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THE EFFECTS OF ADOPTION ON IDENTITY FORMATION:
A QUALITATIVE ANALYSIS

by

LISA MARIE HEATH

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Psychology
in the College of Sciences
and in The Burnett Honors College
at the University of Central Florida
Orlando, Florida

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Thesis Chair: Dr. Steven L Berman
ABSTRACT

While evidence suggests that adoptees do not differ from non-adoptees in their ability to achieve a stable sense of identity, much is still unknown about how specifically the fact of being adopted affects one’s identity. The purpose of this research is to take a deeper look at the significance and meaning of being adopted to one’s sense of identity through qualitative analyses of in depth interviews with adoptees. Participants were recruited from Psychology classes via the SONA system. The participants (N = 16) took part in an in-depth structured interview and completed a survey battery which included a demographic questionnaire, the Ego Identity Process Questionnaire, the Identity Distress Survey, and the Brief Symptom Index-18. Interviews were transcribed, analyzed, and coded for emerging themes using thematic analysis. The themes and their effect on adopted individuals’ identity is discussed with multiple case examples.
DEDICATION

“Our greatest happiness does not depend on the condition of life in which chance has placed us, but is always the result of a good conscience, good health, occupation, and freedom in all just pursuits.”

- Thomas Jefferson

I dedicate my thesis to everyone, who has been adopted and is still searching for unanswered questions, and

For my parents Jann and Wayne Heath, who adopted and gave me the best life any girl could ask for. I Love You
ACKNOWLEDGMENTS

There are a number of individuals whose support and encouragement were essential to my success in writing this undergraduate honors thesis. First and foremost, I want to acknowledge the major role my family played, enriching my success. My parents, you both have been my backbone, my cheerleaders, my best friends, my everything - thank you for giving me all you could to help me achieve success. Also, thank you for not giving up on me in this long process and always believing in me when no one else did, not even myself. To my boyfriend Rob - you have been a shoulder to cry on, my confidante, and my guidance. You are the person who always listens to me, no matter what time of the day it is. You have helped me to become a stronger person, just by knowing I have you by my side.

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# TABLE OF CONTENTS

INTRODUCTION ............................................................................................................. 1

IDENTITY ....................................................................................................................... 2

ADOPTION ..................................................................................................................... 5

ADJUSTMENT ............................................................................................................... 9

IDENTITY AND ADOPTION ....................................................................................... 12

HYPOTHESES ............................................................................................................. 16

METHOD .................................................................................................................... 17

Participants .................................................................................................................. 17
Measures ...................................................................................................................... 17
Procedure ..................................................................................................................... 19

RESULTS ...................................................................................................................... 21

Quantitative Results .................................................................................................. 21
Qualitative Results ...................................................................................................... 21
Theme 1 ....................................................................................................................... 22
Theme 2 ....................................................................................................................... 23
Theme 3 ....................................................................................................................... 25
Theme 4 ....................................................................................................................... 30
Theme 5 ....................................................................................................................... 33
Theme 6 ....................................................................................................................... 35
Identity Problem ........................................................................................................ 39

DISCUSSION .............................................................................................................. 48

APPENDIX A: SURVEY ............................................................................................. 52

APPENDIX B: INTERVIEW QUESTIONS .................................................................... 59

APPENDIX C: TABLES ................................................................................................ 62

APPENDIX D: FIGURES ............................................................................................... 64

APPENDIX E: INFORMED CONSENT ....................................................................... 66
LIST OF TABLES

Table 1: Listing of Participants with Scores and Ratings on Quantitative Measures .................. 63
LIST OF FIGURES

Figure 1: Thematic Map of Themes........................................................................................................... 65
INTRODUCTION

Young people explore their goals, values, and beliefs to develop a sense of identity in their adolescence (Von Korff & Grotevant, 2011). Identity development begins during childhood, then, during adolescence, crystallizing and solidifying one’s identity becomes a major focus of attention for most youth. Identity can provide a person with direction and purpose, which in turn lays the groundwork for adult psychosocial development (Erikson, 1950; 1968). Identity includes such things as a career path, life goals, social roles, and a personal philosophy in regard to morality, religion, and/or politics. The salience of each of these domains of identity varies from person to person, such that each individual must decide which things give one’s life meaning and importance. This could also include their feelings about their demographics such as race, gender, or being adopted (Von Korff & Grotevant, 2011).

When people form their identity they often need to have coherent stories to create and speak about the meaning of their life and to link their identity to their past, present, and future (McAdams, 2001). To understand an adoptive identity, it is not productive to observe a person who has been adopted. It is more informative to listen to the stories people tell or write about themselves.
IDENTITY

According to Erikson (1959) the term “identity” has many different dimensions. One dimension is a person’s conscious sense of his or her identity. Another is an unconscious sense of a time line that one will travel through. Still another is the maintenance of a person’s solidarity with the ideals of the group(s) to which s/he belongs. Erikson also saw identity formation as an ongoing process that begins at the earliest stages of growth, comes into ascendance during adolescence, and becomes a guidepost throughout the rest of adulthood.

Erikson’s (1968) life-span theory suggests we develop through eight psychosocial stages. At each stage, individuals encounter a different developmental task with a crisis. According to Erikson, this crisis is not a sudden, violent disturbance, but a critical moment marked by both increased accountability and enhanced potential. The more successfully an individual responds to the crisis that is encountered, the healthier the development will be.

The fifth stage of Erikson’s theory of life span development is “identity versus identity confusion.” At this stage, which is typically during adolescence, young people start to explore who they are and the many different possible roles, goals, and values, that could give their life direction and purpose. In choosing from these possibilities, they start to form their own identity. People vary in their ability to achieve a healthy positive identity. Some are very successful in committing to those roles, goals, and values that will give their life direction and purpose. Others will have more difficulty making such commitments and may flounder without direction in identity confusion. Still others will rebel against authority and society and may adopt a “negative identity” of destructiveness and criminality.
Marcia (1966) operationalized the concepts of Erikson’s to come up with a four status paradigm which involves two basic dimensions, exploration and commitment. The first dimension is exploration, whereby people engage in an active search for their goals, roles, and beliefs that might provide their life with a purpose and/or direction. The second dimension is commitment, which refers to the actual resolution of the identity issues, by choosing and committing to specific roles, goals and beliefs or values, which will guide a person in selecting an occupation, choosing relationships, and joining groups that reflect one’s goals and values, just to name a few. Marcia explained that our commitments are a definition of what provides us with our sense of self.

The four statuses of Marcia’s identity model are diffusion, foreclosure, moratorium, and achievement. Developmentally, we all start in the status of diffusion (low in exploration and low in commitment). This is characterized by people who have not yet explored any roles, beliefs, or goals, and thus have yet to make any commitments. This is a normal state of affairs for young adolescents, but it becomes increasingly pathological as one enters into adulthood. From this status a person can either choose to explore or commit prematurely without exploration. The status of foreclosure (low in exploration and high in commitment) describes those who prematurely commit by uncritically adopting the roles and values prescribed to them by other authority figures (typically parents). For those who do not prematurely commit, they might enter a period of active exploration known as the moratorium status (high in exploration and low in commitment). Successful resolution of the moratorium status involves focusing in and selecting from an array of possibilities, the specific roles, beliefs, and goals that will form the basis of
one’s identity. This is known as the status of achievement (high in exploration and high in commitment).
ADOPTION

Margaret Kornitzer (1973) states that adoption is natural. There is nothing odd about taking somebody else’s child into a person’s home and bringing it up as your own. This has been done for thousands of years. Moses was the first adoption we have on record. He was rescued from the Nile River by a princess who raised him like her own. History has taught us that the Romans evolved a legal adoption system which was used to carry on certain family lines. Years later, the Napoleonic code incorporated an adoption law for the purpose of providing a legal heir to childless men of property. This eventually became part of the laws of many European countries (Kornitzer, 1973). However, not until the mid- nineteenth century was adoption used to help babies into a home for love and compassion instead of using adoption as a way for men to leave their wealth to an heir. Adoption was not legal in Great Britain until 1926. Before this time, people were still adopting children with help from solicitors. This was not the safest way to adopt because they could do nothing if the birth parent came back and wanted to take their child.

Adoption assigns legal status between parents and children who are not biologically connected. Every year about 120,000 adoptions are certified in the state court systems and currently, 5 million people who live in the United States have been adopted (Gibbs, 2000). Adoptees younger than 18 make up a total of 1.5 million people which represents just over two percent of all American children. From this total two thirds were placed with biologically unrelated parents and the remainders were adopted by some type of relative or a stepparent (Nickman, et al, 2005).

Beginning in the twentieth century, confidentiality in adoption started to evolve. There are two different types of adoptions, closed adoptions and open adoptions (Gibbs, 2000). In a
closed adoption only some of the information is shared about the adoptees birth families. Adoption records are sealed by the courts or adoption agencies. In these cases there is a clear no contact order between the birth and adoptive parties, unless it is an inconceivable circumstance (Von Korff & Grotevant, 2011). Not having specific information about one’s background, parentage, and circumstances of birth, can create challenges in defining one’s identity. Included in these challenges might be not having medical records and not knowing about medical problems that run in their birth family history.

The second type of adoption is open. This started about twenty five years ago (Von Korff & Grotevant, 2011). This type of adoption involves the sharing of information between both parties. This includes pre and post placement, and an open contact between the birth family and the adoptive families. Having contact with the birth family is associated with satisfaction, whereas not having contact with the birth family is often associated with dissatisfaction (Mendenhall, 2004). However, there are exceptions. Mendenhall (2004) found that there were some adolescents in his adoptive sample with no contact who were satisfied with not having contact, and there were some adolescents with contact who were dissatisfied with it. Having contact with the adopted parents can provide young people with information that can assist them in their identity development. This might include family medical history and family resemblance in regard to physical characteristics. Being allowed to have contact with the biological parents allows children to be able to ask more questions about the reasons for their adoption, their cultural ties and heritage (including familial similarities in abilities, talents, personality, etc.), and information on other biological relatives. Many people take for granted knowing this type of
personal information, and some believe that such knowledge is a basic human right of adopted children.

Mendenhall (2004) suggests that further studies should seek to discover what influences the centrality of contact in the desires of the adolescent and what encourages a more neutral response. Mendenhall’s study was cross-sectional, and therefore could not answer the question as to whether satisfaction plateaus at a certain openness level of contact or if it continues to increase with greater openness. It is possible that satisfaction with openness may change throughout a person’s life. Mendenhall (2004) suggested that future longitudinal studies investigate how satisfaction with openness may change across adopted children’s lives.

