

Psych 93KS
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Does Adoption Affect the Adolescent Eriksonian Task of Identity Formation?

In this paper, the traditional meaning of identity, assigned by Erik Erikson as the adolescence-stage developmental task, is investigated. The significance of identity formation in lifelong development is also examined. There is significant clinical and theoretical evidence that adoption has a significant effect on this developmental task; this evidence and the conclusions previously drawn from it are reviewed and synthesized. The specifics of new understandings of the meaning and process of identity formation are also examined, and then applied to the task for adoptees of establishing self-concept in terms of their adoptive status. Further evidence from studies of adoptive identity is reviewed and considered in terms of developmental importance. Finally, conclusions are drawn regarding the steps that adoptive parents can take to increase their children's chances of successful identity formation and integration, resulting in a healthier overall adoptive experience and decreased chances of psychological problems.

Erik Erikson's work in developmental psychology during the 1960s culminated with his description of the eight developmental tasks of the life course. The first half of these, establishing trust, autonomy, initiative, and industry, are to take place in childhood; the stages after that, adolescence, young adulthood, middle age, and old age, are each assigned one task. Successfully completing each stage's task allows individuals a healthy, normative progression through that stage and into the challenges of the next. The task Erikson identified for adolescents was that of personal identity formation.

Personal identity is a descriptive quality of an individual, encompassing three definitive aspects. Firstly, identity includes the "distinctive combination of personality characteristics" by

which that individual is defined and recognized by themselves and others, one's goals, values, and beliefs.¹ Secondly, identity includes the degree of coherence of those personality traits, the subjective sense of those characteristics fitting together into a coherent whole. Lastly, identity also includes the sense of continuity in personality over time, the unique continuous aspect of experience and self through different times, places, relationships, and social and historical contexts. Thus, as Harold Grotevant has concluded, "the essence of identity is self-in-context."² Identity involves an interaction between what is considered a core property and the context to that core.³ This pattern is observable at three levels of interaction that shape identity, those of self-reflection, family relationships, and wider social interaction. At the intersections of each level, the more personal level becomes core to the context of the wider one. For example, self-reflection occurs both in its own right and in terms of—in the context of—family relationships, and family relationships form the core of social interaction, which includes but extends beyond the family.⁴

Identity development is not an activity that occurs only in adolescence; it is a life-long process, as identity is reconsidered and reevaluated at every age. The substantial physiological, cognitive, and social changes that occur during adolescence, as a time of transition between childhood and young adulthood, bring identity development to the forefront as a complex and vital task for that stage.⁵ "Although [identity] work continually needs to occur... it does not follow that such work is always very conscious or prominent," note Graafsma, et al.⁶ Waterman, reviewing Erikson's work on identity, pointed out a number of important functions that successful identity development during adolescence fulfills for later life. It provides a framework for consistent behavior, a secure role in social interaction, direction and motivation to pursue activities that

¹ Grotevant. "Adopted Adolescents". *Journal of Adolescent Research*, vol 12, 1997. 145.

² Grotevant, et al. "Adoptive Identity". *Family Relations*, vol 49, 2000. 381.

³ Graafsma, et al. "Identity and Development". *Identity and Development*, 1994. 163.

⁴ Grotevant, et al. "Adoptive Identity". *Family Relations*, vol 49, 2000. 381.

⁵ Grotevant. "Adopted Adolescents". *Journal of Adolescent Research*, vol 12, 1997. 145.

⁶ Graafsma, et al. "Identity and Development". *Identity and Development*, 1994. 163.

reinforce or express the individual's identity, and protection against sudden discontinuities in experience; that is, identity imparts resilience against crisis in trying situations.⁷

Clearly the importance of identity development, then, is established. But what leads us to believe that the process might differ in meaningful ways for adoptees? In general, establishing identity involves an adolescent answering the question, "who am I?" in terms of a variety of different aspects of life and in different levels of context. The adoptive situation significantly alters the context at all three levels mentioned above (self, family, and society) from the experience of non-adopted adolescents. Additionally, there is clinical evidence that adoptees have a disproportionately high representation in institutionalized populations, possibly indicating a higher instance of identity pathologies in this group than others. All of these points will be enumerated in more detail below.

