The Physician's Responsibility In Adoption, Part II: Caring For The Adoptive Family

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Abstract: Adoptive families have special needs throughout their family life cycles, including sensitive and attentive health care. Resolution of infertility grief, preparation for adoption, and emotional adjustments of the adoptive parents and child are all stressful aspects of this mode of family formation. Adoption is an ongoing part of the family's history that affects interpersonal relationships permanently. Understanding these dynamics gives the physician insight in helping adoptive families mature successfully. (JABFP 1988; 1:101-5.)

In the past, infertility and illegitimacy were such stigmas that adoptions were kept secret, or at least quiet. That practice may have relieved adoptive parents, adoptees, and birthparents of some embarrassment, but at great cost. Secrecy did not give adoptive parents the opportunity to deal with their emotional responses to infertility, did not give adoptees the opportunity to identify their feelings of rejection and loss, nor did it give birthparents a chance to resolve their grief.

In recent years, adoptive families have been encouraged to acknowledge that their family is different from families formed by birth, death, divorce, or marriage. Adoptive families are different because their family formation is inextricably tied to loss—the adoptee's loss of birthparents and the adoptive parents' loss of the capacity to reproduce offspring.

Caring for the Infertile Couple

The family physician can serve an important function when a couple is being evaluated and treated for infertility. Because fertility specialists often offer continual hope to patients, couples with fertility problems may have difficulty knowing when to end fertility treatments. This can be a critical decision given the long waiting time today for adoptions and the reluctance of many adoption agencies to place an infant with a couple older than 40 years of age. The family physician, who may not be personally invested in the success of fertility treatments, can be in a valuable position to counsel the couple about continuing treatments.

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When fertility treatments are ended, the infertile couple must grieve for their loss before deciding to remain child-free or to pursue adoption. The most obvious loss from infertility is the loss of a child biologically related to both parents, but there are other losses as well. The loss of one's own genetic future, of sharing in the conception of a child, of the physical and emotional satisfaction of pregnancy and birth, and of control of one's reproduction and family future may require more difficult adjustment than the loss of a biologic child.[1] Additionally, infertile couples may feel inadequate if they associate masculinity with the ability to sire an heir or femininity with the ability to become a mother.[2]

Couples who fail to recognize and resolve their feelings about infertility may be unable to accept fully a child who is not born to them. They might have unrealistic expectations for the adopted child and discomfort with the subject of adoption and their failure to fulfill the role of parents.

Signs of unresolved infertility include:

> . . . prolonged denial of feelings of disappointment . . . obsessive fears that a child will not measure up to family standards; anxiety about discussing adoption . . . bringing up the child's adoption under virtually any circumstances; [and] fantasies about one's imagined biological child. . . .[2]

The physician who suspects that a couple still has difficulty accepting their infertility can counsel the couple; refer them to Resolve, Inc. (Arlington, MA), an infertility support organization; or suggest alternative counselling arrangements.

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There is considerable disagreement among adoption experts about couples pursuing adoption and fertility treatment simultaneously. Can a couple fully accept an adopted child while simultaneously pursuing a pregnancy? Couples approaching their 40s who must choose between adopting and continuing fertility treatments may effectively eliminate their opportunity to have more than one child. Nevertheless, because both fertility treatments and adoption involve major psychological and monetary investments, it seems reasonable to advise patients to pursue one option at a time.

Preparing for the Adoption

Couples who have resolved their infertility and are ready to proceed with adoption are not necessarily informed enough to become adoptive parents. Many adoption agencies, adoptive parent organizations, community colleges, hospitals, and chapters of Resolve, Inc., offer classes and conferences about adoption and discuss the local opportunities. Books such as *Raising Adopted Children*[3] also offer prospective parents an opportunity to learn about adoption issues.

Preparation for the arrival of an adopted child should proceed in much the same way as preparation for a birth. This includes some lifestyle adjustments so that the change from childless couple to parents is not so abrupt. This process can be difficult because couples do not always know what year, much less what month, their child will arrive.

Basic infant care classes for prospective adoptive parents are now available in many cities. These classes have been developed because many prospective adoptive parents may not have the same opportunities to learn about basic infant care that expectant biologic parents may have. If such classes are not available, the physician might offer or arrange private instruction.

Not all adopting parents are aware that it is possible for a woman who has not given birth to stimulate lactation and breast-feed her adopted baby. Even though adequate nutrition can be obtained from prepared formula, mothers and infants derive emotional benefits from nursing, and some may wish to nurse for this reason.[4]

The Lact-Aid Nursing Training System™ (Athens, TN) allows infants sucking at the breast to receive milk from a plastic tube attached to a bag of formula. The infant's continued suckling will stimulate lactation in the mother. La Leche League International provides technical advice and support for adoptive mothers interested in breast-feeding.