Grotevant, Rueter, VonKorff, and Gonzalez (2011) investigated adoption communicative openness, satisfaction with contact, and externalizing behavior in adolescents and emerging adults. He found that neither contact with a child’s birth mother nor an adoptive parent’s openness to discuss adoption-related issues was related to adolescent externalize behavior, although adoptive family satisfaction with degree of contact was negatively related to externalizing behavior. He concludes that:

…although children in confidential adoptions could grow up in an atmosphere of open communication about adoption, the occasions for discussing it are not as frequent or impactful as when birth family members are actively involved in the child’s life. Furthermore, frequency of adoption-related conversation mediated the association between contact and adoptive identity. In confidential adoptions, the family’s information about the child’s birth relatives is typically frozen at the time of placement. The lack of new information discourages ongoing communication. However, it is not the case that all
confidential adoptions lack open communication or that all open adoptions have extensive adoption communication (Grotevant, 2010, p.534).
ADJUSTMENT

People who have been adopted do not have uniform life experiences. Some adopted children’s experiences are almost identical to those who are raised by their own biological parents, while others are quite different (Nickman, et al, 2005). Other contextual issues will also affect the life experience on adopted individuals. For instance, international adoptions and trans-racial adoptions may add complications to the adoptee’s identity formation. Adoptees placed after infancy may have additional adjustment issues (Nickman, et al, 2005).

According to the study by Nilsson and colleagues (2011), adopted females had higher levels of conduct problems than non-adopted females. However, no differences were found between adopted and non-adopted males in level of conduct problems, thus suggesting the possibility that psychological problems associated with being adopted may affect females more than males. Further, adoption satisfaction was lower among adopted females and their parents than the adopted males and their parents. However, findings by Nickman and colleagues (2005) contradict the notion that adoption is more difficult for females. In their study, they found that boys (and children adopted at older ages) were more likely to have adjustment problems and their placements disrupted. (Nickman et al, 2005).

Adoptive parents have the hard task of being the ones who have to tell and discuss adoption with their child. Children more times than not respond to this information with painful emotions that may persist over many years, and the parents need to be prepared to support the adopted child in this long term process. According to Nickman and colleagues (2005), children express three types of loss. The first one is “overt loss” of relationships and familiar environments. The second is “covert loss “of self-esteem because they had been relinquished or
removed. The third is “status loss” arising from feelings of stigmatization within the family or society at large. Almost all adopted children have at least one of these types of loss. Practical and emotional factors can complicate things. A tension may also exists in trying to balance the adoptees’ individual needs for information and their past, along with privacy rights and the rights of their adoptive parents to raise their child as they feel is necessary (Nickman et al., 2005). This situation may be further complicated if the adoptive parent does not offer the sensitivity that their adoptive child needs. An example of this would be the fear parents might have that the child they adopted may have bad genes which then causes the parents to have negative expectations and a self-fulfilling prophecy (Nickman et al., 2005).

One of the common misconceptions about adoption is that those who are placed early in life (before age two) will have no adjustment difficulties. Even though previous studies have found that late placed children are at higher risk for behavioral problems in the adolescent years (Howe, 2001; Levy-Shiff, 2001; van Londen, Juffer, & van Ijzendoorn, 2007), Nickman and colleagues (2005) did not find these problems to affect adult success. They also found that both girls and boys had an increased risk of having disruptive behavior disorders, including conduct and attention-deficit/hyperactivity disorder, regardless of whether they were adopted before the age of two or later. Decker and Omori (2009) analyzed the relationship between age at adoption and later educational levels as well as socioeconomic status and psychological well-being. Age of adoption did not significantly impact later income, home ownership, divorce rate, or depression levels. Adoptees were similar in all areas by their mid-thirties except education, regardless of age of adoption. Educational attainment was lower for those who had been adopted later in life.
In regard to education, Decker and Omori (2009) found no statistically significant difference between those who were adopted between the ages of 1 and 5 and those who were adopted at birth in terms of obtaining a high school diploma. However, those who were adopted at age 6 or older were significantly less likely to have completed their high school education than those who were adopted before then. When the likelihood of completing college education was estimated, no differences were found between those who were adopted at birth and those who were adopted between the ages of 1 and 5. It was found that those who were adopted at age 6 or older were significantly less likely to have completed their college education than those who were adopted at birth. The number of participants adopted at age 6 or older who had completed their high school education was nearly one-tenth of those who were adopted at birth, and only a quarter in regard to finishing their college education.

Gleitman and Savaya (2011) found that age of adoption was also related to communication and self-esteem. The older the age of adoption, the more problematic was the adolescents’ communication with their parents. Later adoption was also related to slightly lower self-esteem, but it was not associated with any other measure of adjustment.
IDENTITY AND ADOPTION

Frisk (1964) suggested that ego development, identification, and identity formation among adoptees is likely to be complicated. Adopted families often do not have information about birth families like stories or even connections that could support the adopted identity formation. This being the case, the adopted child might face more challenging problems in finding a sense of identity. This might also include medical records and not knowing what medical problems their birth families may have had. Although it has been suggested that adopted children have a more difficult time with the process of identity formation (Frisk, 1964), research has shown that teens who were adopted as infants do not experience more identity formation problems than teens that were not adopted (Gibbs, 2000). However, questions remain in regard to how adopted individuals feel about being adopted and how they integrate this into their overall sense of identity.

Stein (1985) suggests five factors for enhancing the identity resolution in adopted adolescents. These are family relationships, communication about adoption, parental attitudes about adoption, the impact of telling about adoption, and miscellaneous issues.

The first factor is family relationship. The quality of the parenting, rather than the adoption per se, plays a big role in the cause of adjustment problems for adoptees. The second factor is the communication around adoption. The more open with the communication about adoption related matters, the more unlikely the adoptive youth will need to resort to fantasizing and acting out to fill in identity gaps. It is also important to be open and non-defensive with questions concerning the adoptee’s heritage. On the other hand, too much talk about the situation
can be detrimental, if the discussions that the parents have do not coincide with the way the adoptee is feeling or his/her needs.

The third factor is the parental attitude about adoption. These attitudes from the parents can influence the adolescent’s sense of identity. Blum (1976) noted that for the insecure adoptive parents, conversations about genealogy were fraught with feelings of rejection and guilt that could only intensify the adolescent’s struggle with identity-related issues. She concluded that parental attitudes reinforced by feelings of inadequacy could do much to influence the child’s negative self-image.

Fourth, is the impact of telling a child about his/her adoption and at what age this should be done. Telling the child too early will lead to disturbances in object relationships, cognitive function, and fantasy life. Wieder (1978, p. 796) found that “immaturity and the inability to clearly comprehend or master the implications of the communication produced confusion, overwhelming anxiety, shame and rage, leaving lasting effects on the adoptee’s personality and intellect.” Telling the adoptee gradually over time may be the best strategy. At every stage in the adoptee’s development, adoption fantasies will vary with the assistance needed. From a cognitive stance, parents should know what the child’s capabilities and limitations are before giving information about adoption.

The fifth and final factor is the miscellaneous issues. One of these issues is adaptation of the adoptee. Early placement helps with the overall development. Family composition is another issue. It has been found that mixed families of adopted and non-adoptive siblings have more difficulties in the area of parent functioning and with the maintenance of self-esteem than do non-mixed families.
Grosso and Naglieri (2004) suggest that a well-defined sense of self is crucial to one’s identity. The individual needs to feel both a sense of belonging and a sense of being separate, to balance dependency with independence to form a secure sense of identity. Being adopted may complicate this task of identity formation because feelings of belonging are more taken for granted in a situation of shared biology and genetics.

Moyer and Juang (2011) explored the links between adoption and occupational and parenting goals by interviewing female emerging adult adoptees. Themes linking adoption to occupation included a desire to give back and a quest for knowledge. In regard to future parenting roles, themes included wanting an experience that their mothers missed, the importance of genetics, not wanting history to repeat itself, and thoughts of adopting their own child. Further research is needed to see if these themes also exist for men.

In a comparison of adopted and non-adopted young adults on adjustment and identity formation, Kelly, Towner-Thyrum, Rigby, and Martin (1998) found that adoptees were as successful as non-adoptees in achieving developmental tasks which were appropriate to their age including identity formation, although the family dynamics that differed for these two groups.

Grosso and Naglieri (2004) suggest that adoptive parents are more likely to use statement such as “you are only my daughter”, or “only I am your mother” to reassure the bond that they have between themselves and their child. This intensifying of the bond may hinder the process of differentiation and make it more difficult to talk about the adoption process.

While evidence suggests that adoptees do not differ from non-adoptees in their ability to achieve a stable sense of identity, much is still unknown about how specifically the fact of being adopted affects one’s identity. The purpose of this research is to take a deeper look at the
significance and meaning of being adopted to one’s sense of identity through qualitative analysis of in depth interviews with adoptees.
HYPOTHESES

It is hypothesized that the adoptee participants will be on the appropriate developmental level for their age in regard to their identity formation as assessed by quantitative measures, but the fact of their being adopted will be an important part of the way they construct their identity as assessed by more qualitative measures. Further hypotheses will not be suggested in order to limit the potential bias of preconceived notions when analyzing qualitative data.
METHOD

Participants

Participants (N= 16) were be recruited from Psychology classes via the SONA system. To participate, the student must have been adopted. Students signed up for appointments using the SONA system, an online site for participating in research. This site follows all rules and regulations set by UCF. Individual interviews took place in a private meeting room in the Psychology department. Each participant was given extra credit as determined by the professor of the class they are recruited from upon completion of the interview and survey. Alternative assignments were offered by their professors to those who wanted the credit but did not wish to participate in research.

Measures

Demographic Questionnaire:

A demographic questionnaire was used to inquire about age, gender, grade, ethnicity etc.

Ego Identity Process Questionnaire:

Identity exploration and identity commitment was measured by the Ego Identity Process Questionnaire (EIPQ; Balistreri, Busch-Rossnagel, &Geisinger, 1995). The EIPQ is a 32-item survey, which has two subscales: exploration and commitment. The questionnaire was used to assess exploration and commitment in the areas of occupation, political affiliation, religion, values, friends, gender roles, family, and dating relationships. Balistreri et al. (1995) reported internal consistency reliability of .80 for commitment and .86 for exploration and test-retest reliability of .90 for commitment and .86 for exploration. Based on Marcia’s (1966) identity statuses people scoring low on both exploration and commitment scales were categorized as in
diffusion. People high in exploration but low in commitment were categorized as in foreclosure, high in exploration but low in commitment was categorized as in moratorium, and those high in both were categorized as achieved. Factor analysis confirmed moderately high reliability as well as construct and concurrent validity.