Before continuing, however, it is important to note that the discussion in this paper does not refer to the whole population of adoptees. Adoption comes in diverse forms, including open and closed, transracial and racially homogenous, adoption by single, divorced, married, homosexual, and stepparent adults, and adoption of infants and older children. The most common type of adoption in the United States is that in which an adult adopts his or her stepchild, but this is a significantly different situation from any of the others previously mentioned, since the child continues to live with one biological parent. Individuals adopted as infants are unlikely to remember their birth families and were likely placed for adoption because of an unplanned pregnancy after unknowable prenatal and early life conditions, possibly including exposure to drugs, abuse, or great care at the hands of the birth parent. Those who are adopted later in life had probably formed relationships with birth or foster parents that were broken off at adoption, and were almost certainly placed for adoption because of abuse or neglect.⁸ The issues involved with

⁷ Waterman. "Identity in Adolescent Psychology". *New Directions for Child Development*, vol 30, 1985. 6.

⁸ Haugaard. "Is Adoption a Risk Factor?". *Clinical Psychology Review*, vol 18, 1998. 48.

adoption by homosexual couples also add significant factors apart from the adoption itself that bear on the child's identity development; the same is true of transracial adoptions. While current research indicates that there is little difference between children adopted in these cases and those adopted to heterosexual parents of the same race, there are still complicating factors and much more study needs to be done in order to understand these situations.⁹ Therefore, though the insights of the current investigation may extend in a general way to other adoptive or nontraditional family configurations, this paper will generally concentrate on closed adoptions by married, heterosexual couples of infants of their same race. Differences with respect to the openness of the adoption or other adoption setups will be indicated when they are discussed.

The context embedded in the level of self includes those domains of identity over which individuals have no choice: family background, genealogy gender, race, sexual orientation, and adoptive status. These "assigned" components of identity provide the context for intrapsychic identity development, the core of which includes those elements of identity over which the individual has greater choice, including religious and political affiliation, occupation, personal goals and values, and relationship outlook. The strength of a given contextual element's effect on a particular core aspect increases with increasing relevance, when society undervalues the specific assigned characteristic, or if parental interaction has not encouraged or engaged in exploration of the particular element.¹⁰ For example, to an adopted adolescent whose parents have not communicated significantly with him about the significance and details of his adoption, adoptive his adoptive status may exert a great influence on his identity with respect to relationships—as adoptive status is intrinsically and thematically connected to the general concept of relationships—more so than on his identity as defined by religious affiliation.

⁹ Grotevant, et al. "Adoptive Identity". *Family Relations*, vol 49, 2000. 380.

¹⁰ Grotevant. "Adopted Adolescents". *Journal of Adolescent Research*, vol 12, 1997. 148.

Here it can already be observed that adoptees must consider other influences on their identity, regardless of their qualitative character, with which non-adoptees do not have to concern themselves. Being adopted is a non-normative characteristic, so while adoptive status may exert a significant influence on the identity of an adopted adolescent, a non-adopted adolescent does not usually have any need to integrate the fact that they are not adopted into their identity. Possessing a non-dominant identity characteristic such as being adopted is often conceived as an absence of the dominant or normative experience; in the case of adoption, the values and norms of society at large lead to adoption being understood in terms of loss: “the child’s loss of his or her first set of parents and biological heritage, the birthmother’s loss of her child for whom she continues to grieve, and the adoptive parents’ loss of their wanted biological offspring.”¹¹ Additionally, as Katarina Wegar points out, the traditional American understanding of kinship ties is based on a biocentric definition of the family. This concentration on blood relations marginalizes various other family forms, including adoption, and disregards them from consideration in both popular and sociological discourse on family dynamics.¹² Therefore, adoptees are left out to a certain degree with respect to their unique identity-forming process.

