

# Unique Issues in Psychotherapy with Adult Adoptees

by Jennifer Pineda Carizey

## Abstract

*The experience of being adopted creates unique life cycle issues that have been the subject of recent study. According to the psychodynamic literature, the factor that has the greatest influence on an adoptee's life cycle is the early loss of a primary object. This loss frequently affects an adoptee's ability to form attachments and develop a coherent adult identity. This paper addresses the various intrapsychic responses to early loss that adults who were adopted as children may have, the unique obstacles they face in forming an integrated sense of self due to feelings of "differentness" and divided loyalties, and the impact of the current societal emphasis of biological ties in definitions of kinship. Clinical considerations are discussed using self psychology and object relations frameworks.*

## Introduction

Traditionally, American culture has communicated to adopted children that aside from the fact that they are "chosen children," their lives and experiences are just like that of those who are raised by their birth parents (Silverstein & Kaplan, 1998; Wegar, 1997). In more recent years, however, theorists, activists, and adoptees themselves have contested this perspective and argued that the experience of being an adopted person is unique and worthy of attention (Brodzinsky, Smith & Brodzinsky, 1998; Rosenberg, 1992; Wegar, 1997). Numerous studies have addressed the implications that adoption has on what has been coined "the adoption circle," the permanent and unavoidable interconnectedness of the child's, birth parents', and adoptive parents' lives (Rosenberg, 1992; Silverstein & Kaplan, 1998). This paper will focus on the experience of adults who are adopted as children, the implications that their modified life cycles may have on selfobject structures and identity formation, and the influences of the larger socio-cultural context on the experience of being an adoptee in America. Clinical issues are discussed in relation to these topics using self psychology and object relations approaches.

Self psychology is particularly applicable to clinical work with adult adoptees because of its emphasis on

the repair of injuries resulting from early selfobject failures. According to self psychologists, the healing process in psychotherapy begins with the client using the therapist as a source of soothing selfobject experiences and ends when structures for self soothing have been internalized, and the client has developed the capacity to seek out appropriate self-objects in her environment (Cooper & Lesser, 2002). Self psychology recognizes three main types of selfobject experiences that every person needs in order to develop a coherent sense of self – *twinsip selfobjects*, *mirroring selfobjects*, and *idealized selfobjects*. These concepts will be further described in relation to the identity formation issues with which adoptees often struggle.

Object relations theory is also useful in psychotherapeutic work with this population, especially due to its focus on how the internalization of early selfobject disappointments impacts one's psychic structure. When a person experiences early object failures or loss, object relations theorists argue, he is at risk for internalizing these "bad objects" and developing attachment difficulties. The emphasis of treatment is to create a therapeutic holding environment in which the therapist provides a new, positive object relationship experience for the client (Brandell & Perlman, 1997).

## Loss of a Primary Object: The Primal Wound

Although circumstances vary according to the age at which a child is adopted, the holding environment created by the adoptive parents, and the natural temperament of the child, the one universal feature of all adoptions is early loss of a primary object, an experience referred to as the *primal wound* (Lifton, 1990; Rosenberg, 1992). Some researchers argue that attachment begins in utero and that the loss of a birth mother due to adoption is experienced as a real loss of object (Rosenberg, 1992). Others argue that while an adoptee may not have experienced an intense attachment to her birth mother before the adoption and may not, therefore, be consciously aware of this primary loss, one's adopted status, alone, contributes to

feelings of loss, rejection, and abandonment (Kirschner, 1990; Rosenberg, 1992; Silverstein & Kaplan, 1998).