**Brief Syndrome Index – 18:**

Psychological adjustment was measured by the *Brief Symptom Index-18* (BSI-18; Derogotis, 2000). The BSI-18 is a self-report measure that consists of 18-items assessing psychological symptoms and is a briefer version of the Symptom Checklist-90-R (Derogotis, 1994). Items are rated on a 5-point scale ranging from 0 (not at all) to 4 (extremely) to reflect the level of distress an individual has experienced from each of the symptoms during the previous week. Designed to be brief and easy to administer, the test measures three primary symptom dimensions (Depression, Anxiety, and Somatization) as well as global severity (i.e., total symptom score) and is designed to provide an overview of a person’s symptoms and their intensity at a specific point in time. Internal consistency of the global severity index was high in both follow-up participants (.91) and inpatients (.84). Retest reliability was moderate. Dimension and global scores form the BSI-18 test correlate highly (i.e., > .90) with analogous scores from the SCL-90-R test based on a large community population (N=1,122; 605 males and 517 females).

**Identity Distress Survey (IDS):**

Modeled after the DSM III-R diagnostic category for Identity Disorder and the DSM IV-TR diagnostic category for Identity Problem, the 10-item Identity Distress Survey (IDS; Berman, Montgomery, & Kurtines, 2004) measures the self-perceived degree of anxiety and distress a
person has experienced in relation to his/her attempted establishment of a firm sense of identity. Participants are asked the degree to which they have recently been distressed over a series of identity issues, including long-term goals, career choice, friendships, sexual orientation and behavior, religion, values or beliefs, and group loyalties. A 5-point scale is used to indicate their level of distress (Not at all, Mildly, Moderately, Severely, Very Severely). Three additional questions inquire about participants’ overall level of distress, the degree to which the distress has interfered with their lives, and the duration of the distress. An “average distress rating” is calculated by averaging participant’s scores to each question. Reported internal consistency was 0.84 with test-retest reliability of 0.82 and convergent validity with other measures of identity development (Berman et al., 2004). Significant associations have been found between identity distress and both internalizing and externalizing symptoms (Hernandez, Montgomery, & Kurtines, 2006). Also, when looking at identity distress and identity status, it was found that identity distress predicted psychological symptom scores beyond identity status, and identity status accounted for substantially less variance in psychological symptom severity when controlling for identity distress (Berman, Weems, & Petkus, 2009).

**Adoption Interviews:**

An open-ended interview was created for this project (see Appendix A) to gain an in-depth qualitative account of participants feelings surrounding adoption and how it affects their sense of identity.

**Procedure**

College participants who have been adopted were recruited from the University of Central Florida. The participants who agreed to take part in the study completed a survey and
interview with the primary investigator. The participants were not required to sign any document to ensure anonymity. The participants were given an explanation of research before they start the interview and survey. Interviews were audio recorded and transcribed. After the interview has been transcribed, the audio tapes were erased.
RESULTS

Quantitative Results

Table 1 displays a list of all the participants, with their scores and ratings on quantitative measures. There were a total of sixteen participants in this study. The first measure explained is the identity status. According to the qualitative results, none of the participants were found to be in the diffused stage. However, four of them were found to be in the moratorium stage. Unexpectedly, only three of the participants were achieved. Nine were found to be foreclosed. The majority of the participants were found to be foreclosed at a rate of 56.3%.

According to the self-report Identity Distress Survey, 31.3% of the participants would meet criteria for identity problem by DSM IV standards. The identity distress score has a scale from 1-5. The actual range was 1 to 3.57 with a mean of 2.09 and a standard deviation of .84. The psychological symptoms score has a scale from 0 to 4. The actual range was from 0 to 2.00 with mean of .62 and a standard deviation of .71. To put these scores in perspective, according to this measure’s table of norms (Derogatis, 1993) for adult non patients, the mean for males is .18, and mean for females is .24.

Qualitative Results

Thematic analysis (Braun & Clarke, 2006) was used to process the collected data. The data was analyzed in six different phases. The first phase of the thematic analysis was to become familiar with the data. This meant transcribing, then reading and re-reading the data. This phase also included note taking of any initial ideas. The second phase of the thematic analysis involved generating initial codes. Through coding, notable features of the data were collected in a systematic order throughout the entire data set. The data that was relevant to each code was
also collected a systematic fashion across the whole data set. The third phase involved combining and translating codes to potential themes. The fourth phase involved reviewing all themes. At this point, themes were checked to determine worked in relation to the coded pieces and the completed data set. In this phase, a thematic map of analysis was also generated. The fifth phase involved defining and naming the themes. In this step the specifics of each individual theme were analyzed and refined. For sixth phase of the thematic analysis, the report was written. The report has vivid, extracted examples which relate back to each of all the thematic analyses concerning the initial research question and the literature review.

**Theme 1**

The first theme is “Discovery Age.” “Discovery Age” is the age in which a child discovers that he or she has been adopted. In this study, the majority of participants found out at various ages, ranging from five to ten years. In fact, 75% of the participants said they always knew they were adopted. The last three were adopted by the age 8 or older. For example, Participant ID 13 stated “it was just like… it wasn’t like ‘by the way you’re adopted.’ It was just like I knew that I was adopted.” Participant ID 6 stated “From early on, they always told me I was adopted.” Others found out about their adoption later in life. Participant ID 16, for instance, stated “my parents didn’t tell me um it was actually a cousin of mine that decided to be very mean and I was 18 years old and in an argument basically told me that my dad wasn’t my dad.” She stated later in the interview “Finding out that I was adopted yes [did have an effect on their sense of self] It was very hard. I wondered…what did I do wrong that my biological father didn’t want to be a part of my life. Why didn’t he try to look for me? If he did or didn’t try to look for
Participant ID 14 discovered their adoptive identity at a pivotal moment in their life: “I didn’t find out that my father wasn’t my biological father until about a year ago. They kept it from me. Like he’s been in my life; my entire life yeah so I found out they ended up telling me right before I got married. I’m 27.” Finally, participant ID 3 related that the decision was made by a religious authority, rather than by her parental authority. “As a freshman in high school I thought that I got in trouble for something else as they called me by my first and middle name which they never do unless I’m in trouble. I thought something happened to one of my brothers as they are military. My heart sank to my stomach not knowing what was going on. Mom said something about the priest as the priest was her mom’s outlet talking about this. The priest thought it was a good time to let her know. [All my mother] said was you’re adopted.”

Another topic associated with “Discovery Age” is the age that the participant was adopted. Ten participants were adopted before the age of one. Three of the participants were adopted between the ages of one and three.

Theme 2

The second theme is the “Rocky Beginning,” which consists either of being placed in foster care or being bounced around from house to house. Through foster care, a child is placed in the temporary care of a family other than its biological one. This may be due to problems or challenges that are taking place within the birth family. Foster care is also used when a child is put up for adoption but is waiting for paperwork to be completed for a permanent arrangement. Four of the participants in this study were placed in foster care for a period of time that ranged
from birth to the age of three. The participants had different experiences with each type of foster care. Resentment concerning the foster care experience was expressed by Participant ID 4:

Um, I am kinda resentful towards my foster mom even though I don’t know her because she withheld all pictures she had taken of me in-between 3 and 11 months. The only one she gave to my parents was a polaroid from when I... one of the supervised visits of my birth parents and me in a carrier um and my birthmother I assume either she or my birth mother is in possession of all of my pictures from the hospital everything pertaining to my early medical records like uh that were necessarily documented by uh blank county um so... none of that can’t be surrender, they, they can’t force her to surrender over like that kind of stuff. It’s her property, and then my foster mom did the same. I talked to my foster mom actually though on the phone... um... because I was doing a paper when I was applying to new college when I was sixteen. But um I called her, talked to her about it and she wanted to see my senior picture and she also was going to send me the pictures you know she never really ever followed through with it, I think my mom sent a picture... she never sent anything back. Um... she just kinda hoarded it because she was kinda resentful of my parents for taking me away.

By contrast, Participant ID 1 had an overall positive experience:

I mean, the foster home that I was in was very loving. They were very good to us. Uh, they were good and they, they discipline and uh, I mean, they didn’t spank us or anything like that but, they meant what they said and if we disobeyed – then – you know time out and, all that good stuff.

The other two participants were too young to remember. Participant ID 12 stated, “Um...I was told I was in a foster home for a little bit I don’t really remember it. But um for about a year or two. I don’t remember I was too young.” Participant ID 17 related she “was in foster care for six weeks. That’s it [and it was] ‘fine.’”

Two of the participants had a different experience for their first few years. These experiences, in which a child is transferred between different members of same extended family, are classified as a “bounced-around childhood.” Participant ID 8 felt fortunate to be living with family, instead of going through the adoption process with strangers:
Uh, I was, um went from my parents to my aunt for a year and then to my mom’s cousin where I lived with them. Actually I went to live with the family I’m with now when I was five about to be six. I wasn’t adopted till I was nine. I’m glad it happened though I’m glad I was put with family instead of going in an adoption home or something.

Participant ID 5 had a tragic experience during placement. Participant ID 5 was adopted in second grade, at the age of eight, by her paternal grandparents:

Oh my birth parents were horrible. they were on drugs, they beatings…not spankings, belts with the spokes like dog collars belt beatings, there was definitely some abuse there and then grandparents, loving, affectionate, doting, attentive, I mean night and day, (laughs) not to say every moment was abuse, but that’s what sticks out in your memory. And I was old enough where I have vivid memories.

Fortunately, other participants did not have such extreme cases. The above examples demonstrate how people can have a variety of experiences in both foster care and “bounced-around childhoods.” Nevertheless, each understood the choices of their birth parents, and they appreciated the decision their parents were compelled to make.

**Theme 3**

The third theme, which consists of three different aspects, is “Bio Contact.” “Bio Contact” means the participant had some kind of contact with their biological family, in any form. The first aspect is when the adopted child meets their biological families or has contact. The second aspect concerns the emotions that come from this relationship between the biological birth families and the adoptees. The third aspect is how the participants understand this new concept of themselves.

