

SEVEN CORE ISSUES IN ADOPTION

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Sharon Roszia, M.S., and Deborah N. Silverstein, L.C.S.W. developed the *Seven Core Issues in Adoption* model. It is a way to assist individuals and families touched by adoption and professionals working with the constellation to communicate about and better understand the adoption experience. Adoption is a lifelong, intergenerational process that unites adopted persons, birth families, and adoptive families forever. Recognizing the core issues in adoption is one intervention that can assist adoption constellation members and adoption professionals to better understand each other and the effects of the adoption experience. The *Seven Core Issues in Adoption* model can be used in a clinical setting for both assessment and treatment. It also may be used by adoption professionals during the home study/family assessment process and in post-placement services.

Adoption triggers core issues regardless of the circumstances of the adoption or the characteristics of the individual. The core issues are:

- Loss
- Rejection
- Guilt and Shame
- Grief
- Identity
- Intimacy
- Mastery and Control

As we explore each issue, it would be helpful for you to think of the issue as an expected lifetime response to adoption that is magnified at different developmental transitions. A particular issue may also be triggered at times of loss and could be thought of as a healed wound that a person may protect, as a rheumatic toe that hurts when the weather changes or as a tender spot where a person is vulnerable.

LOSS

Adoption is created through loss; without loss there would be no adoption. All adopted persons, birthparents, and adoptive parents share in having experienced at least one major, life-altering loss before becoming involved in adoption. In adoption, in order to gain anything, one must first lose – a family, a child, a dream.

Denial of loss is at the root of many problems associated with adoption. If there is not a recognition of the loss, and an acceptance of the loss, a person may be vulnerable for magnified grief when issues arise. It may be helpful in understanding this vulnerability by thinking of suffering a severe fracture of the leg. Even though the leg may heal it may not function to the capacity it once did. Therefore, at times we will have to stop and think about a particular activity in which we may want to participate. If we do not take this precaution, recognizing our vulnerability, we might be setting ourselves up to re-injure the leg. It is the losses in adop-



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tion and the way they are accepted and, hopefully, addressed that set the tone for the lifelong process of adoption.

ADOPTED PERSON - Adopted persons suffer their first loss at the initial separation from the birth family. Awareness of their adopted status is inevitable. Even if the loss is beyond conscious awareness, recognition, or vocabulary, it affects the adopted person on a profound level. While society views adoption as a single event, it is not. Adoption is ongoing and must be addressed, for better or worse, at each developmental stage. Any subsequent loss, or the perceived threat of loss through separation, becomes more formidable for adopted persons than their non-adopted peers. Adopted persons face the loss of biological, genetic, medical, and cultural history. These losses are ongoing, even after a possible search and reunion.

BIRTH PARENT - Birth parents lose the child. They may ruminate about the “lost” child, and the initial loss may merge with other life events, leading to social isolation, changes in body and self-image, and may result in relationship losses. The loss for the birth parent is like a death but the birth parent knows that the child is alive and living elsewhere. Thus, the grief process is similar to that in death but also quite different.

ADOPTIVE PARENT - Adoptive parents, whether through infertility, failed pregnancy, stillbirth or the death of a child, have suffered one of life’s greatest blows prior to adoption. They have lost their dream child. For the adoptive parent, infertility may equate with loss of self and immortality. Issues of whether or not they are entitled to parent may lead to fear of loss of the adopted child and overprotection. Even if fertile adoptive parents choose to adopt, they are parenting someone else’s child and are doing so over birthing a child of their own. This also involves loss of their fantasy child.

REJECTION

Rejection is a natural offshoot of loss. Feelings of loss are exacerbated by keen feelings of rejection. Rejection is functional because it explains the painful loss and offers a sense of control. One way individuals may seek to cope with a loss is to personalize it. Constellation members attempt to decipher what they did or did not do that led to the loss. Blaming oneself means that we believe we caused the loss and, therefore, can avoid causing any losses again. This is not necessarily logical thinking, but it is an understandable psychological process. Individuals may become sensitive to the slightest hint of rejection, causing them either to avoid situations where they might be rejected or to provoke rejection in order to validate their earlier negative self-perceptions, in other words their feelings of or fears of rejection. The experience may result in a generalized feeling of rejection, a fear of rejection or an “either/or” belief. “I am either accepted or rejected and there is no in-between.” These are difficult positions for a person to maintain, especially over time.