An adoptee's separation from his birth parents may cause difficulties in subsequent relationships in terms of attachment. Some adoptees form attachments to others in an almost immediate and indiscriminate manner (Samuel, 2003). In other cases, they may respond to the loss of a primary object by developing avoidant defenses that serve to protect them from future losses or rejection, a pattern that is especially common among persons who are adopted at an older age, due to multiple placements or abuse (Silverstein & Kaplan, 1998). The following narrative from an adult adoptee illustrates the low intimacy tolerance experienced by many adoptee clients, regardless of their age at the time of adoption:

I think we Adoptees have trouble making and sustaining relationships. We share a vulnerability to the stresses and strains of everyday interactions, have real difficulty forming ties and connections. We need security and dependency, but try to escape from it. We seem to need freedom. We don't trust people. (Lifton, 1979, p. 65)

### **Filling in the Gaps: The Creation of Fantasy Objects**

Some adoptees who have limited or no information about their biological background may experience their birth parents as significant but elusive so that they feel compelled to make conjectures about which characteristics they have inherited from these biological sources (Rosenberg, 1992). The adoptee may have considerable difficulty coming to terms with the loss of her primary object, and create fantasies in an attempt to repair the unmet selfobject needs that result from the primal wound (Freeman & Freund, 1998; Lifton, 1990). For example, an adoptee who is athletic and grows up in a family of artistic intellectuals may imagine that his birth parents share his physical talents, thus creating a feeling of connectedness to his fantasized birth parents.

Fantasy objects may manifest themselves in a splitting process in which an adoptee attributes positive characteristics to one set of parents and negative characteristics to the other set (Kirschner, 1990). Often, adoptees will create a fantasy involving idealized birth parents and seek to differentiate between

themselves and their adoptive parents (Silverstein & Kaplan, 1998). On the other hand, adoptees may also experience their birth parents as disavowed, abandoning objects and attribute the positive characteristics to their adoptive parents. This splitting between parental sets may impact adoptees' formations of self and influence them to disavow these parts of themselves that they imagine to have inherited from the "bad" set of parents (Kirschner, 1990; Rosenberg, 1992). For example, an adoptee who imagines her birth mother to be a sexually promiscuous and irresponsible woman may deny her own sexuality or punish herself for healthy sexual urges (Rosenberg, 1992).

### **Existence of a Hole-Object: When the Gap Remains**

Sometimes the objects that adoptees create to organize their primary loss experiences are vague due to the lack of internal representations of their birth parents. In such cases, the created objects may be beyond conscious awareness so that they are experienced as missing objects or *hole-objects* (Freeman & Freund, 1998). Clients who present with this hole-object phenomenon may appear to have a lack of interpersonal attachment. They often treat significant people in their lives as if they do not exist or may respond to the loss of an intimate partner or death of a family member with little to no reaction (Freeman & Freund, 1998). This phenomenon clearly impacts the adoptee's ability to sustain meaningful interpersonal relationships.

### **Attachment to Adoptive Parents**

The quality of the attachment that develops between the adoptee and the adoptive parents is a critical factor in the repair of the primary loss (Brodzinsky, et. al, 1998; Rosenberg, 1992). This attachment varies according to the unique characteristics of both the child and the parents who have elected to adopt him. The decision to adopt usually occurs following a certain loss on the part of the prospective adoptive parents, in that most people choose to adopt as a result of their being unable to conceive or carry a biological child to term (Brodzinsky, et al., 1998; Kupecky & Anderson, 1998; Silverstein & Kaplan, 1998; Rosenberg, 1992). Therefore, the degree to which the adoptive parents are able to accept and work through this loss has a strong influence on their

ability to create a healthy holding environment for their adopted child. Adoptive parents who maintain fantasies about their idealized biological child may inadvertently create an environment in which an adopted child experiences rejection due to her inability to meet the idealized expectations (Silverstein & Kaplan, 1998), as illustrated in the following comment from a woman with two adopted children:

I love my two children very much, but I have an inner fantasy I would never admit to other adoptive parents...I would like to see the face and body of the biological child I couldn't have. We have gorgeous people in our family, and bright people with brilliant minds. I'm sure it would have been a wonderful child. (Lifton, 1979, p. 187)

## Identity Formation

Identity formation is an issue that is often addressed in discussions of the adoption experience, especially that of the adoptee entering the transition to adulthood. Early adulthood is regarded as the life cycle stage in which people evaluate the characteristics and values they have inherited from their families of origin and decide which aspects to maintain and which to discard (Urdang, 2002). This can be a unique struggle for an adoptee.

