, and more than half also raised identity concerns. Other prevalent themes were lack of close ties with their adoptive family ("No bond of love has ever formed between me and adoptive parents"), general problems with adoption ("I think adoption is wrong and unnatural and unfair to the child"), anger/resentment/regret about adoption ("Being adopted instills some sense of rejection, anger, and a host of other emotions that cannot be felt or understood by people who are not adopted"), and rejection/abandonment ("Rejection for me started before birth").

For Phase 3 adoptees, then, adoption was a pervasive and ongoing issue and the source of their many problems and negative feelings ("Adoption issues never go away! And I will never be unadopted as hard as I have tried to make myself be!"). They expressed strong feelings of anger and resentment, as well as disquieting fears of rejection, separation issues, insecurities, and feelings of inadequacy ("I never felt good enough" and "You never know when you can be removed for some unknown reason, so you walk on 'invisible' egg shells"). They were angry at many sources, most frequently the adoption agency ("I detest their continued effort of control of my life into my 50s. It was their poor choice of placement which caused my life's path to so unfurl") or the adoption system ("Closed records are a crime by the state" and "I feel very angry when I look at my birth certificate and it is a lie"). Adoptive parents were described as benignly unhelpful ("My adoptive mother reassured me how much I was wanted, but the other view that someone didn't want me was not addressed. They wanted me and that should have been all that mattered") or as the source of additional distress ("They were completely emotionally unavailable"). They were more likely to believe their adoptive parents regretted the adoption ("They stated they were happy about it, but I often sensed some regret"), and they frequently spoke of difficulties in their relationships with one or more of their adoptive parents, often making references to unhealthy

or dysfunctional behaviors, from parents being "emotionally immature" to "mental abuse by my mother" to active alcoholism ("My adoptive father was an alcoholic, and my adoptive mother made me feel guilty for being there from age 5, when my father had a breakdown and my mother lost everything. Adoption is not a good act. If I was so special and chosen, why was I so maligned by my adoptive mother?"). Some rejected the whole concept of adoption ("I never wanted to be adopted, I never liked being adopted, and I will never view adoption as some kind of gift from the Almighty").

For adoptees at Phase 3, the search was for far more than medical or health information—it was for their very identity ("I now have a feeling of being part of the human race like nonadopted persons. I know who I look like. I have origins") and was considered their right ("This is my birthright that no one else has the right to take away from me!!"). Many were compelled to search ("The void of not knowing her was too great in my life") and were determined to continue until they found a member of their birth family ("I will not quit until I find out about them"). Some viewed genetics as powerful forces in their lives ("You are the sum total of what your biological makeup is" and "I found out there really are some things you are born with"). For Phase 3 adoptees, searching was essential for themselves and, some believed, for all adoptees:

> Some adoptees might tell you that they have no desire to know about their birthright. Well I think they are just ticking time bombs and eventually the need will rise to the surface and only then can an adoptee try to heal the little baby inside of them who cries, "Why was I not good enough to keep?"

Narratives of adoptees at Phase 4 covered a wide variety of themes, with a mix of positive and negative issues surrounding adoption. Most common were recognition of adoption as a lifelong process, sense of inferiority or low self-esteem, feelings of closeness with the adoptive family, rejection/abandonment, support for open adoption records or adoptee rights, personal benefits of adoption, void or emptiness, influence of adoption on adult relationships ("It has affected my relationships with other people; I'm much more a 'people pleaser' than I think the general population is"), general midlife issues, and healing and integration ("Finding my identity and dealing with my repressed feelings have helped me to become more of a whole person").

Adoptees at Phase 4 vacillated between the positive and negative impact of adoption ("Adoption is good AND adoptees have to overcome things" and "Some adoptions are a perfect match and some aren't; and even an adoption that's not the greatest match, it may still be the best thing for the child"). They had concerns about the adoption system and expressed regret about adoption, although not as vehemently as adoptees at Phase 3. They spoke of feeling a void ("Always felt some

missing piece") or lack of connection even when the adoptive parents were described positively ("My adoptive parents answered all my questions as best they could, but still there was a void"). They mentioned adverse psychological effects of adoption ("Always felt not good enough" and "Always tried to please, fit in" and "Easily afraid of rejection—if I make a mistake at work, I worry that the boss will want to get rid of me"). However, most had searched for and found their birth family, which was a healing experience for them ("It fills a big void in my life"). They were not as angry or despairing as adoptees at Phase 3, but they hadn't yet achieved a full sense of healing and integration ("Finding my birth family was healing in many ways, and I'm not as angry as most adoptees, except regarding the sealed records"). In addition, some suggested their current emotional state reflected a positive change or process ("I no longer suffer from depression or insomnia that I had since my teen years!!").