ADOPTED PERSON – For adopted persons, rejection is, at the core, the greatest struggle and pain in coming to terms with their own adoption. The child may have difficulty understanding that adoption is an adult decision; a child is never responsible for this decision. The fact that the birth parent could not take care of any child at that time, not just this child, is rarely internalized. Adopted persons, even at young ages, may grasp the concept that to



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be “chosen”, a term still commonly used, means first that one was “un-chosen”, reinforcing adopted persons’ lowered self-concept.

Rejection is a huge potential roadblock to making good relationships. One may either become a “people pleaser” - “I will be whatever you want me to be” - or set up rejection and “push away” before being spurned by another. The adopted person may also simply avoid getting connected, for being close is “hard wired” to expecting loss.

A sense of rejection may lead to children who have a love/hate relationship with their adoptive parents. Affection is shared only on the children’s terms with excessive anger when limits are set. These children may feel easily rejected and betrayed. When craving love/affection, they regress or act immature and when close to parents, find ways to sabotage the closeness.

BIRTH PARENT – Birth parents often view themselves with lifetime self-condemnation as irresponsible, as do many in our culture. The neighbor, for example, who celebrates a best friend’s newly adopted baby, says, “I could never give up my own flesh and blood.”

Birth families may spend a lifetime anticipating or dreading reunion, and often are crippled by a fear that their children will hate them. Those who voluntarily relinquish may not speak of it to anyone, defending against the notion of “giving the child away”, where birth parents whose rights were terminated live with the ultimate sentence of “unfitness”. Many birth parents experience secondary infertility themselves; it is believed to be the result of the trauma of the unplanned pregnancy.

ADOPTIVE PARENT – If infertility is an issue, adoptive parents may feel rejected and betrayed by their bodies, by God, and by their families. Their dreams are dashed. They are automatically not a member of the “hang in the kitchen and share labor stories” club, and may feel trapped and angry by not being a part of the group.

Adoptive parents struggle with issues of entitlement, wondering if perhaps they were never meant to be parents. There may be a fear of the social services system or adoption process, wondering if they will be rejected by an agency or a professional whose job is to choose families for children – to reject the “bad ones” and only choose the “right ones”. There is a constant awareness of who holds the power over the adoptive parents’ destiny to have children.

Ultimately, adoptive parents may feel true terror of being rejected by their children, and subsequently, they may be hyper-vigilant to potential rejecting signs from the children, interpreting many benign childish actions as “rejection”. The fear can prevent the adoptive parent from moving ahead at an early age to begin the foundation of adoption talk with their children. To avoid the pain of ultimate rejection by children at an older age, some adoptive parents expel or bind adolescents prior to the accomplishment of appropriate emancipation tasks.

SHAME AND GUILT

The sense of “deserving” such rejection may lead to tremendous guilt and shame. Guilt is about an action and our feeling about what was done, or what we did. Shame is an internalized sense of lack of worth. It may come from our own actions or those of family, but it is not the same as guilt. Shame makes for a sense of deserving what happened to oneself, if bad, and not deserving good things. We are surrounded by people who have adoption in their history but, because of their shame, we do not know it. The idealized views of family life we see in the media do not help, often making what the person is really experiencing seem worse, exacerbating the shame.

Further, there are deeply felt sexual issues that affect how adoption is seen by the general public as well as those directly involved. Adoption is closely linked to sexuality, and we still surround sexuality with shame, especially if one does not “do the right thing”, i.e. take the punishment (parenthood) for irresponsible sexual behavior. Even in these so-called “sexually liberated times”, we all carry internal standards of “right” or “wrong” about sexual behavior.