One issue that is thought to interfere with an adoptee's development of a coherent sense of self is the lack of others with similar physical characteristics (Lifton, 1979). The capacity to understand one's growth into an individuated person is thought to rely, to a certain degree, on the existence of role models and *twinship selfobjects* to whom one can relate. Twinship is a self psychology concept which refers to selfobjects that provide a person with a sense of belonging and sameness, confirming her place in the world (Cooper & Lesser, 2002; Brandell & Perlman, 1997). Basch (1992) contends that the twinship experience is, in essence, the experience of "being like" the other and is the most important of the selfobject experiences.

Therefore, the inability of an adoptee to look to an older adult with whom he may share some physical sameness may impede the process of identity formation. This is especially prevalent in cases of interracial or interethnic adoptions, as illustrated by the following example of an adult adoptee that was

born in Seoul, South Korea, but grew up in an Italian American family:

Finding my way through this background—Korean-Italian-American adoptee—has been like swinging on a pendulum. At different stages of my life the pendulum has swung from my identification with my Italian American roots over to my Korean birth and then back again. (Groza, Houlihan & Rosenberg, 2001, p. 198)

The confusion that results from an adoptee's feeling of "differentness" has been coined "genealogical bewilderment" and refers not only to a physical dissimilarity but also to a sense of not being with "one's own kind" (Lifton, 1979, p. 47). The lack of "being like" experiences among adult adoptees is demonstrated in the following narrative from an adult adoptee:

I never thought I had much in common with anybody. I had no mother, no father, no roots, no biological similarities called sisters and brothers...I wanted to go my own way. That's all I think I ever wanted... (Lifton, 1979, p. 67)

When little information is known about one's birth family, the biological component of one's identity is missing so that a person effectively borrows the identity of the adoptive family (Silverstein & Kaplan, 1998). However, adoptees sometimes have difficulty developing an integrated sense of self without information about their biological history (Rosenberg, 1998). This "need to know" often leads adoptees to search for their birth families during early adulthood. One adult adoptee who searched and received non-identifying information about her biological family described the impact of her first experience with twinship:

For the first time in my life, I felt physically attached to someone. The information I received told me that I look like both my birth father and birth mother, suffer with her allergies, and now I understand why I have such an interest in music. (Schooler, 2001)

In closed adoption cases, adoptees frequently remain cut off from their heritage and intergenerational line,

potentially resulting in a sense of disconnect and alienation from self (Brodzinsky, et al., 1998).

The development of an integrated sense of self can also be a challenge in the case of open adoptions or when a search for one's birth family results in increased medical, genetic, or ethno-cultural background information. Because early adulthood is marked by the complex process of embracing, modifying, and discarding certain aspects inherited from one's family of origin, this process is further complicated when a person must contend with two families of origin – a birth family and an adoptive family. An adoptee may feel that her life narrative is fragmented (Lifton, 1990), and is faced with the difficult task of either disregarding the identity inherited from one family altogether or integrating the characteristics of both the birth family and the adoptive family. As a result, adoptees may feel divided by two identities that cannot be merged (Partridge, 1991).

When the task of developing an integrated sense of self is complicated by either a missing frame of reference or by the existence of two competing backgrounds, a person's identity may become fragmented, resulting in the formation of an *adopted self* (Lifton, 1990). Adoptees are often implicitly encouraged, either by the biases conveyed through the closed adoption system or by the unspoken pressures created by their adoptive parents' insecurities, to deny the part of themselves that comes from their birth family. This results in a kind of splitting of the self into two other selves: the *false self* and the *forbidden self*. The *false self* is the part that pretends to have been born into the adoptive family and rejects the importance of a birth heritage. The *forbidden self* is that part that still longs for the truth in its quest for an authentic consolidation of identity (Lifton, 1990).

### **The Created Meaning of Adoption: Good Adoptee versus Bad Adoptee**

Much of the adoption literature and research that is available focuses on the way that this population differs from the general public in terms of mental health, social adjustment, and life cycle transitions. In fact, some adoption experts have gone so far as to label these identified differences in behavior and personality traits as pathological, coining this phenomenon the *adopted child syndrome* (Kirschner, 1990; Wegar, 1997). To date, the available literature lends very little attention to the ways in which current cultural values

and the social stigmatization of adoption may affect the ongoing experience of the adoptee.