In Phase 5 narratives, all but one adoptee mentioned a feeling of closeness with their adoptive families. Two thirds wrote about the personal benefits of adoption and about healing or integration ("Gotten some genuine peace about that whole situation"). Half of the adoptees expressed gratitude toward their adoptive parents. Other prevalent themes in their writings were recognition of the general benefits of adoption, a need to belong, a sense of being different, a void or emptiness ("There is a hole, an emptiness that yearns for answers and for understanding"), nature versus nurture issues, general midlife issues, and attribution of life choices to self ("As an adult, my happiness rests in my hands").

The Phase 5 adoptees expressed a mixed view of the impact of adoption on their lives. For example, most Phase 5 adoptees reported very positive parental relationships, although sometimes tinged with negative adoption-related feelings ("I never doubted that I was loved, or a joy and satisfaction to them; they reassured me they couldn't have loved their biological child as much . . . feeling at times second best, fearful, like I had to prove my worth, and occasionally 'on the outside'—not belonging").

Discussion

As hypothesized, we found evidence for five phases of adoption reconstruction in a group of middle-aged adult adoptees. On the basis of their narrative responses to various adoption-related questions, most of these adults could be reliably classified by independent raters into one of five reconstruction phases, ranging from no or little acknowledgment of adoption issues (Phase 1) to a focus on adoption losses with strong, negative feelings (Phase 3) to a sense of integration and peace (Phase 5).

These five phases, then, seem to be a viable and valid way to describe at least some of the variations in adult adoptees' experiences with adoption issues. It is interesting that subsequent to identification and testing of the five phases, we

found similar descriptions of adolescents' resolution of adoption identity in Grotevant's (2003) work. Grotevant identified four distinct patterns: *unexamined* (adoption is not very salient to the adolescent), *limited* (adoptive and nonadoptive families are not that different, and adoption is mostly positive), *unsettled* (adoption is quite salient to the adolescent, who feels rejection and anger), and *integrated* (adoption has been considered a great deal, and the adolescent has developed a coherent, positive view of its meaning in his or her life). The obvious similarities provide some external support for the five phases that we presented here. Indeed, it may be that these phases represent the extended process of constructing and reconstructing adoption identity and meaning that adolescents will experience as adults. Still, replication studies with different samples of adult adoptees are needed to substantiate the validity of these five phases.

As predicted in our third research question, adults at each reconstruction phase differed along a variety of measures of general psychosocial well-being as well as adoption-specific measures. A similar curvilinear pattern of results was seen across the six measures of current view of life, the two measures of connectedness, and the two measures of emotional/psychological functioning. Adoptees classified at Phases 1 and 5 had the most positive scores, adoptees classified at Phases 2 and 4 had less positive scores, and adoptees classified at Phase 3 had the least positive scores. Specifically, Phase 3 adoptees exhibited lower levels of global life satisfaction, less purpose in life, greater midlife identity concerns, more life regrets as well as adoption-related regrets, lower levels of social support, higher levels of depression, lower levels of self-esteem, and less secure adult attachment.

Adoptees at Phase 1 either did not acknowledge adoption issues or were in the early stage of awareness regarding these issues. These adoptees were doing well on all of our measures, as were adoptees at Phase 5, who have explored adoption issues and have come to a sense of peace about adoption in their lives. In fact, Phase 1 and Phase 5 adoptees were never significantly different on any of the standardized measures of psychosocial functioning. By the numbers, they look very similar. However, these two groups were qualitatively quite different in their narrative responses.

Adoptees at Phase 1 did not recognize and had not explored adoption issues. For some adoptees, the fit between adoptive parent and child might have been good, the parenting that was received was excellent, or their particular personality and temperament might have lead naturally to quiet acceptance without questioning; they truly might not have experienced any issues about their adoption or might not have felt the need to pursue the issues ("I am happy with my life the way it is. My [adopted] family has given everything possible, and I cannot imagine that my birth parents could do anything more or love me any more").

On the other hand, Phase 5 adoptees had recognized issues with adoption, examined them (sometimes painfully), and come to a place of peace and acceptance.

I don't blame them that much anymore. I am not that angry anymore. I just don't hurt that much anymore. And the truth that must be told is that even though I have no biological connection with these people and we never fit well together, we nevertheless have an almost 37-year history together which must be acknowledged and come to terms with one way or another. Like it or not, we are family. It is not the family I wanted, not the family I would have chosen, but it is the family I have. And I truly do not feel victimized by that anymore.