ADOPTED PERSON – Adopted persons may take on a feeling of being tainted because of the circumstances of their birth, particularly if it occurred outside the accepted parameters. Even persons born in a marriage who are relinquished become “smeared” by the strong societal belief that parents should raise their birth children. Children often cannot verbalize the feeling that they are a “mistake.” They may be asked by their peers, “What happened to your real mom?” or “Why didn’t she keep you?” Adopted persons may feel shame or fear in wanting to have a reunion. “How can you intrude in their lives...after all they made a decision years ago...just leave sleeping dogs lie...if they wanted to see you they would have kept in touch...” Just getting in touch with an agency or a search consultant may leave the adopted person feeling embarrassed, hesitant, or guilty for wanting to “upset” the system.

BIRTH PARENT – Birth parents face the rest of their lives knowing of the existence of the child not with them, dodging questions about how many children they have, not talking with others about the adoption. They are put in a double bind of being told by some that they are doing something wonderful for adoptive parents by giving them a child while questioned by other regarding why they got pregnant in the first place. Birth parents may remain “anesthetized” by alcohol or drugs to ease the guilt and horrible self-loathing that can occur. The guilt and shame often impact the ability to have strong relationships in the future, influencing how much to tell about the past, and keep birth parents locked in a self-destructive pattern.

ADOPTIVE PARENT – The societal view that adoption is “second choice,” and, “not as good as,” parenting by birth can make adoptive parents feel ashamed. Infertility can also be shame-producing to adoptive parents, as their bodies did not work, that the very essence of what is considered “womanly” or “manly” was faulty. Guilt can be felt more by one spouse because of infertility blame. Some individuals personalize infertility as a divine punishment, perhaps for a past misdeed, known or unknown. There may be a sense of shameful invasion into the most intimate details of life: doctors, prodding, dictating sex on a time line, counting the number of viable sperm, etc. Infertile parents are not part of mainstream young couplehood.



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Guilt sometimes arises from the belief that it may be the shortcomings in the adoptive parents that are causing the newly placed child's problems. This may be made worse by a traditional therapist who does not recognize imported pathology and the unique issues of adoption, and who does in fact search for the source of the family's difficulties in the parenting of the adoptive parents.

GRIEF

Grief is the gateway to the healing side of adoption. Every loss in adoption must be grieved. The losses in adoption, however, are difficult to mourn in a society in which adoption is seen as a problem-solving event filled with joy. There are no rituals to bury the unborn child, no rites to mark the loss of the role of care giving parent or ceremonies for lost dreams or unknown families. Grief washes over constellation members' lives, particularly at times of subsequent loss or developmental transitions.

Constellation members can be assisted at any point in the adoption experience by learning about and discussing five common stages of grief: denial/isolation, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). Sometimes it is helpful for people to keep a journal, a log or a list, documenting and organizing in some fashion what their losses are and in what ways they feel or fear rejection, in what ways they have felt shame and for what they feel guilt. These issues need to be brought to consciousness before they can be grieved, as we cannot grieve until we know what we have lost. This applies to all sorts of life events, not just those about adoption. We often find layers of loss and grief that have been piled up and need to be sorted out. Adoption may be mixed in with, or connected to, other events involving loss, and it is often not the global events that may impact children and adults but the smaller ones such as the questions, "Is that really your mother?" "Is he really yours?" or "What is your real name?" Those questions bring up the secondary losses over and over again. So until those issues become concrete, it is more difficult to do the grief work.

Part of what adoption professionals may need to do with clients is tell them about what grief is. Clients need to know that grief is a natural, healing process. It cannot be rushed, and we all have different styles of coping. Professionals need to do a lot of education about grief and understand that, at times, clients can get stuck in the different stages of grief. This is particularly important with adoptive families who are coming forward to parent children, since they will have difficulty helping their children grieve if they are unable to do so themselves. It is often helpful to inform adoptive parents that their children will only be able to go as far in resolving their adoption issues as the parents themselves have gone.