The life experience of an adoptee raised in America is complicated by the competing socio-cultural values that exist regarding the standards of familial loyalty and the meaning of kinship. A thorough examination of the adoptee, like the exploration of any human experience, must be predicated on a person-in-environment approach. In the case of the adoptee, the existence of the adoption circle should be recognized. That is, the interconnectedness of the adoptee's, birth parents' and adoptive parents' lives must be acknowledged. However, even the adoption circle can be understood only in the context of the socially constructed meaning of the adoption experience. American culture traditionally emphasizes the importance of blood ties in the definition of kinship and, therefore, pathologizes the adoptee experience as "different" (Rosenberg, 1992). A common argument in the literature is that "... genealogical knowledge is necessary for the development of normal identity" (Wegar, 1997, p. 68). Indeed, the discussion of identity formation in this very paper has, as its foundation, the premise that an adopted person's struggle for selfhood is markedly distinct from that of a person for whom blood kinship is a given.

Central to a discussion about the meaning of adoptee identity are the competing definitions of the "good" adoptee and the "bad" adoptee which are largely based on the debate between the adoptee's "need to know" and the birth parents' "right to privacy" (Rosenberg, 1992). These definitions are not absolute, but nonetheless have an intense impact on the way in which an adoptee approaches the task of identity formation and creates meaning out of his life experience.

Most adopted adults who are currently seeking psychotherapeutic treatment were adopted in the closed adoption system, which is marked by a lack of disclosure about the adoptee's birth family (Lifton, 1979; Wegar, 1997). This system implicitly argues that the "good" adoptee is one who does not question adoptive ties and "... is sensitive to his [adoptive] parents' needs to make believe he wasn't adopted" (Lifton, 1979, p. 54). Under this definition, "good" adoptees are grateful for having been saved from orphanhood and may believe that they do not have the right to feel dissatisfied in any way simply because they are alive and have been adopted by people who love them (Lifton, 1979). Unrestrained curiosity about one's

biological background is not in keeping with the image of the “good” adoptee. The “bad” adoptee, in contrast, openly communicates his/her interest in genealogical information. Lifton (1979) argues that adoptive parents often experience this curiosity as a betrayal or rejection, due to their unresolved infertility issues.

On the other side of the debate is the “search movement” currently underway in America that emphasizes the importance of biological ties in the formation of kinship (Lifton, 1979; Rosenberg, 1992; Wegar, 1997). Search activists argue that in order to develop a coherent sense of self, adoptees must search for and be given genealogical information, thus appealing to the American value that kinship is biologically based. Adoptees that lack genealogical continuity are defined as “other” and those who do not wish to search for biological kinship are thought to be even more “different” (Lifton, 1979). Therefore, there is a belief among American non-adoptees that those adoptees who choose to search for their birth families are “more like us” in that they share the “normal” desire for human connectedness with their own kind (Wegar, 1997, p. 13).

This definition of the “normal” adoptee as one who is curious is in direct contrast with the definition of the “good” adoptee who has no interest in the identity or background of his/her birth family. As a result of these conflicting standards, adoptees often have divided loyalties. They are told by American society that they do not have true kinship in their lives and are simultaneously discouraged from seeking such kinship. These competing values may create ambivalence in adoptees regarding their “need to know.”

## Implications for Practice

### *Beginning Phase of Treatment*

Early object loss can affect the treatment process by influencing the development of a relationship between the adult adoptee client and the clinician. The intimacy avoidant ego-defense that can result from this loss may impede the psychotherapeutic process because developing trust with the therapist and forming an effective therapeutic relationship may be more of a challenge. On the other hand, as previously discussed, some clients have a tendency to attach to others quickly and indiscriminately. This is likely due, in part, to their lack of a *mirroring selfobject* during their early years. According to self

psychology, mirroring selfobjects are those which respond to a person and confirm her innate sense of capableness, greatness, and perfection (Brandell & Perlman, 1997; Cooper & Lesser, 2002).