As can be seen from these examples, some of the participants have not met their biological families in person; they only had some other form of contact. Participant ID 16 has
never met her birth families, but has either spoken online or on the phone at the time of the
interview. She found her biological father on Facebook,

I looked him up, and then I sent him a message. The first time I contacted him I thought
it was, I thought he was going to reject me again I didn’t think he would even want to talk
to me... Well looking, finding him wasn’t hard, but actually contacting him was...I found
him 6 months ago...and I didn’t actually send him a message until 2 months ago. It took
me a really long time to build up the courage because I was so afraid of being rejected
again. I didn’t want to go through that..he rejected me the first time I wasn’t even born.
So I didn’t really get to experience it. But then..now between 6 years old and if he
rejected me again it would hurt a lot.

Obviously, it was traumatic for her to realize that the her father has known about her
since birth. The father had seen pictures of her and has known about them their entire life. She
was then asked in the interview “how does that make you feel?” Her response was disappointing:
“Hurt. I don’t know... it’s not a very good feeling. But it’s like I was just trash, he just threw me
away. My stomach was in knots when I hit send on that message, I was freaking out. Then when
he called me, I was like, great...” It was virtually impossible to avoid interjecting with the
statement, “I probably would have sent it to voicemail.” She then replied:

I did (laugh). The first time I sent it to voicemail because I didn’t know what the number
was. I kinda knew because it shows you on there where they are calling from so like I
 kinda figured it was him because it said Texas, and I was like, who do I know in Texas
who’s number I do not have? And...so I knew who it was..sent it to voicemail and then
like three hours later listened to the message, two hours later I called him back. So I sat
on the couch with my roommate sitting next to me and called him. (laugh) I just didn’t
want to be rejected again. I’m so afraid. And I think that’s like effected my relationships
with just everybody, like I don’t want to be rejected so sometimes I don’t do things that I
want to do...just because I don’t want, I don’t want to be rejected. (laugh) That’s a
hurdle I’m going to have to jump over.

Since she has found out about her adoption, her outlook on family life has changed:
Um…well finding out at eighteen that your dad is not your dad is really hard…ya know. Because your already at a vulnerable state anyways, going to college and…and…..I don’t know….like……I think I feel…I I think…I would want like, it makes me want to….wait longer to have a family so that I know exactly what I want. I feel like I pushed myself back and fix who I am and know who I am before I decide to start a family because I don’t want my kids to ever have to go through….something like that. And I think that it makes me want to…be closer to my family…and get to know my biological father even more now.

Participant ID 1 has met her biological family. Her story is intriguing, compared to participant ID 16, because she found out that her parents had read falsified information about her adoption. When this participant was adopted, she was on some type of medication, which stated her previous last name on it. To this day, this participant still has this prescription bottle:

Years later, once my ex-husband and I went over to Fort Gains, GA, which was where I was at when mama and daddy adopted me, we walked into the department of children and family services, and the lady … was the same lady that had been there all those years before and those ladies called me by name, all these years later, called me by name. And um, so then they obviously… from there we went to the doctor who took care of me. No one ever told that man that I had been adopted or anything. He thought that I had died and been buried in the cemetery. So when he saw me, he recognized me immediately, and he turned as white as a sheet. Just pure, just utter shock. And uh unfortunately, all the records had been burned at his previous office.

Her parents went on a road trip to the Midwest and found the last names of several biological families. She then wrote letters to each family when she was about to move to Delaware. Right before the move, the participant received a phone call from her younger brother wanting to know if she was born on a specific date and if she had been adopted. She related that when “I got the call, I just fell to my knees, and just thanked the lord, uh, then I remember calling my husband and telling him about it. And then things just kind of went crazy for awhile. The older sister flew, into Savannah. Uh, we were on the television.” Her adoptive father insisted that the family
should go to Albany to meet with their biological mother. Although initially reluctant, She stated “I’m glad the he did. But, uh, she had given me an ultimatum, from the down flat. Um, she was like ‘I am your mother and wanna be your mother, but you’re gonna have to have nothing to do with the people who adopted you.’ That’s not how that works, so I didn’t speak to her much at all for, oh god, for the next 15 – 17 years. I mean sent her mother’s day cards and Christmas cards, but I didn’t call her or anything like that. Her husband died, October, would be 2 years ago. Once he died, we had a better relationship since he died. He was kind of just, in the way, anyway.”

She stated that her parents told her that “You’ll always be [states full name] and that will never, ever change.” When the husband of her biological mother passed away, the relationship between her and her mother changed. “When I talk to biological mom… I address her as mom. Uh, you know, to anyone else I call her [name] because that’s just what she is to me. But out of respect to her, I address her as mom. A lot of things changed that day when that came about, and um, having found all that pain is better than having known that pain. And, um, so I don’t have to go through the rest of my life not knowing, and it made a big difference.” The last participant who had contact with their biological birth parent is ID 2. Participant ID 2 stated that it was hard when his biological mother made the first contact; it took three years to get back to her:

My birth mother contacted me when I was like 23 like…I was incapable of actually like, reading what she wrote all the way, and it was just like a complete….incapable, physical block, I gave myself uh for confronting that…I don’t think I ever really overcame that….I think that maybe all the stuff that succeeded that I may be able to confront it but like, uh, it I just could not ever confront the reality of, of, uh……finding out the truth of who I am.
He also expressed some resentment, mentioning that “I remember that as a kid, like, they use to give you like the family tree charts to fill out, I found that you know in retrospect to be very obnoxious and confusing to give to a kid.” For adopted children, identity confusion can result from not knowing one’s history. Furthermore, based on his testimony, teachers don’t understand that their system for teaching kids about their history can cause feelings of alienation. With anger, he exclaimed, “Oh I’m not fitting in this system where everyone kinda assumes it.”

A few months down the road, he found out the truth behind why he was really put up for adoption:

My mom, my birthmother uh she had an affair with a, she was a reporter who had an affair with council member uh…like in local government…uh and she uh didn’t believe in abortion and uh she didn’t want the council member offered to marry her, but she turned it down…uh…so she was uh…in the interim of this she decided to become a state policemen and she knew my uh parents just had a what do you call it…still born or yeah….um….miss I think it was a still born, because it was really hard for them. And then so …they took me in.

He expressed reservations about meeting his biological father, stating that he is a “go with the flow” person. Later, he discovered details about his biological brother, decided to contact him, and developed a relationship:

I visited him and uh got with him in New York, he’s younger than me uh and we hanged out uh he never told my mom, my birth mother, and I never told my birth parents ever about these meetings but uh…anyways so I hanged out with him and then this past month uh I hanged out with my birthmother for the first time and when I went back to NY, cause she is in West New York city, I hanged out with my birth brother and I kinda realized I wanted to be closer to him.um….like part of my life and I want to find out more about this side of me.

He also explained why they have never told their adoptive parents they have spoken or met with their biological mother and brother. He first expressed concern that “they don’t seem invested in my life the way I want them to.” Then, he elaborated that “my [adopted] dad, like
anything I considered triumph that I would achieve and come to them with, my father wouldn’t think it was like a real celebration so why should I share.” After this expression of disappointment, he shared “a side note” that he “also gave up a kid for adoption I haven’t told them about that either. So… I don’t know if that’s another piece of information that is relevant.” Finally, he disclosed that he did tell his biological mother about giving up the child for adoption and expressed surprise at how close and supportive she was during this event in his life.

After the initial stage of “Bio Contact,” strong emotions led each of the participants down a different path. Participants 16 and 2 dealt with resentment, while Participant 1 felt satisfied that her adoptive background had been clarified. In fact, anyone who he’s had some interaction with the adoption process and is reunited with the adopted individual can have a powerful reaction, as exemplified by Participant 1’s doctor who “turned as white as a sheet.” The final stage of self-actualization can be understood as some sense of self. Each participant dealt with barriers that may or may not have been resolved at the time of the interview. Thus, each person dealing with the emotions elicited through “Bio Contact” has an individual timetable for trying to find their identity.

**Theme 4**

The fourth theme concerns the medical history of the participants. Although people who are not adopted can easily ask their biological parents about family genetics, adopted children are often left in the dark. In this study, it was determined that 62.5% of the participants had either personal issues or health issues with not knowing their own medical history. The participants of the study felt these issues needed to be discussed outside of the questions that were formulated.¹

¹ See Appendix 3.
Four of the participants have uncovered their medical history. The remaining six who raised questions about this issue had not found any information about this topic at the time of the interview.

Examples of why the participants looked into discovering their medical history are provided in the following two examples. Participant ID 7 looked into her history because, my husband wanted to, my daughter was having bad stomach problems and issues and we had her back and forth to the doctor, and you know he was worried that there was something in my medical history that we didn’t know and he harped and harped and harped, he had mentioned it before to me about don’t you want to find out who your biological parents are? I am like NO. And he said well aren’t you curious, and I am like ‘No,’ and she started having all those problems, and you know in the middle of sonograms, and this and that, he goes we really need to find out your real medical history. So I said I’ll tell you what, you get an attorney and I will sign whatever you need and you can find out, and you can get the medical history, and I am good with it.

Participant ID 1 stated,

It bothered me not knowing, uh and when I got married, it bothered me not knowing exactly what my medical history was when I started having children. Then, um, I really started to pursue who I was biologically for medical reasons. I had to find out who I was for my children. I really couldn’t have cared less for myself, me, it was for my children. Uh, it – it really was a scary thought, uh – you know ‘Do you have heart disease in your family, leukemia in your family?’ You know, ‘do you have blood disorders and all this other stuff?’ It was really, you could not answer those questions. You have to tell ‘em you were adopted, that you were adopted. And one time I had a doctor ask me, um, ‘Well have you ever tried to pursue…? Or have you ever wanted to?’ And yes, I did want to.
Although the participants’ children provided the motivating factor for researching medical histories in both cases, there was one major difference between the two participants. ID 7 still did not want to pursue her medical history but was pushed by a spouse. This was unlike ID 1, who was bothered by nagging questions about the possibility of life-threatening diseases.

The other six participants each stated that they would like to know about their personal medical history, but they faced different challenges in retrieving genetic information. Participant ID 3 noted problems with her home country: “Not knowing my family medical history. I don’t even know how to go about that The Philippines is pretty corrupt. They keep records but it is a challenge to hopefully go and see my birth mom and get some information. It is extremely impoverished and a third world country.” Participant ID 10 stated that discovering her medical history was problematic due to financial concerns. “I guess I just have always missed not knowing about my genetics. I don’t know why I have dark hair. I don’t know why I’ve had a lot of the medical complications that I’ve had. I’ve given birth to three children and get to watch them know why certain things are the way they are – genetics. I have never had that.”