Once a child has been offered to adopting parents, they may contact their physician for help in evaluating medical information about the child. Objective review of available information can help them understand the risks they are incurring and allow them to make an informed decision about the acceptability of that child for them. It sometimes happens that a child intended for a couple is not placed with them. When that occurs, they are likely to experience the same personal loss and grief as after a miscarriage or stillbirth.

Parents should be encouraged to obtain information about the child's birth family at the time of the adoption so they can provide accurate answers to questions that are likely to arise later.

The Adjustment of Adoptive Parents

Adoptive parents who have waited years to have a child while they pursued fertility treatments and waited for an adoptive placement run the risk of believing that a child is the solution to their problems. When the child arrives, they may be unprepared for the normal feelings of frustration and resentment that can result from the sudden introduction of a demanding child into the family. Because they probably have not expected these feelings, they may wonder if they would have similar negative feelings about a child born to them. Parents may feel guilty or be ashamed at what they mistakenly think are indications that they do not love their adopted child as much as they would a child born to them. The physician can be of assistance by acknowledging that it is normal to have negative as well as positive reactions to these changes. Encouraging the parents to notice similarities between themselves and their child—in personality, mannerisms, or even physical characteristics—will help them claim the child as their own.[5]

Signs that the adoptive parents do not feel entitled to their child—that they do not believe they are worthy to act as their child's parents—are important. The extent to which parents take risks with their children, deal with separation, handle discipline, and discuss adoption with their child and with others reflects whether they have a healthy sense of entitlement. Overprotectiveness

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or neglect of safety, difficulty separating from their child or overuse of child care, excessive discipline or permissiveness, or excessive talking about adoption or attempts to hide that fact may be signs of impaired entitlement.[6] A sense of entitlement can be enhanced by recognizing and accepting the unique ways rearing adopted children is different from rearing biologic children, by resolving grief connected to infertility, and by learning to handle comments from family and friends implying that biologic parenthood is superior to adoptive parenthood.[2] Occasionally, the adjustment of an adoptive parent is so difficult that it can be compared to postpartum depression.

The myth that the moment of birth holds some magic for parent-child attachment can be dispelled and reassurance given that adoptive parents form attachments with their children as readily as biologic parents do. A study of adopted and nonadopted infants aged 13 to 18 months found no differences in mother-infant attachment between nonadopted and intraracial adopted subjects.[7]

Sometimes adoptive parents are so eager to form an attachment that they smother the child with affection and attention, causing the child to withdraw from the excess stimulation. The attachment process does not happen instantaneously and cannot be rushed, but will develop normally.

The Adjustment of the Adoptee

Adoptive parents are not always prepared for the adjustment problems of their new child, particularly if they are adopting an infant. If the baby has spent a few weeks or months with biologic or foster parents, the abrupt change in environment and schedule can disturb sleeping and eating routines or cause excessive irritability. Newly adopted infants may have difficulty with digestion, chronic diarrhea, refuse to eat, have difficulty establishing a regular sleeping pattern, and cry for prolonged periods for no apparent reason. They may also lack vitality, fail to progress physically or developmentally, and have frequent illnesses or accidents. In the absence of any medical explanation for these problems, it is reasonable to conclude that the child is reacting to the changes in environment. The infant 4 to 12 weeks of age is most vulnerable to such changes.[8]

To minimize change, adoptive parents should follow the infant's established routine as closely as possible. Transitional objects are also helpful in easing the adjustment, especially for older babies and toddlers.

Toddlers and older children who have lost their caretaker can experience the same stages of grief and resolution as do adults unless their questions are answered and their memories not discouraged.[9] *Helping Children Cope with Separation and Loss*[10] is an excellent book for helping the child who is grieving.

Ongoing Adoption Issues in the Family

Soon after the arrival of the child, it is helpful for adoptive parents to think about how and when they will reveal the child's adoptive status. While psychologists disagree about telling a child younger than 7 years old that he/she is adopted, most experts believe that adoption should be discussed openly in the family from the time of the child's arrival. Talking about adoption around an infant or toddler, while not contributing much to the child's understanding of adoption, gives the adoptive parents an opportunity to become comfortable with the topic and confident in their ability to discuss it with their child. It also ensures that the child will first learn the facts in a loving and supportive manner. Discussions with the child should distinguish between what the parents know to be true and what they think is the truth about the adoption, be empathetic and nonjudgmental about the birthparents, and offer reassurance that the child was not responsible for the adoption decision. The goal of any early discussions is to be positive and to communicate the parents' willingness to discuss the topic. Adopted children have different concerns depending on their developmental stage, and parents need to be knowledgeable so they can anticipate their child's need for information and emotional support.