An adult adoptee who has been deprived of a mirroring selfobject or who continues to suffer from the primal wound may respond to the therapist’s empathic ear with an instant *idealizing transference*. That is, the client may experience the therapist as “a powerful and reassuring presence...to whom [she] can look up [to]” (Brandell & Perlman, 1997, p. 71). Ideally, a person will later merge with this idealized selfobject in order to achieve an internal sense of calm (Brandell & Perlman, 1997). When a person develops an idealizing transference to her therapist early on in the treatment, it can be very diagnostic in regard to a possible lack of these experiences prior to the therapeutic relationship.

Adoptees’ early object loss may also be a factor in this population’s widespread tendency to transferentially experience the therapist as their lost birth parent or other long-lost relative (Bertocci & Schechter, 1991; Kirschner, 1990). This can result in the client experiencing considerable ambivalence about the psychotherapeutic process due to their simultaneously occurring desire for attachment and fear of abandonment.

### *Middle Phase*

The middle phase of treatment with adult adoptees is often marked by issues of transference and countertransference, splitting in identity formation, and an ambivalence about addressing adoption issues within the psychotherapeutic process. Transference issues often arise in relation to the client’s formation of fantasy objects. Fantasy objects impact the psychotherapeutic process when the client transfers them onto the therapist, thereby experiencing the therapist as the “good,” idealized birth mother, for example. A transference that idealizes the therapist, however, can quickly change to a negative transference of the rejecting, abandoning birth parent when the therapist is unable to meet the high expectations that have been created by the adoptee’s fantasized objects (Rosenberg, 1992). The transference of fantasy objects onto the therapist often triggers countertransferential responses. At times, therapists who are faced with clients who want them to be good birth mothers find that this transfer-

ence appeals to their “desire to provide them with something good” (Samuel, 2003, p. 214), and creates pressure to satisfy the needs left unfulfilled by the lost object.

Transference issues may also arise in regard to clients who present with a hole-object, or a sense of a missing object. Since hole-objects lack concreteness, they can manifest in the psychotherapeutic transference as the client treating the therapist as if he does not exist; this way of being related to can be experienced by the therapist as a sense of unreality, confusion, or a general feeling of disconnect during interactions with these adoptees (Freeman & Freund, 1998). This, too, can be an obstruction to the maintenance of the therapeutic alliance and can stunt treatment progress.

When an adoptee develops an *adopted self*, which is split into a *false self* and a *forbidden self*, the challenging process of identity formation is further complicated. A theoretical approach using object relations may be effective in psychotherapeutic work with adoptees who experience this kind of splitting, as this school of thought holds as one of its primary goals the modification of intrapsychic splits, including that which involves the false self (Cooper & Lesser, 2002). By providing new object experiences in a therapeutic holding environment, the therapist can assist the client in building new internal objects to create a more authentic self.

The process of splitting between the birth parents and the adoptive parents, often observed among adult adoptees, can lead to a splitting mechanism in the psychotherapeutic process as well. This pattern is referred to as *double transference*, and occurs when the client splits the therapist, experiencing her as “all good” or “all bad,” just as he might experience the exaggerated demarcation of the parental sets (Brodzinsky, et al., 1998; Samuel, 2003).

Adoptees that present with identity formation difficulties due to a fragmented life narrative or divided loyalties may be helped with a self psychology approach. A common goal of self psychology treatment is the development of self cohesion (Pessein & Young, 1993). Providing empathic attunement to an adoptee’s selfobject needs may be an effective intervention in offering a reparative experience in the face of an adoptee’s early object loss and the subsequent disintegration of identity (Pessein & Young, 1993). However, when information on biological origins is lacking, adoptees may experience obstacles in their

efforts to develop self-cohesion without gaining access to historical information or actual interaction with their birth families (Lifton, 1979; Wegar, 1997).