Participant ID 12’s parents have sealed medical records, even though he noted that “it would be nice to know about my medical, records. That’s about it, family history, cancer or anything runs through it.” Participant ID 13 is just starting out college and does not yet want to open those doors. “I don’t have a medical history. I don’t have anybody to look to and think, ‘Oh, maybe I’ll look like that. Or maybe I’ll look like him or her.’ So just questions that are unanswered I guess. But yea, I’m interested in learning more or like, if I have a history of any sort of things in my family I should be looking out for.” Participant ID 14 stated, “For me I would like to be able to tell the doctor about all the things that run in my family. I mean my
adoptive father and that side of the family, I can tell everything that goes on with that, but it
doesn’t really pertain to me medically, so it wouldn’t help if there was something wrong with
me. When I was in college, I had a severe infection in the throat. And they couldn’t figure out
what it was, what caused it. And, uh, when I was talking about it with my mom later on, I was
like well, I wonder if it was something genetic on his side of the family and maybe they could
figure it out that way. Honestly, the fact that I struggling with the fact that I don’t know the
medical side of it is one of the most challenging things that I have had to face.”

Each participant still mentioned that establishing a medical history is important. Leaving
these kinds of questions unanswered may create issues for the individuals who were adopted and
also for any children they may have.

Theme 5

The fifth theme is “Blood Line.” In this theme, a question to the participants in relation
to having a blood line: “Is having a blood line important to you?” Was asked Appendix B
demonstrates that this question directly follows a question relating to children. It was particularly
interesting that, out of the sixteen participants, only six thought this theme was of significance.
Participant ID 3’s response was indicative of many other participants who felt genetics were
more important than blood lines. “I figure in 50 years we will all be brown anyway. We all come
from the same place and people need to start seeing the bigger picture. No not really as long as I
know my medical history genetically I would at least like to know.”

Of the six who considered the blood line to be relevant, two specifically highlighted
genealogy or heritage as important factors in better understanding themselves. Participant ID 4
stated, “Yes, I really like the idea of family trees and like genealogy and I get like so jealous
when people are able to do that I think it’s like so cool and I, I, it’s not even that an emotional thing, I just think it’s like really really cool being able to trace that back. I’m just jealous that anyone is able to do it…ya know.” Participant ID 15 stated, “Well I would like to, on account the heritage is important to me.”

Also found within the theme of blood line, all but three of the participants wanted to have children. Participant ID 9 stated, “Knowing that my biological grandmother had a nervous breakdown and killed herself after giving birth VERY MUCH dictated how I felt about giving birth to a child. One of the biggest gifts I have received is that I don’t feel like I HAVE TO have a biological child in order to be a mom. That is why I chose to raise a child who is not my biological child. I couldn’t love her more than if she was created by my body. God blessed me with the ability to understand that genes aren’t what make you a parent, love is.” Participant ID 14 stated, “… I’ve been kind back and forth with that. I do, I love kids, but I think that I want to be able to financially support them. And I know that I’m not at that point in time now.” Participant ID 12 stated, “Hell no [and] It’s like a dog that wants to go to college, and it poops everywhere, and they smell…”

Which brings me to my last question: did you have kids so you could have some identity through them? Twenty-five percent of the participants agreed with my last question. Participant ID 4 stated, “Yeah, I guess, because I want to see someone. But I don’t think that adopting would give me that sense. It’s like, my mom has never seen a child being born… ever… and she has all these sisters with all these kids… they all lived far away from her so she has never ever seen It’s strange to think, I try to think about my mom hasn’t had that experience, and I kind of want her to live vicariously through my pregnancy, I feel bad for saying that… like I really… I really want
her to have that experience with me, I think it would be new to both of us, ya know, and it would be really cool. Because the time that she had that false pregnancy she just had all the bad shit. She didn’t have the joy. But, yes, and I really want her to experience the positive things. Also, I really want to experience pregnancy in general. Yeah, I’ve watched too many documentaries on home birth and stuff and it’s like a really disgusting beautiful thing. I kinda still think I could, I hate biological centralism and like thinking about connectedness, but, like, really there’s like this female thing you know and I don’t want to miss out on it. It’s kinda gross and I don’t really like thinking about it in those terms, but really those terms are, in my case, kinda accurate.”

Participate ID 6 stated, “It does… and, I see it every day… they, uh,… yeah, they are a trip.” Participate ID 10 stated, “Subconsciously, probably yes. I wanted more than anything to have children that I could see a genetic connection in. Again, I never would have said ‘no’ to adopting, but thinking about it now, I really do think part of me wanting to have kids was to see a genetic link.” Participate ID 15 just stated, “Yes.” All the participants did state that at some point in their child’s life they would tell them about their adoption when the timing was right.

**Theme 6**

The sixth theme concerns “intimacy.” For the purposes of this study, intimacy will be examined on several levels, including marriage, family, relationships, trust, and disclosure to other individuals. Three of the participants shared more conflicted views of marriage than the rest of the participants. When asked about marriage, Participant ID 16 stated, “I am afraid of it, I want to someday get married but I want to... wait as long as possible to make sure it’s the right person. I am afraid of making a mistake with it not being the right person.” Participant ID 4 expressed contradictory feelings why she is “morally opposed” to marriage:
I… have a lot of feelings about marriage… Um I like having a Quaker background makes me believe that it will never really be evenly distributed even if same sex marriage is legalized. I don’t even know if I necessarily agree with same sex marriage as a construct. Which is another story. Personally I would marry a partner um just because if your living together and you think it’s going to pursue the future, whatever that means, it’s just the thing that you do, because it makes sense, but it’s not really about someone fucking romantic, bullshit… I don’t know…or even about like… life time commitment… it’s about convenience.

The final participant ID 1, who has theologically-rooted beliefs that “marriage is a thing for one marriage and… one lifetime,” had to rebuild her whole entire life after a divorce. Although the participant had been married for nineteen years, she felt it was a very positive experience, claiming that “my adoption had nothing to do with it.” However, she also acknowledged that “my kids have not been able to get over it. It has been 15 years… Uh, so you know. Life has been difficult. Because of breaking that vow that I made with the divorce. We lost everything we had. I mean, everything we had. But because we went through that hell, things are better now.” Interestingly she reports that, her children disagree with her assessment about the divorce. They believe that her adoption did play a role.

Participant ID 5 summed up the ambivalent feelings about marriage that other participants expressed. “I would like the fairytale wedding, marriage that lasts forever, but I am not against being divorced. If I am not happy I will not stay married.”

One segment of the population that is inherently tied with intimacy is the family. In this study, 68% of the participants had family issues. The three main groups that the majority of the participants dealt with were their biological parents, biological and adoptive siblings, and adoptive parents. According to this study, 55% of the participants had some type of problem with their biological parents, 64% of the participants had problems with siblings, and 55% agreed that
some of their family issues dealt not only with their biological parents, but with their adoptive parents.

Many of the participants in this study explained that they have a hard time opening up to people or in trusting other people who are not in their close group of friends. They also have a tendency to distance themselves from friends and family. For instance, Participant ID 12 stated, “that being adoptive has had a little bit of an effect on my capability to trust other people.” Participant ID 16 stated that being adopted has had no effects on her capacity for intimacy, but has had an effect on her relationships. “I’m not…as trusting, not that I’m not as trusting I just don’t want to get close to people without really getting to know them you know. I don’t want to just jump in.” Participant ID 4 has only had two long-term relationships, one of which was her mother. Their experiences with intimacy may have been self-destructive. She states:

I’m very easy to get close to and very open about talking about things like that but then I like pull away at a certain point. But I don’t really think of it as being self-destructive… um… just other people that know me really well think it is… so I don’t know if I should trust other people… like… instincts.

Also, other people have told this participant that they are really distant. “I mean people think I am like really distant once I get to know someone, like I pull away like I’m afraid of things, I don’t know if that is something they are like willing upon me, given what is logical or if that is actually what happens and so I…you know.”

The last topic concerning intimacy involves the disclosure of information about each participant’s adoption. Participant ID 14 related that it was easier to keep the information limited. “I haven’t really told very many people that I am adopted. I think that there are two friends of
mine that I’ve been close with my entire life, I told them. But past that, It’s a lot easier for me to say that, ‘Oh, this is my dad,’ than say, ‘Oh I’m adopted by my dad.’ I actually worked with him for a little while. Everyone’s like, ‘How’s your dad doing, How’s your dad doing?’ He doesn’t work there anymore. It’s a lot easier for me to approach it that way than to be like, ‘He’s not my biological father, but sure.’” She felt in this situation it was easier to just keep this in the family than to have to explain the whole story and to have to deal with the emotional reactions of her co-workers. Participant ID 3 states that being adopted makes her feel different when she explain her adoption to a person for the first time. “When I am speaking to people that are excited to hear that I am adopted most are trying to nurture a situation that does not need it. They are like omg you are adopted. For other people it is really weird. Only my close friends even know it. I don’t even want to go through the range of emotions. Did you think that I was supposed to be a bad person because I was adopted. When I share with strangers I feel different because of their reactions.” Both participants think twice about telling people about their adoption because of the emotional reactions that they believe would result. Another participant emphasized her feeling that an outsider would be unable to understand the nature of the parent/child relationship in adoption. They related that “when I tell someone I’m adopted [their reaction] is, ‘Oh, have you ever met your real parents?’ What they don’t know is that I HAVE real parents. The parents I have are my REAL parents. They raised me since I was 4 days old and it doesn’t get any REALER than that. It’s just ignorance. It’s like, they just don’t get it.” For these reasons, all of the participants described above would rather keep information about their adoption to themselves.
As demonstrated by the above examples, the topic of intimacy can evince a wide range of feelings, particularly when the subjects of marriage or family life are discussed. Many participants find it difficult to trust friends and acquaintances, and they are especially wary of disclosing their adopted identity to other individuals with whom they come in contact. This wariness is exemplified by a statement by Participant ID 5:

Um…definitely made me a strong person, there is issues of abandonment and unloved, I feel like the person that was supposed to love me didn’t. Now that has nothing to do with the love that I did receive from my grandparents. That relationship between my biological mother, my biological father and me, so I feel like people are angry at me, they don’t love me, and mostly its love, I won’t say abandonment, I don’t feel like my friends are just going to dump me, but I feel like if they get angry with me it’s going to cause them to not love me any longer.