Infertility and adoption affect the self-image of both the child and the parent. It is not unusual for adoptive parents to have exceptionally high expectations for themselves and their children. Parents who have had to seek assistance from a third party sometimes believe they must demonstrate exceptional parenting skills to be worthy of the child entrusted to them. They may believe that because an agency or other intermediary evaluated and approved them for

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adoption, they do in fact have exceptional parenting skills. When they do not function as well as they think they should, they may feel that they are failures or that their children are exceptionally difficult. They may need assistance setting reasonable parenting expectations for themselves and their children.

Adoptive parents may also be overprotective or appear to be excessively anxious about their child's health. They may think that neglecting even the smallest health problem represents failure. Their apparent anxiety about health, however, may reflect dependence on professionals. A study of Canadian children has found that adoptive mothers seek medical care more frequently than biologic mothers, but the adopted children do not require hospitalization any more frequently. The researchers suggest that this may reflect a reliance on professionals acquired as the infertile couple receives help from physicians, lawyers, or social workers to achieve parenthood.[11]

Other problems may be influenced by the way in which the family was formed. For example, an infertile mother may have difficulty accepting her adolescent's emerging sexuality because it reminds her that her daughter will be able to do what she was unable to do—bear a child. Parents may push a child to achieve academically or encourage a child to develop particular interests based on a belief that gives inordinate weight to environmental influences over genetic ones. During adolescence, both parents and adoptee may believe that the conflicts they are having are due to genetic differences in personality or temperament. It is reasonable to consider these factors; however, attributing problems to something related to adoption without considering alternatives may communicate that the physician considers adoption itself to be problematic.

Caring for the Adoptee

The adoptive parents may not have detailed information about their child's medical history or a means for receiving updated medical information. An explanation that most diseases can be diagnosed without a complete family history is reassuring to the adoptive family. The International Soundex Reunion Registry (Carson City, NV) has established a medical registry for situations in which critical medical information is needed by an adoptee or by a biologic relative of an adoptee. A medical team evaluates the request for information and, if it is found to be valid, asks the appropriate adoption agency to contact the birth family or adoptee.

The Emotional Needs of the Adoptee

The adoptee will experience grief upon realizing that his or her birthparents chose not to have a parenting role and that this is not the norm in our culture. This understanding usually comes between ages 7 and 11. If communication has been open and positive, it is likely that the adoptee will be able to express those feelings and work through them with a minimum of distress. But even when there has been good communication, a child in this age group may have difficulty expressing grief. The physician can facilitate communication by validating the normalcy of the negative and positive feelings the adoptee is having and by helping parents to understand that children in this age group may have concerns they are not expressing.

Curiosity about one's birthparents often increases during adolescence as the adoptee struggles to develop personal identity. Similarities and differences between the child and both the adoptive and biologic parents become important. Frequently, the adolescent who indicates a need to search for and meet birthparents is merely expressing a wish for more information.

Adoptive parents may feel particularly threatened by their teenager's interest in birthparents because of their insecurity about the adolescent's impending move out of the home. It is normal for parents to worry about the future of their relationship with their child after the child leaves home. These normal worries can be exacerbated if the adoptee is planning to search for biologic parents soon after age 18.

The Adoption of a Foreign-Born or Special Needs Child

Because of the unavailability of healthy, white infants, more and more people are choosing to adopt children from foreign countries, older children, sibling groups, and physically or mentally disabled children. Supporting the parents' decision to adopt a special needs child, while answering any questions about a particular physical or mental condition, is important. It is appropriate to inform adoptive parents about risks, treatments,

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and other pertinent aspects of a given condition without being judgmental.

Children from a foreign country should be assessed soon after arrival in the United States for parasites. If the child has not been immunized, parents should be advised of the recommended schedule for immunizing children not immunized in early infancy. Screening tests for anemia, hepatitis B, syphilis, and tuberculosis should also be done. In children from India, a stool culture for salmonella should be obtained.

Parents who adopt children from foreign countries may be quite knowledgeable about medical problems common to children from those countries and the child care practices that influence particular medical conditions. This information is valuable.

Adoption experts believe that when an older child with special needs is adopted, all family members should be involved in counselling before and after the placement because the stress on the family is so great. Many older adopted children have been abused or have histories of extreme behavior abnormalities such as arson, sexually aggressive behavior, or self-abuse. Efforts should be made to refer the child and family to appropriate therapists.

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