The contradicting societal messages that adult adoptees receive about the nature of kinship and the definitions of the “good” adoptee and “bad” adoptee can create substantial ambivalence regarding the degree to which their adoption status will be addressed in the therapy room. This ambivalence can be dealt with in the therapeutic process by acknowledging that one’s adoption status is an important aspect of one’s experience without defining it as “a pathologically scarring event” (Rosenberg, 1992, p. 148). The unique developmental tasks of adoption can be normalized for clients without offering a narrow definition of “normal” (Rosenberg, 1992). For some adult adoptees, a search for birth parents may be a necessary step in healing. Other adoptees will be completely uninterested in gaining knowledge about their biological background.

When an adoptee client presents his adoption as a “non-issue,” special challenges are created for the therapist. Sometimes “good” adoptee clients maintain that being adopted has caused no discomfort or confusion in their lives. They may express a lack of interest in even discussing their adoption status in psychotherapy sessions. This presentation may stem from the development of coping skills that minimize the importance of the adoption in an effort to protect their adoptive parents from “awareness of wishes and feelings about the birth parent” (Freeman & Freund, 1998, p. 27). Therapists may choose to “start where the client is,” therefore respecting the assertion that their adoption status is of no consequence. On the other hand, therapists may feel obligated to emphasize, to some degree, the importance of their clients’ response to the adoption experience, thus risking the creation of divergent goals.

Traditionally, therapists have erred on the side of minimizing the impact of adoption on their clients (Lifton, 1990; Rosenberg, 1992), which has resulted in their colluding in avoidance and risking repetition of the empathic failure these clients may have experienced with their adoptive parents. In a recent empirical study examining adult adoptees’ and birth parents’ experiences in psychotherapy, therapists who addressed adoption as an important clinical issue were perceived as significantly more helpful compared to those therapists who did not address the adoption experience (Sass & Henderson, 2002).

Therapists working with adult adoptees must be aware of the countertransference reactions that may be experienced due to their beliefs about kinship, adoption, and the "need to know." The literature is filled with examples of adult adoptee clients who have received psychotherapeutic treatment from therapists who failed to initiate explorations of the meaning the client has given to the adoption experience (Brodzinsky, et. al, 1998; Freeman & Freund, 1998; Lifton, 1990; Rosenberg, 1992; Sass & Henderson, 2002). For example, Freeman and Freund (1998) describe the therapeutic work that was done with Kathy, a woman who had been in therapy twice before and whose prior therapists had completely avoided discussion of her adoption. The third therapist, however, acknowledged Kathy's distinct experience as an adoptee and eventually helped her to address ongoing issues of insecure attachments, identity confusion, and fear of abandonment. Through the course of treatment, Kathy and her therapist learned that these issues each stemmed, in some way, from Kathy's personal narrative about being an adoptee. Had Kathy's therapist not been aware of the adult adoptee's unique struggle with loss and the impact it has on subsequent identity formation, Kathy may not have had the opportunity to integrate her adoption narrative into a coherent sense of self.

Therapists' common reluctance to discuss the impact of adoption may be indicative of their discomfort with this issue or a lack of knowledge on how to address the characteristic concerns and developmental tasks of an adult adoptee. It may be necessary for clinicians to seek more training about the unique life cycle of the adoptee in order to better serve this population.

### **Termination**

The primary loss experienced by adoptees may impact the termination process in psychotherapy. As is the case with many clients who have a pattern of difficult separations, there is a risk that adoptees will experience the ending of a therapeutic relationship as another rejection or abandonment (Rosenberg, 1992). Psychotherapists must be aware that while the termination process may be complicated due to adoptee clients' proclivity to experience the therapist as an abandoning object (Siebold, 1991), it simultaneously creates a unique opportunity to rework the client's experience of separation and loss in a safe, empathic environment.

### **Conclusion**

The issues of loss, attachment, and identity formation are common themes that arise in psychotherapeutic practice. Adult adoptees typically present with these intrapsychic themes that can be effectively addressed in the course of therapy. Additionally, the psychotherapeutic process can serve as a safe environment in which to explore the meaning that has been attributed to being an adoptee in America, an issue that seems to have been largely neglected in existing literature and current practice. Through an awareness of the common reactions to loss among this population, as well as a thorough understanding of the socio-cultural forces that impact the adoptee experience, psychotherapists can assist adult adoptees in modifying internalized object structures and healing the primal wound.

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