From the above passage, it is apparent that the love that she never received from her biological family creates problems for other relationships. She feels that if she does not give that love to her friends, they are going to not love her back, and she may be “abandoned.”

Identity Problem

As can be seen in Table 1, Participants ID 2, 9, 10, 12, and 13 all met criteria for Identity Problem using DSM IV standards. Although a diagnosis should not be officially made based on a survey without a clinical interview, for research purposes it was noted that these people endorsed items that were consistent with the criteria for the Identity Problem category outlined in DSM IV. Participant ID 9 and ID 10 identity status is achieved which seems inconsistent the DSM description of Identity Problem. This is quite different from the other three who were in the moratorium status which is more typical of someone having identity problems. Participant ID 9 knows who she is and can commit to things, yet she is very distressed. When Participant ID 9 answered the IDS portion of the questions about her identity, her answers were very compelling.
When asked “to what degree” her long term goals and her career choice makes her “upset, distressed, or worried,” her answer was “very severely.” On the topics of “sexuality” and “religion,” she scored herself as being affected “severely.” The last question that she answered was about friendship; this question dealt with the experience of losing or changing friends. Her score for this was “moderately.” During the interview, she stated, “I have just graduated with my Bachelors of Science in psychology and I’m not sure where to go from here.”

As a forty-two year old, the degree is a turning point in her life. Trying to figure out her goals in life with her family and having a new career in mind is not easy. Her understanding of her identity with regards to her adoption “wasn’t always this rosey.” She is now married and raising her stepdaughter. Participant ID 9 stated “I had a terrible twisty road that included never letting people close to me and constantly moving from town to town (in my twenties and early thirties).” It is her belief that having a family is what really grounded her and helped her finish school. She states, “THEY are my identity. THEY are my story…They really complete me funny enough my daughter isn’t [even] biological.”

Adoption always seemed to have an effect on the identity of Participant ID 9. Being adopted defined her life as being different. She had challenging issues that caused her to attempt suicide at the age of fourteen, as she recounted:

Growing up I definitely felt “different” not different from my family members because my sister was also adopted but I felt well…. I was searching for an identity. I didn’t know it but looking back I can easily see it. Everyone else had a story, they knew about what made them who they were. I didn’t know anything but that my birth mother was

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2 More specifically, Participant ID 9 might be questioning her religious beliefs. Also, she might feel confused about sexual preferences or the intensity her husband’s sexual needs.
extremely young, my birth father didn’t seem like a mental giant and my biological grandmother had a mental breakdown and killed herself. AWESOME!! I felt much damaged and honestly kind of like I was a ticking time bomb waiting to go off. I had A LOT of behavioral issues when I was young, even an attempted suicide at the age of fourteen. I never, ever attributed it to my adoption because my adoptive dad was extremely mentally ill because of a brain tumor and that played the major role in my issues. I will say though that I remember a psychologist once telling my mom that he had never in all his years had a patient who was searching for a label as much as I was. I remember when they “diagnosed” me as clinically depressed I ran around the ward telling everyone about it like I had been crowned queen. He said he really found that odd. Of course that was twenty-seven years ago so the fact that he didn’t put the puzzle together, I will attribute to the possible lack of research back then. Now looking back I know I was desperate to have a story, to have a past, or, I guess, easier stated, an identity.

Even though her story still deals with a rocky path of the unknown about her goals and career at this moment, she feels that understanding her identity has helped her become a happier person:

How messed up I was growing up and looking back now I see I was so very, very, very desperate for an identity. I don’t think that was the main reason why I had such severe behavioral issues, I think the abuse from my adoptive father was the catalyst but I really see that it was a perfect storm. A kid who has no identity, abused and now feeling abandoned by not only her birth mother but her adoptive father… I, in no way, am ‘anti-adoption.’ In fact I am extremely pro adoption but I do believe that if a family does adopt a child they HAVE TO put extreme effort into making sure the child is worked with and receives counseling to help her with their identity.

Through the interview, it became apparent that she traveled through stages in her life that she had not explored or started to understand until recently. One of the reasons she may have an identity disorder is because she just finished school and has not yet found a career path. She may also be experiencing a lot of identity distress because she is exploring her sexually, religion, and differences in friendships. Having a stable family, along with significant life experiences, has
likely helped participant ID 9 to be committed in her identity, even if she is having distress in certain areas.

Participant ID 2’s identity status is moratorium. When he was asked “could you tell me how being adopted has affected your sense of who you are?” the participant stated:

Make me feel like I was… I don’t know in the past uh… it’s made me feel like I struggle to belong to any specific group. Um…I don’t know I use to, I use to have a much clearer idea of it but I don’t know lately I just I…I don’t know what it…uh…I…feel like an outsider and never real comprehensive pull of part of any group. I think that’s a big thing. Um… but I think I have been getting better with that and that’s not always been true but uh…uh…that’s the most immediate thing I can think of.

He feels that he has had many different identities. Since the participant comes from a film background, he uses Charlie Chaplin as an example:

It kinda fits pieces, like Charlie Chaplin, he will have 12 identities on top of each other as movies. Like, Charles Chaplin, He plays Charlie Chaplin, who plays the tramp, who in the movie he’ll pretend to be a broom sweeper and like I feel like it kinda rhymes with that were like, we all have, we are not one cohesive fold, we are all just like a mess of identities and um uh it plays with that, you know. I’m “John Hoency” sometimes and I’m “John Field” on stage… and then there’s like another name of my identity out there and stuff so.

According to Participant ID 2, the effects of being adopted made it difficult to describe his own identity. He explained that “it just made my identity hard to uh, I don’t know…melt or something like that…there’s like the vague, kinda contentious of ideas that I have… vague behaviors that I have…vague behaviors that are like repeatable but then underneath that is just a giant mess of just weird emotions and intentions and I think that’s why... I kinda fixate so much on the ideas of stories.”
Perhaps he described his identity most clearly by using a metaphor. He stated that identities were like putting on a funny mask like when you’re drunk. The full text surrounding this claim is below:

It just became a really like one night, one night was this really intense, weird needy night where like I couldn’t say that we were just casual cause like there’s a mess of emotions underneath, so I was like the mask, like when you drunk with friends they say you put on the funny mask, that’s how you show the true you verses underneath just a mess of layers. It’s like a computer….um difference if you want to see what’s really inside the computer you don’t open up the computer you have to look on the screen.

He identifies himself as being heavily involved in social justice, with many other interests. In particular, art, standup comedy, and filmmaking were highlighted as the “three, [I] really like throw myself into…occupational things to form an identity and form friendships.”

He also proclaimed that, before he met his birthmother, he did not have a family resource for exploring his femininity. Therefore, there was an inherent sense that something was missing with his identity. He expressed some confusion about his masculine and feminine “space” at length:

Yeah I don’t know it’s something that… uh… yeah I have been like, it’s been like something like that wasn’t a confusion. I think until recently, like always as I kid like I kinda occupied a feminine space… to a certain… I think I felt a little masculine and feminine space… and like as a kid… I was just like that’s just what I do, like whatever. Um lately I have been uh… meeting more friends with a transgender people and um been questioning like…uh maybe I should explore this more… and um… I kinda just been like when I was a kid, like I would dress up in like… women’s clothes a lot easier then like know I am trying to figure out… I don’t know what I want to do. Because I am happy with my masculinity but I am also having fun exploring my femininity at the same time, so I don’t know… that’s an ambiguous space to take up.
When asked if there was anything that the participant would like to express in the interview about how adoption affected his identity, he stated, “when I talked to my friend about my adoption it made me realize it was the first time I ever really talked to somebody about adoption and it was nice having um a different perspective outside of it… It was just nice bonding over somebody and finding out there are differences and uh….the sameness…between us about being adopted…and um….online resources really weren’t helpful at all when trying to find it, just like people testimonials weren’t signed, it’s not a balanced back and forth in conversation and discovery, and uh the internet just stinks at things like that… it’s not like teaching you how to make a cake…” Through bonding with another adopted individual, this participant was able to make realizations about himself.

Earlier, he stated he had never told their adoptive parents about talking or meeting his biological mother and brother. In an aside, however, he mentioned giving up a child for adoption. This was not information that the adoptive parents knew. He then explained how giving up a child for adoption feels:

Yeah, it stunk a lot….uhh…and as a father there’s like a lot of ambiguous feelings because I wasn’t carrying the kid to term for 9 months uh I had to make a split decision of if we were going to give him up for adoption because I didn’t know the mother was pregnant until the night she called, uh she’s close to the chest type lady, um, uh, yeah like, ya know sometimes it’s hard not to trust your emotions or maybe like maybe we are over thinking this but I don’t know, you stole my cell phone, you know when I got the first cold pictures I thought maybe he had uh, because his mom was a yeah….drinker…and uh….like I thought maybe he had fetal alcoholic syndrome and so like I remember just staying up all night, obsessing and worrying about that and I still think about like, have the fantasies that are no way….so um what was I saying? I could have done it, but I still have fantasies about taking him in, and in like my 1 bedroom apartment, 400 a week, being able to grow him and being able to grow him and shit, I don’t know…and the flip of that is…I mean like after gave him up for adoption, I went to the moms house with her parents and stuff and the only person the whole adoption
center history I was the only dad to be present there, I just want to brag about that so I’m like a good person.

Subsequently, he described the effects such a decision has had on his understanding of the traditional “family unit”:

I guess it’s a story that we apply to things, instead of the reality but um… It kinda cements how fractured the family unit is verses the reality of it, there’s no family that is not completely fractured and uh… I had three other adjectives about why but I can’t remember what they were, but you know, just uh you know all families are shattered in a nonlinear, and that’s what I was saying, it’s like you know…families treat each other, lineage is not linear it’s just uh, uh, the only thing that points down is I said love, I don’t really feel that but whatever. You know…If it’s sincere you might as well be, in the child’s letter that you write to them. But um, uh.. so yeah um, it was bad, I guess in the vague weird way I look at the world as stories like it’s a story of, not destiny but like, something like inept ability or something like that. Um…just all really symmetrical how life is with something, I don’t know, I don’t believe in any like metaphysical destiny. But I like, just always put the world in stories so uh, yeah. That’s about, if you prod me more I could probably think of more.