ADOPTED PERSON – Children grieve differently than adults. A child's grief can manifest physiologically (colds and aches) or behaviorally (regression, explosive emotions, and acting out). Guilt and self-blame based on a child's egocentric, magical thinking are also common. At times, denial of adoption issues, especially before age six or seven, is what shows up first. Adoptive families sometimes like to run with it and say, "He's just so happy to be away from that horrible birth family, so we will just go on." The child then isolates and withdraws. If the adoptive family is dealing with their own issues of rejection and have a child who is withdrawing, they may take the child's behavior personally. Thus, adoptive families need to



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be educated regarding concrete ways to talk with children about grief. They need to learn to sit with children and be a container for their emotions and not cut them off. Grief must be dealt with openly. We all need to understand that a child grieves and re-grieves at each new developmental stage, as it becomes clearer to them on a different, deeper level what else they have lost. Grief is not a one-time event or process, and it is difficult for adoptive parents to endure and accept. In open adoptions, the child's grief can also be difficult for birth families to witness.

For children who are angry and anxious, in the process of grieving, how open can they be to attachment? Children placed at an older age may have a combination of happy and sad feelings. They must be able to talk about their many feelings to get to a level of acceptance. Signs of acceptance include: renewed hope, new vigor, a sense of humor, and an ability to talk about the future. Children bargain quietly with thoughts of being able to do something good in order to obtain a wanted end result. Adopted persons in their youth find it difficult to grieve their losses, although they are in many instances aware of them, even as young children do. Youngsters separated from abusive families are expected to feel only relief and gratitude, not loss and grief. Adults often block children's expressions of pain or attempt to divert them. In addition, due to developmental unfolding of cognitive processes, adopted persons do not fully appreciate the total impact of their losses until they are into their adolescence, or for many, into adulthood. This delayed grief may lead to depression or acting out through substance abuse or aggressive behaviors when families least expect it.

BIRTH PARENT – Birth parents who have relinquished their children may undergo an initial, brief, intense period of grief at the time of the loss of their children, but may be encouraged by well-meaning friends and family to move on in their lives and to believe that their children are better off with adoptive parents. The grief, however does not vanish. In fact, it has been reported that birth mothers may deny the experience for up to ten years (Deykin, Campbell, & Patt, 1984). The grief may worsen over time, not improve.

Many birth parents who have had their children separated from them by the child welfare and judicial systems, have gone through years of being angry at the judge, the system, and case workers, and often they have not been able to move on to any healing in their lives. Sadly, some birth parents have gone on to have more children and display that anger with those children, blocking their attachment to the children they are parenting. Again, some birth parents may turn to self-medication, using alcohol or drugs as a way of dealing with anger and anxiety.

ADOPTIVE PARENT – Adoptive parents' grief over the inability to bear children may also be blocked by family and friends who encourage the couple to adopt, as if children are interchangeable, replacement parts. The grief of the adoptive parents continues as the children grow up since they can never fully meet the fantasies and expectations of the adoptive parents.

If stuck in the early denial stage, adoptive parents frequently may say they do not want to know too much about adoption or do too much studying; they just want a child. The less they know, the better. Those are indicators that they have not come to terms with the immensity of



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the adoption process. If individuals adopt during the anger/anxiety phase of grief work, often parental attachment difficulties are seen. The bargaining stage of grief finds adoptive families thinking that if they “do a little openness” they may get a child. Openness becomes a trade-off instead of a heart-felt understanding; it is a bargaining chip, not an authentic desire. The ultimate bargain for some infertile couples includes the belief that the adoption may lead to a pregnancy. Adoption professionals must be aware when bargains are being made. Sadness or depression may be a common way people come to adoption. For adoptive parents, their approach to adoption may be filled with happy and sad feelings.

There are societal, cultural, and gender prescriptions for how we are supposed to grieve. For example, men often grieve differently than women. For the most part, men are taught to be assertive and in control and to accomplish tasks and goals, concerning themselves with thinking more than feelings. Men may believe that it is O.K. to express anger, but not sadness. Pain is to be endured silently.

IDENTITY

Adoption may also threaten a sense of identity. Constellation members often express feelings related to confused identity and identity crises, particularly at times of unrelated loss. Identity is formed by who we are and who we are not. These identities need to be in balance. Identity is also formed by an interactional process with society. I am what and who society tells me I am. Am I a real mother? Father? Child? Grandchild? Identity issues also impact self-esteem. Realistic adoptive role models, not Moses and Superman, can be helpful. Group work is helpful when working with clients on identity. All constellation members need living role models.