Answering the question, “who am I?” also involves reflection on, if not investigation of, one’s origins, further complicating adolescent adoptees’ completion of the identity task. There is more work to be done in this case, as each adoptee has two families: the adoptive family and the birth family. Evaluating their relationship with each of these is vital to establishing identity.¹³ Furthermore, most adoptions in Western society are still so-called “closed” adoptions, in which anonymity is maintained between all parties and the adoption is mediated by an agency, which holds on to and protects the records of the transaction. This practice dominated adoption almost entirely for most of the 20th century, perpetuated by a variety of motivations. Keeping adoption

¹¹ Leon. “Adoption Losses”. *Child Development*, vol 73, 2002. 652.

¹² Wegar. *Adoption, Identity, and Kinship*, 1997. 6, 41.

¹³ Grotevant, et al. “Psychosocial Engagement”. *Journal of Adolescent Research*, vol 16, 2001. 472.

records closed was intended to make it possible to “pass off” adopted children as the biological offspring of their adoptive parents. This in turn was meant to protect adoptees from social reproach for being associated with the stigmas of infertility, poverty, and childbearing outside of wedlock or extramaritally, and also to encourage bonding between the adoptive parents and child. The institution of closed adoption has responded to criticism and the appearance of competing adoption schemes over the last thirty to forty years by maintaining that it is necessary in order to protect the privacy of birth parents, even at the expense of the adoptee’s knowledge of a crucial part of her past and identity.¹⁴

Lastly, there is a large body of clinical evidence that adopted adolescents compose a disproportionately large institutionalized population. In studies replicated all across Europe and the United States, it has been found that adoptees are referred for psychological treatment between twice and five times as frequently as non-adopted individuals. These patients have exhibited behavior problems including impulsiveness, aggressiveness, antagonism, and antisociality.¹⁵ While these behaviors do not necessarily coincide with maladaptive or pathological identity development—diagnoses of these patients range from personality trait disorders to adolescent adjustment reaction—the demonstrable presence of a significant institutional population amongst adoptees combined with the theorized difficulties laid out above that adoption adds to the identity task lead researchers to suspect that there is a systematic problem, and that its key may lie in adolescent identity formation.

In his review of the clinical evidence regarding the risk of adjustment problems in adoptees, Jeffrey Haugaard makes an insightful meta-analysis of four sets of research studies and points out a number of shortcomings, limitations, and unexplored meanings of the data. The first set of studies includes those that generally hypothesize that a higher proportion of adopted

¹⁴ Grotevant, et al. “Adoptive Identity”. *Family Relations*, vol 49, 2000. 379-80.

¹⁵ Grotevant and McRoy. “Adopted Adolescents in Residential Treatment”. *The Psychology of Adoption*, 1990. 167.

individuals engaged in inpatient or outpatient mental health treatment than the proportion of adoptees in the general population supports an assertion of higher risk for adjustment problems for adoptees in general. The second set includes those studies that attempted to find a particular pattern of disorders specific to adopted inpatients. The third set is the general category of non-clinical, cross-sectional studies of adopted adolescents, and the final set includes non-clinical longitudinal studies.¹⁶ Haugaard's conclusions will be summarized below.

Though it is based on surveys conducted during the 1970s, it is a generally accepted figure that the proportion of adopted individuals in the American population at large is between 1% and 2%. It is likely an inaccurate figure, and is certainly imprecise, but in these studies it is subject to comparative rather than statistical analysis, so this approximation is sufficient. As mentioned before, a variety of studies from all over Western society have indicated that there are a greater proportion of adoptees in clinical inpatient and outpatient mental health treatment situations than in the population at large. This is simply a comparison of raw proportions, for example, 10.8% of all inpatient discharges from a Michigan hospital from 1982 through 1985 versus 2% or so of the general population was adopted. The studies consistently illustrated that the proportion of adoptees in mental care was higher than the proportion in the general population, and also that the proportion in inpatient care was generally higher than in outpatient. This may not only suggest that adoption is a risk factor for adjustment problems, but that it is specifically a risk factor for severe adjustment problems, as indicated by a greater representation in inpatient treatment.