The desire to understand the concept of love motivated the participant to contact his birth mother. He wants to have contact with his son one day if his son ever wants to have open communication:

Yeah that’s what I said um I kinda said like, if you contacted me I will welcome you with open arms, if I find you and contact you when you’re old enough and you don’t respond I’ll understand why because that freaked me out at the time..so I think…I don’t know…I think that’s what made me realize that there’s a lot of love involved, there’s like four parties in love uh in an adoption verses just like uh 2 in a normal families. These parents are making this huge…sacrifice to take this kid in, and uh…that’s one revolution I had over it. And that’s what made me contact my birthmother for the first time. I found out the kid was born on New year’s, he was a New Year’s baby. And my birth mom contacted me again on Facebook because my grandma was dying, I didn’t get to see her but I finally messaged her and said I had a kid and yeah….
Participant ID 13’s identity status is also in moratorium. At first glance, she seems to be just like Participant ID 2. Participant ID 13 had a trans-racial adoption, while ID 2 did not. She stated, “I identify as not black. Like when it comes to filling out race things, I choose to go with ‘Spanish’ and ‘other’ when I can because I don’t feel like I’m classified as ‘African American.’ And I don’t know it’s something that I’ve always done.” However, she is much more assertive about her sexual orientation, asserting that “I am gay.”

She is in a stage in her life that she explained as being a “rebellious teenager.” She also stated that “sometimes, I mean, I’m at that stage of my life where I kind of hate my [adoptive] parents, but at the end of the day, I do love them.” She knows that being adopted has had an effect on her sense of self. One of her biggest issues with finding out her identity is, “where do I fit in? Because, like, not to sounds racist or anything, but you have white kids, you have black kids, you have Spanish kids, and I’m a little bit of everything. So where do I go?” Another issue she faces about her identity and adoption is the feeling of being different. She states, “I didn’t come from my parents. It’s… It’s one of those things, when you think about it, you feel different.” She understands that knowing information about her adoption has changed her life, and she found out relatively recently, explaining, “I’d say it’s changed not a lot, but like, it’s given me more perspective. I AM different and I like knowing where I came from.”

Participant ID 13 and 2 both have difficulties explaining their identity in simplified language. Each of the sixteen participants answered the question, “Do you feel your identity changed when you found out you were adopted? If so, what identity did you have before they told you? And what are your thoughts on your identity now?” Participant ID 13 did not answer the question, but instead focused upon feelings of anger:
For a while I was actually mad at my birth parents. Like when I had found out that she had had two other kids with the same man AND kept them, one of them being like, less than a year younger than me, it kind of angered me. It’s like, ‘So now you can take care of a child, but you couldn’t take care of you’re first born. ‘So THAT was kind of a big thing, but besides that, it’s just been like… whatever.

Participant ID 2 eventually arrived at an answer, but first noted his constantly-evolving perspective on many issues:

I always go through transitions and like, I’m always… um… like that test talked a lot about um, a lot about politics and um and my politics have always been flexed and its always very like, it goes through like a lot of refinement and is always changing I feel like that’s always me it’s just like my, um, just my identity and like form is always changing and is always having to…uh get corrected um… and I always strive to correct it and change it and I anticipate the core of my identity is just like always going through transformation.

These responses are striking in comparison with other participants who do not have an identity disorder. Participant ID 12, for example, stated, “No, I would have been the same person that I am now.” Participant ID 3 exclaimed, “NO! I think that I have always been crazy I was prom queen homecoming queen, I was everything: president of the choir. I was always out there a crazy little child but now with manners.” Both of their answers are easy to understand and assertive, compared with participants ID 13 and 2.
DISCUSSION

This research explored the effects of adoption on an individual’s identity formation in a sample of participants ranging in age from eighteen to fifty. The study used both quantitative and qualitative data. On the quantitative measures over half were in foreclosed identity status, and closed to a third appeared to meet criteria for identity problem.

The qualitative data uncovered some of the underlining issues people who are adopted face. Participants shared stories of how each of them found out they were adopted, information about their biological families, their sense of self before, during and after finding out this information, along with coming to terms with the facts about their adoption and how it affected them. Participants talked about open and closed adoption and about foster care. Four of the participants demonstrated a variety of experiences with foster care and “bounced-around childhoods.” This affected them all differently. The time frame of when they were placed did not seem to be an important factor in this study. A more important factor was the experiences before their placements. Nevertheless, each understood the choices of their birth parents, and they appreciated the decision their parents were compelled to make.

Participants explained the emotions that came from the relationship between the biological birth families and the adoptees. Participants took a journey within themselves to understand who they are and are trying to be. Each participant had to deal with different barriers that may or may not have been resolved at the time of the interview, and this was a stepping stone to the participant understanding some sense of them self. Each person dealing with the emotions discovered through contact with their biological parents had an individual timetable for trying to find his or her identity.
It was determined that 62.5% of the participants had either personal issues or health issues with not knowing their own medical history. Only four of the participants in this study had found out their medical history by the time of the interview. Six of the participants raised questions about these issues on their medical history but none of them had found any information out about this topic. These six participants did state an interest in finding out their personal medical history, but each of them faced a wide variety of challenges in retrieving their genetic information. Establishing a medical history was very important to each participant. Having these types of questions unanswered could create identity issues for these individuals who were adopted, and later on in life for their children.

The relationship between why the participant either had children or wanted to have children in relation to their genetics appeared to be an important issue. It was especially interesting that out of the sixteen participants, only six thought having a blond line was important. Twenty-five percent of the participants agreed that they had or will have kids so they could have some identity through them. Out of the six participants who felt blood line to be relevant, two of them heavily stressed the genealogy and heritage as important factors in understanding themselves better. Another issue is having children. All but three of the participants wanted to have children. Some of the participants expressed fears of not wanting to pass on a genetic defect, while just did not want children, and another expressed that the time was not right to have a child for financial reasons.

Intimacy was evaluated on several levels, including marriage, family, relationships, trust, and disclosure to other individuals. The participants dealt with these main issues independently while still trying to understand a real connection with adoption. One of the participants was
morally opposed to marriage compared to another participant who was just scared. The study showed that half of the participants were married, and the others have remained single. The age of the participants seemed to play a factor in their marital status. Many of the participants in this study explained that they have had a hard time opening up to people or in trusting other people who are not in their close group of friends. They also have a tendency to distance themselves from friends and family. Three of the participants had concerns involving the disclosure of information about their adoption. Not disclosing this information is easier for the participants than trying to explain how adoption works or their story of how they were adopted. These three participants had to deal with the emotions from the others who try to nurture them because they were adopted. For this reason, these all of the participants described would rather keep information about their adoption to themselves. Many participants find it difficult to trust friends and acquaintances, and they are especially wary of disclosing their adopted identity to other individuals with whom they come in contact.

Five of the sixteen participants met the criteria for the DSM IV v-code category of Identity Problem, which seems a bit high, especially considering that a couple of them were in their forties. Some of their identity issues appeared to be related to their adoption, but this was not always clear. Certainly most of the participants did not meet for the DSM IV Identity Problem category, but over half were in the foreclosed identity status which seems extremely high. By age twenty four, less than 10% were found to be foreclosed in a study by Meilman (1979).
Limitations

Like all studies, this research is not without its limitations. In particular, the small number of participants and the qualitative nature of data severely limit the generalizability of the findings. While the open-ended interviews created a unique opportunity for participants to tell their story and analyze their own experiences along with its meaning and significance, the richness of the data is tempered by the inherently subjective nature of the findings. As such, the themes and issues that emerged should be viewed as tentative hypotheses and avenues for further investigation and research, perhaps with more systematic and objective measures.
APPENDIX A: SURVEY
SEX: MALE or FEMALE

AGE:

Please mark the ethnic/racial identifier that best describes you:

(0)=White, non-Hispanic
(1)=Black, non-Hispanic
(2)=Hispanic
(3)=Asian or Pacific Islander
(4)=Native American or Alaskan Native
(5)=Mixed ethnicity
(6)=Other

Thank you.
**EIPQ** - For the following 32 statements, please decide how much you agree or disagree with each, using the following scale. Please type answer next to the question.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Slightly Disagree</td>
<td>Neutral</td>
<td>Slightly Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. I have definitely decided on the occupation I want to pursue.
2. I don’t expect to change my political principles and ideals.
3. I have considered adopting different kinds of religious beliefs.
4. There has never been a need to question my values.
5. I am very confident about which kinds of friends are best for me.
6. My ideas about men’s and women’s roles have never changed as I became older.
7. I will always vote for the same political party.
8. I have firmly held views concerning my role in my family.
9. I have engaged in several discussions concerning behaviors involved in dating relationships.
10. I have considered different political views thoughtfully.
11. I have never questioned my views concerning what kind of friend is best for me.
12. My values are likely to change in the future.
13. When I talk to people about religion, I make sure to voice my opinion.
14. I am not sure about what type of dating relationship is best for me.
15. I have not felt the need to reflect on the importance I place on my family.
16. Regarding religion, my views are likely to change in the near future.
17. I have definite views regarding the ways in which men and women should behave.
18. I have tried to learn about different occupational fields to find the one best for me.
19. I have undergone several experiences that made me change my views on men’s and women’s roles.
20. I have re-examined many different values in order to find the ones which are best for me.
21. I think that what I look for in a friend could change in the future.
22. I have questioned what kind of date is right for me.
23. I am unlikely to alter my vocational goals.
24. I have evaluated many ways in which I fit into my family structure.
25. My ideas about men’s and women’s roles will never change.
26. I have never questioned my political beliefs.
27. I have had many experiences that led me to review the qualities that I would like my friends to have.
28. I have discussed religious matters with a number of people who believe differently than I do.
29. I am not sure that the values I hold are right for me.
30. I have never questioned my occupational aspirations.
31. The extent to which I value my family is likely to change in the future.
32. My beliefs about dating are firmly held.
IDS - To what degree have you recently been upset, distressed, or worried over any of the following issues in your life? (Please select the appropriate response, using the following scale). Please type answer next to the question.