ADOPTED PERSON – Adopted persons who lack medical, genetic, religious, and historical information are plagued by questions such as, “Who am I?” “Why was I born?” and, “Was I in fact merely a mistake, not meant to have been born, an accident?” Sometimes it takes adopted persons longer to form an identity because they have to put those pieces together. The lack of physical and genetic identity is unique in that children do not know whom they will look like. Children may have mixed feelings about their bodies, as there is no basis for comparison. The child cannot dream of “How tall will I be?” How do children figure out what they are supposed to look like? Little children think that they will look and be like their adoptive parents, and those in transracial or transcultural placements actually may expect their coloring to change. It can be shocking to them to find that this is not true. Not looking like one’s adoptive family can have a negative impact on identifying oneself as belonging.

Adoption threatens children’s sense of fully knowing who they are, where they came from and where they are going. They “borrow” the identity of their adoptive family but may feel they are playing a role. Lack of information about the birth family may impede developing a sense of self and negative information may lead to a negative self-image. A lack of identity may lead adopted persons, particularly in their adolescent years, to seek out extreme ways to create a sense of belonging. Feedback from the residential treatment community as well as our experience with this population indicates that adolescent adopted persons are over



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represented among those who join a sub-culture, run away, become pregnant, or totally reject their families.

BIRTH PARENT – Birth parents may have a diminished sense of self and self-worth. They may be unclear as to whether or not they are parents, whether or not they can claim their children as part of their identity. The shame surrounding their status as birth parents may keep them from feeling whole. Their children are part of their identity, yet their children are not physically present in their lives. Their identity as caregiving parents to the child can never be reclaimed. As mentioned previously, birth parents frequently have difficulty knowing how to answer the question regarding how many children they have.

ADOPTIVE PARENT – The loss of procreation and generativity may diminish identity for adoptive parents because they do not have the sense of being tied to future generations. Are they considered “real parents” by society?

INTIMACY

The multiple, ongoing losses in adoption, coupled with feelings of rejection, shame, and grief, as well as an incomplete sense of self, may impede the development of intimacy for constellation members. By intimacy we also mean attachment and interpersonal relationships. In adoption, the true loss is of relationships/attachments – real or potential, past, present, and future. One maladaptive way to avoid possible reenactment of previous losses is to avoid closeness and commitment. One cannot achieve true intimacy if one does not have a fully developed sense of identity.

ADOPTED PERSON – Many adoptive parents report that their adopted children seem to hold back a part of themselves in the relationship. Adoptive mothers sometime indicate, for example, that even as an infant, the adopted child was not “cuddly”. Many teenage adopted persons state that they have never truly felt close to anyone. Some youngsters declare a lifetime emptiness related to a longing for the birth mother they may have never seen. Due to these multiple losses for both adopted persons and adoptive parents, there may also have been difficulties in early bonding and attachment.

Adopted persons often experience a lot of discomfort with their bodies and have many somatic complaints. When children come to a family at an older age, there may be a different level of intimacy in the relationship between child and adoptive parent. The adoptive parent may never have had the chance to see the child naked, as is natural with birth children. There is no diaper changing, bath times, sucking on baby toes, or kissing tummies. Older children do not quite know what to do with their hands in terms of affection. Where do they put their hands for a hug? Children who come home from different families and are put together in a new family at older ages also do not have the same type of incest taboo that exists in families not created through adoption. The children look at brothers and sisters differently because they have not been raised together in the family. Thus, there needs to be some in-depth discussion in families about boundaries, and the fact that children can get crushes on each other and not know what to do about them. Being aware of this becomes another part of intimacy.



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BIRTH PARENT – Birth parents who experience unplanned pregnancies often have a difficult time forever after in terms of close relationships, and they may brace themselves against being abandoned by not getting close. A crisis pregnancy, a man leaving, and the pain of an adoptive placement are often inhibitors to future positive relationships. Birth parents may come to equate sex, intimacy, and pregnancy with pain, loss and shame, leading them to avoid these threats by shunning intimate relationships. Some birth parents may engage in at-risk sexual activity as a response to the adoption. They may feel that they cannot go back and not be sexually active or start again with healthy decision-making. They need to be taught that they can.