The shortcoming of this conclusion, though, is that no consideration is given to the backgrounds of these patients. Adoptees are considered as a homogeneous group, while only the extreme cases may be the ones that appear in clinical settings, throwing off the risk calculation. These data do not necessarily indicate a reliable risk judgment for all adoptees, but maybe just those who were subject to pre-adoption abuse or who were exposed to drugs prenatally. There is

¹⁶ Haugaard. "Is Adoption a Risk Factor?". *Clinical Psychology Review*, vol 18, 1998. 49.

no indication that the elevated numbers of adopted patients necessarily derives from their adoptive status; no causal link can be established to say that adoption is the cause of this risk.¹⁷ Grotevant, attempting to explain the overrepresentation of adoptees in clinical samples, also proposes that adoptive parents may be more comfortable with seeking the aid of social workers and psychiatric professionals because they are generally better educated than the average population and have already successfully worked with such professionals during the original adoption process. Children available for adoption are also more likely to be at risk for psychological problems because their backgrounds have a higher probability of involving poor prenatal care, drug or alcohol exposure, infant abuse, or other negative health factors.¹⁸ While this may lead adoptees, statistically, to be more likely to suffer adjustment problems, this is not as a result of adoption itself. Elsewhere, Grotevant and McRoy propose that adoptive parents may feel that their bond to their child is more threatened than those of biological parents and children, that they are vulnerable to rejection by the child. Therefore they may be more likely to react inappropriately and defensively to relatively insignificant problems with the child, seeking outside help for less significant behavioral issues than would normally warrant such a reaction. Lastly, since adoptive parents do not know about their children's genetic background, they may be more likely to seek outside help because of anxiousness about hereditary factors on behavior. This could be defensive behavior, a preventative measure to guard against the possibility of a hereditary predisposition to more significant behavior problems in the future.¹⁹

Next Haugaard considers cross-sectional studies that attempt to identify specific disorders that can be linked to patients' adoption. These studies assessed the presence of disorders by using the American Psychiatric Association's fourth-edition "Diagnostic and Statistical Manual of Mental Disorders," more commonly known as the DSM-IV, and attempted to locate disorders which

¹⁷ Ibid. 51.

¹⁸ Grotevant. "Adopted Adolescents". *Journal of Adolescent Research*, vol 12, 1997. 149.

¹⁹ Grotevant and McRoy. "Adopted Adolescents in Residential Treatment". *The Psychology of Adoption*, 1990. 168.

manifested themselves significantly more often in adopted patients than non-adoptees. Despite a number of these studies having been performed, none were successful in identifying consistent differences in the character of mental disorders afflicting adopted versus non-adopted patients.²⁰

Thirdly Haugaard covers cross-sectional, non-clinical studies. By including all adoptees, these studies were able to consider a much more accurate picture of the adoptive population, rather than focusing only on those in need of mental care. Of the three studies analyzed in this section of his paper, one found no association between adoption and behavioral problems. Another study found some systematic differences between non-adopted 16-year-olds and those adopted at birth, using sampling techniques that made their data more representative of the compared populations. According to the authors of this study, however, “these differences were often not large and [adoptive status] was only a relatively weak predictor” of behavioral problems in adolescence.²¹

The third study also found significant systematic differences between adopted and non-adopted adolescents, as well as finding that 66% of the adoptees considered fell in the clinically significant range for at least one problem on the Child Behavior Checklist (CBCL), while this was true for only 22% of the non-adoptees. Haugaard, however, raises a number of concerns about the researchers’ recruitment technique and the true significance of such differences. While the non-adoptee sample was constructed by recruiting individuals that each matched one member of the adoptive sample in age, gender, race, and socioeconomic status, the original 130-member adoptive sample was recruited through advertisements, word of mouth, adoptive agencies, and support groups. While all of these methods involve a certain degree of self-selection bias, the last one is most damaging to the conclusiveness of the data. The study does not specify how many adoptees were recruited by each method and makes no mention of the reasons that families were participating in the support groups. However, a requirement was made that all adopted children in

²⁰ Haugaard. “Is Adoption a Risk Factor?”. *Clinical Psychology Review*, vol 18, 1998. 52.