<table>
<thead>
<tr>
<th>None at all</th>
<th>Mildly</th>
<th>Moderately</th>
<th>Severely</th>
<th>Very Severely</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
</tbody>
</table>

33. Long term goals? (e.g., finding a good job, being in a romantic relationship, etc.)
34. Career choice? (e.g., deciding on a trade or profession, etc.)
35. Friendships? (e.g., experiencing a loss of friends, change in friends, etc.)
36. Sexual orientation and behavior? (e.g., feeling confused about sexual preferences, intensity of sexual needs, etc.)
37. Religion? (e.g., stopped believing, changed your belief in God/religion, etc.)
38. Values or beliefs? (e.g., feeling confused about what is right or wrong, etc.)
39. Group loyalties? (e.g., belonging to a club, school group, gang, etc.)
40. Please rate your overall level of discomfort (how bad they made you feel) about all the above issues as a whole.
41. Please rate how much uncertainty over these issues as a whole has interfered with your life (for example, stopped you from doing things you wanted to do, or being happy)
42. How long (if at all) have you felt upset, distressed, or worried over these issues as a whole? (Use rating scale below)

<table>
<thead>
<tr>
<th>Never or less than a month</th>
<th>1 to 3 months</th>
<th>3 to 6 months</th>
<th>6 to 12 months</th>
<th>More than 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
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</table>
BSI 18 - Below is a list of problems people sometimes have. Read each one carefully and fill in the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Please type answer next to the question.

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
<td>Quite a bit</td>
<td>Extremely</td>
</tr>
</tbody>
</table>

43. Faintness or dizziness
44. Feeling no interest in things
45. Nervousness or shakiness inside
46. Pains in heart or chest
47. Feeling lonely
48. Feeling tense or keyed up
49. Nausea or upset stomach
50. Feeling blue
51. Suddenly scared for no reason
52. Trouble getting your breath
53. Feelings of worthlessness
54. Spells of terror or panic
55. Numbness or tingling in parts of your body
56. Feeling hopeless about the future
57. Feeling so restless you couldn’t sit still
58. Feeling weak in parts of your body
59. Thoughts of ending your life
60. Feeling fearful
ECR
The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it using the following scale. Please type answer next to the question.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Slightly Disagree</td>
<td>Neutral</td>
<td>Slightly Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

61. I prefer not to show how I feel deep down.
62. I worry about being abandoned.
63. I am very comfortable being close to romantic partners.
64. I worry a lot about my relationships.
65. Just when my partner starts to get close to me I find myself pulling away.
66. I worry that romantic partners won’t care about me as much as I care about them.
67. I get uncomfortable when a romantic partner wants to be very close.
68. I worry a fair amount about losing my partner.
69. I don’t feel comfortable opening up to romantic partners.
70. I often wish that my partner’s feelings for me were as strong as my feelings for him/her.
71. I want to get close to my partner, but I keep pulling back.
72. I often want to merge completely with romantic partners, and this sometimes scares them away.
73. I am nervous when partners get too close to me.
74. I worry about being alone.
75. I feel comfortable sharing my private thoughts and feelings with my partner.
76. My desire to be very close sometimes scares people away.
77. I try to avoid getting too close to my partner.
78. I need a lot of reassurance that I am loved by my partner.
79. I find it relatively easy to get close to my partner.
80. Sometimes I feel that I force my partners to show more feeling, more commitment.
81. I find it difficult to allow myself to depend on romantic partners.
82. I do not often worry about being abandoned.
83. I prefer not to be too close to romantic partners.
84. If I can’t get my partner to show interest in me, I get upset or angry.
85. I tell my partner just about everything.
86. I find that my partner(s) don’t want to get as close as I would like.
87. I usually discuss my problems and concerns with my partner.
88. When I’m not involved in a relationship, I feel somewhat anxious and insecure.
89. I feel comfortable depending on romantic partners.
90. I get frustrated when my partner is not around as much as I would like.
91. I don’t mind asking romantic partners for comfort, advice, or help.
92. I get frustrated if romantic partners are not available when I need them.
93. It helps to turn to my romantic partner in times of need.
94. When romantic partners disapprove of me, I feel really bad about myself.
95. I turn to my partner for many things, including comfort and reassurance.
96. I resent it when my partner spends time away from me.
**EAQ** - Please type answer next to the question.

<table>
<thead>
<tr>
<th></th>
<th>A Strongly Disagree</th>
<th>B Slightly Disagree</th>
<th>C Neutral</th>
<th>D Slightly Agree</th>
<th>E Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>97.</td>
<td>I often think about death and this causes me anxiety.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98.</td>
<td>I am not anxious about fate because I am resigned to it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99.</td>
<td>I often feel anxious because I am worried that life might have no meaning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100.</td>
<td>I am not worried about nor think about being guilty.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>101.</td>
<td>I often feel anxious because of feelings of guilt.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>102.</td>
<td>I often feel anxious because I feel condemned.</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>103.</td>
<td>I never think about emptiness.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>104.</td>
<td>I often think that the things that were once important in life are empty.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>105.</td>
<td>I never feel anxious about being condemned.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>106.</td>
<td>I am not anxious about death because I am prepared for whatever it may bring.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>107.</td>
<td>I often think about fate and it causes me to feel anxious.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>108.</td>
<td>I am not anxious about fate because I am sure things will work out.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>109.</td>
<td>I know that life has meaning.</td>
<td></td>
<td></td>
<td></td>
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</table>
APPENDIX B: INTERVIEW QUESTIONS
I am doing a study of the effects of adoption on identity formation. Could you tell me how being adopted has affected your sense of who you are?

Tell me about your family history

- At what age were you adopted?
- What pre-adoption placements did you experience?
- What are your feelings about the different placements you experienced?
- Was yours an international adoption?
- If yes, how did you feel about that?
- Was yours a transracial adoption?
- If yes, how did you feel about that?
- Were you adopted to a single parent?
- If yes, how did you feel about that?
- Were you adopted to a heterosexual or homosexual parent or parents?
- If homosexual, how did you feel about that?

Now I want to know about how and when you learned you were adopted

- When did your parents tell you that you were adopted?
- How did your adopted parents explain to you that you were adopted?
- What was your reaction to learning that you were adopted, and what feelings did you have about it?
- What do you think about the way that your parents told you that you were adopted?
- Do you know why you were put up for adoption?
- What were/are your feelings about why you were put up for adoption, or about not knowing why?
- Do you have any fantasies about why you were adopted?
- Was your name changed?
- If so, how do you feel about that?
- Have you met your birth families?
- How do you feel about that?
- What information do you know about your birth family?
- Do you have any contact with your biological parents?
- How do you feel about that?
Now I’d like to know more about your feelings about being adopted

- How would you say that this has defined your life?
- Do you think being adopted had any effect on your sense of self?
- Did being adopted mean being an outcast in your family, or were you accepted as one of them, in your immediate family compared to their extended family?
- Does being adopted ever make you feel different? And how/why?
- What is the most challenging thing you have faced about being adopted?
- How would you identify yourself?
- How do you feel that your life has changed from knowing this information?
- Do you feel your identity changed when you found out you were adopted? If so what identity did you have before they told you? And what are your thoughts on your identity now?
- Does not having clear resource to information cause any loss of identity?

What do you want to accomplish in your life?

- Are you going, or do you plan to go to college?
- Why or why not?
- What are your career plans?
- What are your thoughts on marriage?
- Do you think that being adopted has had any effect on your capacity for intimacy?
- Do you want to have children or a family?
- Is having a blood line important to you?
- Is it to make you feel like you have some identity through your children?
- Are you ever going to explain to your children that you were adopted?

Is there anything else you’d like to tell me about how identity has affected your identity?
APPENDIX C: TABLES
Table 1: Listing of Participants with Scores and Ratings on Quantitative Measures

<table>
<thead>
<tr>
<th>ID</th>
<th>Sex</th>
<th>Age</th>
<th>Identity Status</th>
<th>Meets Identity Problem Criteria</th>
<th>Identity Distress Score</th>
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</table>
APPENDIX D: FIGURES
Figure 1: Thematic Map of Themes
APPENDIX E: INFORMED CONSENT
EXPLANATION OF RESEARCH

Title of Project: Identity Development of Adoptees.
Principal Investigator: Dr. Steven L. Berman
Other Investigators: Lisa Heath

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of this research is to study the effects of adoption on people’s sense of identity.

- You will be asked to complete a paper and pencil survey as well as face to face structured interview. The information obtained will be kept confidential. You will not be asked to write your name on the questionnaires. Results will only be reported in the form of group data.

- The survey and interview should take approximately 2 hours for completion.

You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints contact Dr. Steven L. Berman, Department of Psychology, at (386) 506-4049 or Steven.Berman@ucf.edu

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

67
APPENDIX F: IRB APPROVAL
Approval of Exempt Human Research

From: UCF Institutional Review Board
#1 FWA00000351,
IRB00001138

To: Steven L. Berman

Date: May 24, 2012

Dear Researcher:

On 5/24/2012, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: Identity development of adoptees
Investigator: Steven L Berman IRB Number: SBE-12-08431
Funding Agency: Grant Title: 
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Patria Davis on 05/24/2012 12:51:19 PM EDT

IRB Coordinator
APPENDIX G: COMMITTEE APPROVAL
Honors in the Major Thesis Approval Form

Students must complete this form and obtain all signatures except that of The Burnett Honors College Dean. The Burnett Honors College Dean will only sign this form if (1) your thesis committee and Department Chair have signed it, and (2) you have completed the entire thesis process, including the delivery of all paperwork and upload of your final thesis to the UCF library. One copy of this form must be delivered to The Burnett Honors College, room 107 for the Dean’s signature.

Student Name: Lisa Marie Heath

Thesis Title:
The Effects of Adoption on Identity Formation: A Qualitative Analysis

Defense Date: 11/14/2012

College: College of Sciences

Department: Department of Psychology

Degree: B.S.

The members of the Committee have reviewed the results of the turnitin.com submission, attended the thesis defense, and approve the above named thesis:

<table>
<thead>
<tr>
<th>Name (without title)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Berman</td>
<td>Thesis Chair</td>
<td>Steven Berman</td>
</tr>
<tr>
<td>Margaret Kennerley</td>
<td>Committee Member</td>
<td>Margaret Kennerley</td>
</tr>
<tr>
<td>Marlene Walsh</td>
<td>Committee Member</td>
<td>Marlene Walsh</td>
</tr>
</tbody>
</table>

It is recommended that this thesis be used in partial fulfillment of the requirements for the degree of B.S. from the Department of Psychology in the College of Sciences.

<table>
<thead>
<tr>
<th>Name (without title)</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Berman</td>
<td>HIM Coordinator</td>
<td>Steven Berman</td>
</tr>
<tr>
<td>Alvin Y. Wang, Ph.D.</td>
<td>Dean, The Burnett Honors College</td>
<td>Alvin Y. Wang, Ph.D.</td>
</tr>
</tbody>
</table>

The committee, the college, and the University of Central Florida are not liable for any use of the materials presented in this study.
REFERENCES


Blum, L.H. (1976). When adoptive families ask for help. *Primary Care*