We should note that not all adoptees reported that they came to Phase 5 with such a painful struggle. Some adoptees had treaded more lightly to their sense of peace. Adoptee personality and temperament, along with the quality of parenting received from the adoptive parents, perhaps affected the gentleness of the journey.

So what do the five phases mean? It would be tempting to treat them as sequential stages, much like the early stage theories of grieving (e.g., Kubler-Ross, 1969). But that explanation would be inappropriate, both in terms of current views of the grief process (Neimeyer, 1998) and in terms of the nature of our data. We collected cross-sectional data, profiles of middle-aged adult adoptees at a particular point in time. We did not ask how they arrived at these particular points, and we do not know whether any are at different points now. There are suggestions in the reports of some Phase 4 and Phase 5 adoptees that they had moved from having repressed feelings regarding adoption, to struggles with their issues, to integration. However, the adoptees did not always provide a clear description of their moving through the earlier phases before arriving at their current reconstruction phases.

It is also possible that the five phases describe adoptees who have had distinctly different experiences of adoption throughout their lives (i.e., adoptive parents' openness to discussing adoption, acceptance by the extended adoptive family). In addition, the phases could reflect adoptee personality differences, adoptive parenting competence, unique life circumstances, or some combination of these and other influences. For example, many Phase 3 adoptees reported—at least from their current perspectives at middle age—that they have always experienced adoption as negative. Are these adoptees more prone to see the negative, more prone to depression? Or, from a phase perspective, could they be "stuck" at Phase 3 because they are depressed, or depressed because of their growing awareness of adoption-related issues?

If the five phases presented in this article reflect a developmental process toward reconstruction, then some explanation of Phase 1 and Phase 2 adoptees' positive reports—and positive psychosocial functioning—is required. Some would

describe these adoptees as being in denial of their adoption-related issues, as suggested by several of our respondents ("Regardless of what any test will reveal, or what an adoptee might say—unless you search there will always be a void in one's life"). Another possible explanation is Grotevant's (Grotevant et al., 2000) *continuum of salience* regarding the varying importance of adoption identity for adolescent adoptees. It might be that, due to a variety of factors, being adopted is simply less central or important for some adoptees than for others, such as those at Phases 1 and 2 in our study. Do all adoptees have to experience intense, difficult struggles regarding their adoption? By all measures in our study, Phase 1 and Phase 2 adults have achieved psychosocial health without such a struggle.

It is interesting that current views of the grief process also question universal stage theories (Braun & Berg, 1994; Neimeyer, 1998). Instead, it is believed that the grief cycle is highly unique, individual, and complex (Gilbert, 1996). Neimeyer and others (e.g., Boss, 1999; Doka, 1989) have noted that if the lost person is alive rather than dead (e.g., Alzheimer's patient), closure or resolution of one's grief is more difficult. There might be some parallels for adoptees whose *lost* birth parents are presumed alive. Current social constructivist views of loss and grief (Davis, Nolen-Hoeksema, & Larson, 1998; Neimeyer, 1998; Neimeyer, Prigerson, & Davies, 2002) emphasize that grieving is an active process of reconstructing meaning and identity, themes echoed by some adoptees describing their searches for birth parents as an active process of trying to find or recover their heritage, their identity. Is an active search necessary? Must birth parents be found for the search to have an impact on the reconstruction process? Or does the search itself allow adoptees to explore their issues with adoption and reconstruct what adoption means in their lives?

On the other hand, there are common themes ascribed to the grief cycle that suggest at least some developmental progression—avoidance, assimilation, accommodation (Neimeyer, 1998). Clearly, further investigations regarding a developmental process of coming to terms with adoption losses is needed, as well as the potential application of current loss and grief models to help explain adoptees' experiences.

Obviously, additional empirical work regarding reconstruction of adoption issues across the life span is needed, because the work reported here is very exploratory in nature. Nevertheless, the adoptees' own narratives have provided some new and illuminating insights regarding their experiences, as well as important implications for counselors. First, adult adoptees (and, it seems, adoptees at various ages) have had very different experiences with adoption and view their being adopted very differently. For example, a male adoptee at Phase 2 noted that his adopted older brother (a nonrespondent who grew up in the same adoptive family) "has a completely different view of adoption." Similarly, Grotevant (2003) suggested that "there is not one single path to adoptive identity development" (p. 758) for adolescent adoptees. Counselors, then, need to rec-ognize that work with adoptees will be highly individualized and that adoptees' desired outcomes may vary.