Birth parents may develop multiple, surface relationships and may experience difficulty in attaining true reciprocity with subsequent children. The birthing process itself may trigger post-traumatic stress in the way the mother presents to her new child. Birth parents may question their ability to parent any children successfully.

ADOPTIVE PARENT – Adoptive parents may have considerable discomfort with their bodies related to adoption losses, infertility, intrusiveness of fertility procedures, or blaming issues and fights between spouses. Additionally, helping adults understand the steps that might have been missed in having real intimacy as children themselves may help them assess their high-risk areas for connecting to an adopted youngster. Adoptive parents with histories of maltreatment can find their own depression and anxiety re-kindled by children's needs to push them away. Earlier or even current messages from the adoptive parents' own parents about closeness may hold the keys as to how they make themselves emotionally available, and their understanding of unconditional love.

Adoptive parents who were not there for the tender, loving moments when the children were young, did not share bathing, or have the moments of snuggling in bed watching cartoons, or ever undressing in front of their children. The level of intimacy, closeness, and familiarity is clearly different. Awareness of body touching can be awkward and can set up a distance that needs to be addressed.

MASTERY AND CONTROL

Adoption alters the course of one's life. This shift presents constellation members with additional hurdles in their development, and may hinder growth, self-actualization, and the evolution of self-control. The lack of ability to change an outcome or re-do a beginning is often a crucial focus for all members of the constellation. In each instance, what brings individuals to adoption may have been well out of their control. The need to regain that balance may be a driving force in their lives.

ADOPTED PERSON – For adopted children, all decisions were made outside their control. They had no choice. Adopted persons tend to either spend much time trying to be perfect, to regain control and be "keepable", or to see the world as a series of wins and losses, seeking out control battles over any issues where they may feel powerless. Adopted persons often have a hard time allowing others to take charge, particularly in adolescence. The normal issues of teenagers are made larger.



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Adopted children may feel at the ripe old age of 12 – 24 months that life is an extremely haphazard adventure where events are chaotic with no routine or reason, where things can change without warning at any time. To protect themselves from potentially harmful events, children may struggle against attachment, believing that they must control everything that happens to them. One of the most common behaviors for children desperate for control is lying.

Many adult adopted persons spend early adult years attempting to re-play their lives in an effort to gain control. Only when they have “outdone” their birth parents as parents themselves may they begin to feel mastery over their future.

BIRTH PARENT – Relinquishing birth parents may feel pressure from others to make the decision to relinquish. Parental termination of rights, whether voluntary or court driven, is the ultimate circumstance of losing control. No matter how their own lives might change, what is done is done. Eating disorders, substance abuse and multiple, repeated romantic connections may be understood as efforts to find comfort and a desire to “push back the feeling” of being out of control, and an attempt to manage outcome when feeling despair.

ADOPTIVE PARENT – For adoptive parents, the intricacies of the adoption process lead to feelings of helplessness. The entire adoption intake and home study/assessment process is outside the adoptive parents’ “turf” and outside their comfort zone and control. Depending on temperament, this sense can lead to resentment from the beginning of the process. These feelings may also cause the adoptive parents to view themselves as powerless, and perhaps, not entitled to be parents, leading to laxity in parenting. As an alternative response, some adoptive parents may seek to regain the lost control by becoming overprotective and controlling, leading to rigidity in parent/child relationships.

SUMMARY

The experience of adoption, then can be one of loss, rejection, shame/guilt, grief, diminished identity, thwarted intimacy, and threats to self-control and to the accomplishment of mastery. These seven core or lifelong issues permeate the lives of constellation members regardless of the circumstances of the adoption. Identifying these core issues can assist constellation members and professionals in establishing an open dialogue and alleviating some of the pain and isolation which so often characterize adoption. Constellation members may need professional assistance in recognizing that they may have become trapped in the negative feelings generated by the adoption experience. Armed with this new awareness, then can choose to catapult themselves into growth and strength.

Constellation members may repeatedly do and undo their adoption experiences in their minds and in their vacillating behaviors while striving toward mastery. They will benefit from identifying, exploring and ultimately accepting the role of the seven core issues in their lives.



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