CANADIAN PAEDIATRIC SOCIETY STATEMENT

CP 2001-01

Understanding adoption: A developmental approach

As children grow up, they develop a positive sense of their identity, a sense of psychosocial well-being (1). They gradually develop a self-concept (how they see themselves) and self-esteem (how much they like what they see) (2). Ultimately, they learn to be comfortable with themselves. Adoption may make normal childhood issues of attachment, loss and self-image (2) even more complex. Adopted children must come to terms with and integrate both their birth and adoptive families.

Children who were adopted as infants are affected by the adoption throughout their lives. Children adopted later in life come to understand adoption during a different developmental stage. Those who have experienced trauma or neglect may remember such experiences, which further complicates their self-image (1). Transracial, crosscultural and special needs issues may also affect a child's adoption experience (2,3). All adopted children grieve the loss of their biological family, their heritage and their culture to some extent (4). Adoptive parents can facilitate and assist this natural grieving process by being comfortable with using adoption language (eg, birth parents and birth family) and discussing adoption issues (5).

The present statement reviews how children gain an understanding of adoption as they grow from infancy through adolescence. Specific issues relevant to transracial adoptions are beyond the scope of this statement and will not be addressed.

INFANCY AND EARLY CHILDHOOD

During infancy and early childhood, a child attaches to and bonds with the primary caregiver. Prenatal issues, such as the length of gestation, the mother's use of drugs or alcohol, and genetic vulnerabilities, may, ultimately, affect a child's ability to adjust. The temperament of everyone involved also plays a role.

As a child approaches preschool age, he or she develops magical thinking, that is, the world of fantasy is used to explain that which he or she cannot comprehend. The child does not understand reproduction, and must first understand that he or she had a birth mother and was born the same way as other children (2,5). Even though a child as young as three years of age may repeat his or her adoption story, the child does not comprehend it (3,5). The child must first grasp the concept of time and space, which usually occurs at age four to five years, to see that some events occurred in the past, even though he or she does not remember them. The child must understand that places and people exist outside of his or her immediate environment.

Telling a child his or her adoption story at this early age may help parents to become comfortable with the language of adoption and the child's birth story. Children need to know that they were adopted. Parents' openness and degree of comfort create an environment that is conducive to a child asking questions about his or her adoption (3).

SCHOOL-AGED CHILDREN

Operational thinking, causality and logical planning begin to emerge in the school-aged child. The child is trying to understand and to master the world in which he or she lives. The child is a problem solver. He or she realizes that most other children are living with at least one other biological relative (6). It is the first time that the child sees himself or herself as being different from other children. The child may struggle with the meaning of being adopted, and may

experience feelings of loss and sadness (1,7). He or she begins to see the flip side of the adoption story and may wonder what was wrong with him or her; why did the birth mother place him or her up for adoption? The child may feel abandoned and angry (1,2). It is normal to see aggression, angry behaviour, withdrawal or sadness and self-image problems (1,8) among adopted children at this age. The child attempts to reformulate the parts of his or her story that are hard to understand and to compensate for emotions that are painful (2). As a result, daydreaming is very common among adopted children who are working through complex identity issues (5,7).

Control may be an issue. A child may believe that he or she has had no control over losing one family and being placed with another. The child may need to have reassurance about day to day activities or may require repeated explanations about simple changes in the family's routine (5). Transitions may be particularly difficult. The child may have an outright fear of abandonment, difficulty falling asleep and, even, kidnapping nightmares (1).

It is helpful to explain that the birth mother made a loving choice by placing the child up for adoption, that she had a plan for his or her future. The child may need to hear this statement repeatedly. There is some similarity between the symptoms of grief and symptoms associated with attention deficit/hyperactivity disorder; care givers must be wary not to label a child with attention deficit/hyperactivity disorder when, in fact, the child's behaviour is consistent with a normal grieving process (9). A parent's patience and understanding are crucial at this point of an adopted child's life. Parents may be proactive by educating school personnel about the natural grieving issues related to adoption that their child is experiencing.

ADOLESCENCE

The adolescent's primary developmental task is to establish an identity while actively seeking independence and separation from family (2). The adopted adolescent needs to make sense of both sets of parents, and this may cause a sense of divided loyalties and conflict (7). In early adolescence, the loss of childhood itself is a significant issue. The adopted adolescent has already experienced loss, making the transition to adolescence even more complicated (1,7). This period of development may be difficult and confusing. Adolescents may experience shame and loss of self-esteem, particularly because society's image of birth parents is often negative (2).

Adopted adolescents will want to know details about their genetic history and how they are unique. They will reflect on themselves and their adoptive family to determine similarities and differences. They will attempt to ascertain where they belong and where they came from (7). All adolescents may have a natural reticence about talking to their parents, and adopted adolescents may not share questions about their origins with their parents. They may keep their reflections to themselves. Adopted adolescents' search for information about themselves is very normal, and parents should not see this as a threat. Instead, parents' willingness to accept their child's dual heritage of biology and environment will help their child to accept that reality (7).

CONCLUSIONS

Children's interest in adoption varies throughout the developmental stages of childhood and adolescence. As children progress from one stage to another, they gain new cognitive abilities and psychosocial structures. They look at adoption differently and, often, have more concerns or questions. Their questions may diminish until a new cognitive and psychosocial level is reached. Parents can facilitate this developmental process by being knowledgeable and supportive, and by continuing to retell their child his or her adoption story. The grief that their child experiences is real and should not be denied or avoided. Support from knowledgeable health care providers is invaluable in helping adoptive parents and their child. Although this statement has addressed common issues that relate to a child's perception of adoption, a psychological or psychiatric referral is indicated if the child suffers from depression, or has symptoms that affect his or her day-to-day functioning. Paediatricians and other professionals who care for children should provide anticipatory guidance by counselling parents of adopted children about relevant issues that concern their child's understanding of his or her adoption.

Good, common sense resources are available to parents. Lois Melina's *Making Sense of Adoption: A Parent's Guide* (5) is an excellent, practical source of adoption information for parents. Joyce Maguire Pavao's *The Family of Adoption* (7) looks at the entire family's adoption experience throughout the family life cycle. Also, "Talking to children about their adoption: When to start, what to say, what to expect", is a brief, yet informative, article for parents that was published in the *Adopted Child* newsletter (6).

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.