Second, our findings suggest that some adoptees become stuck at Phase 3. Counselors might be particularly sensitive to adoptees who are angry and depressed. In our study, many of the Phase 3 adoptees were in adoption-related support groups that inadvertently might be fueling the depression and anger in their discussions. Helping clients break through the anger might be of critical importance.

In addition, our findings suggest that working toward resolution of adoption issues can lead to very positive outcomes. Adoptees in our sample who were at Phase 5 were experiencing high levels of psychosocial functioning. Moreover, their narratives suggested insights and deeper understanding, along with acceptance and peace.

Given the prevailing view that adoption is a lifelong process (e.g., Brodzinsky et al., 1992; E. R. Rosenberg, 1992), there is the possibility that future events in the adoptees' lives might cause them, even those at Phase 5, to experience, or reexperience, the emotional upheaval of Phase 3. Even the sense of peace achieved at Phase 5 might ebb and flow as adoptees encounter new developmental milestones or particular life events that lead to additional reconstruction of adoption issues. Each of these forays into other phases probably leads to new insights and further reconstruction of adoption issues.

There are many questions and much additional research to be done with adult adoptees and their reconstruction of adoption issues. Can the phases we have identified with this sample be replicated in other adoptee populations? To what extent might the race, gender, socioeconomic status, and age cohort of our sample have affected the results? Do these phases represent distinct categories in which adoptees tend to remain during midlife, or do these phases represent destinations along a journey or process of adoption reconstruction? If the phases are part of a sequential process, is there recycling through previous phases, and, if so, what precipitates that recycling? What personal characteristics, family factors, and life events affect the current phase of an adoptee or affect his or her progress through the phases?

If reconstruction of the meaning of adoption is an ongoing, dynamic process, then adoptees' issues likely will not be resolved in a few counseling sessions at a single point in time. In fact, counselors should carefully choose their words when discussing this process. We, the authors, who have experienced roles as adoptee, adoptive mother, adoption worker, and adoption researcher, spent considerable time selecting a word to describe the process that we could clearly see in the narratives of the adoptees in this study. Words such as *closure* and *resolution* suggest a finality that contradicts the view of adoption as a lifelong process; *acceptance, integration, assimilation, reconciliation, exploration,* and *adjustment* are all words that describe a part of the process but do not capture all the processes reflected in all the phases. We finally chose

the word *reconstruction* because it was relevant to the entire process; it suggested a dynamic, ongoing process; and it reflected current grief process literature (Niemeyer, 1998; Niemeyer et al., 2002). We in no way are suggesting that this is the only word to describe the lifelong process of adoptees dealing with the myriad issues surrounding adoption and, in particular, what adoption and being adopted means for them; it is, however, the word we settled on.

Adoption policies and practices are rapidly changing. Our results are based on the experiences of adults formally adopted during the 1940s and 1950s, most in a state that still mandates closed records. Today, younger adoptees might have had ongoing relationships (visitation or other contact) with their birth parents since being placed (i.e., open adoption). In addition, there are a growing number of adult adoptees from nontraditional adoptions—transracial, international, single parent, gay or lesbian couples—whose experiences might be quite different from the adult adoptees in our study, all of whom were adopted into two-parent, White, middle- to upper-middle-class, well-educated families, a typical scenario during the era in which they were adopted. Adoption work, then, cannot be a one-size-fits-all approach (Grotevant et al., 2000).

Clearly, counselors do need to educate themselves regarding adoption, and not just because of the prevalence of adoption in U.S. society and what might be adoptive parents' proclivity to seek counseling for their children earlier, for less serious issues (Warren, 1992). Two thirds of the respondents indicated that they had been in counseling at some point, and a number of the respondents had received counseling at multiple points during their lives. It seems highly likely that counselors, whether they be in educational or community settings, will see adoptees, adoptive parents, and/or birth parents at some point in their professional careers. Moreover, counselors likely are not immune to the stigmatized views of adoption common in U.S. society (Nickman & Lewis, 1994; Wegar, 2000). Therefore, it seems important to remind counselors that most adoptees, regardless of their age, are doing quite well and are more similar to than different from their nonadoptive counterparts (Borders et al., 2000; Feigelman, 1997; Smyer et al., 1998). As researchers turn their attention to within-group differences—how individual adoptees' life experiences are unique—and to what factors influence adoptees' awareness of, reaction to, and reconstruction of adoption issues, additional, more specific information will become available for counselors.

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