²¹ As quoted in: Haugaard. “Is Adoption a Risk Factor?”. *Clinical Psychology Review*, vol 18, 1998. 54.

the study needed to have been with their adoptive families no less than 2.5 years, so participation in support groups was probably due to specific family problems rather than the normal adjustment process of incorporating a new child into the family, skewing the research sample toward more troubled individuals. Furthermore, comparing the CBCL scores from this study with a strong CBCL standardization sample based on sample sizes more than twice as large as those in this study, Haugaard found that there was little significant deviation in the adoptive group from the standard non-clinical sample. Additionally, on the individual scales in which adoptees and non-adoptees differed most (including social withdrawal, hyperactivity, aggression, and delinquency), many of the adoptive scores were in fact lower than the standard non-clinical scores. Together all these cross-sectional, non-clinical studies indicate that the general differences between adopted and non-adopted children are relatively minor, though there are some adoptees who do experience significant problems.²²

Finally, Haugaard considers the set of longitudinal, non-clinical studies, specifically those with large, randomly selected samples. Their longitudinal nature makes them more reliable for drawing inferences and showing the progression of adjustment over time in individuals. Though some differences were detectable at different ages between adoptees and non-adoptees, these varied with gender and age, giving no strong support to any particular or systematic difference between the groups. As Haugaard notes, “more similarities than differences were found between the adopted and nonadopted groups in all of the studies.”²³

In sum, there is some indication of behavioral and adjustment issues in the adopted population, though the evidence for this is ambiguous at best. Studies do seem to indicate that adoptees are generally more likely than the rest of the population to suffer severe, clinical psychological problems. Linking this information with adolescent adoptees’ identity task is mainly

²² Haugaard. “Is Adoption a Risk Factor?”. *Clinical Psychology Review*, vol 18, 1998. 54-6.

²³ Ibid. 59.

based on a logical correlation between the identity issues inherent in the adoptive situation and the behavioral problems that sometimes surface in these individuals. However, further meta-analysis has indicated that more differences appear between adoptees and non-adoptees in adolescence, compared to very little difference in early childhood.²⁴ Since the focus of development at this age is generally on identity formation, it seems reasonable to suspect that there may be an interaction between the two.

There has been limited research comparing identity in adoptees and non-adoptees, coming to the general conclusion that there is no significant difference between adopted adolescents and their non-adopted peers. Suspicion continues, though, that adoption may have a significant effect on identity development during adolescence, and a number of researchers have questioned the model of identity on which this research was based. These studies treated identity as a global descriptor, so, as Alan Waterman explains, “an adolescent is said either to have a clear personal sense of identity or to lack one, with each state viewed as having distinct psychological concomitants.”²⁵ As explained above, however, identity involves self-definition in a variety of domains, over time, and with respect to several contexts, and is therefore a much more multi-dimensional property. Waterman proposes that identity should be considered as both a process variable and a content variable. As a process variable of an individual, identity refers to the techniques one uses to investigate and evaluate goals, values, and beliefs for inclusion in one’s set of identity commitments, identified independently within each identity domain. An adolescent considers her options more thoroughly and feels more strongly about her conclusions in some domains than others, whether they are religious, political, social, sexual, or career-related. Making this distinction is an important expansion of the definition of identity. The term “content variable”

²⁴ Grotevant. “Adopted Adolescents”. *Journal of Adolescent Research*, vol 12, 1997. 149.

²⁵ Waterman. “Identity in Adolescent Psychology”. *New Directions for Child Development*, vol 30, 1985. 6.

emphasizes that the eventual content of these conclusions, identity commitments, within each domain is also an integral and defining aspect of an adolescent's identity.

Teasing apart the meaning of identity allows the inclusion of an entirely new domain for adopted adolescents, that of "adoptive identity." Just as the career and religious domains, for example, interact with the three levels of context outlined above (intrapsychic, family, and social context), an adoptee's identity includes a domain of self-definition across contexts and time in terms of being an adopted person.²⁶

Before considering the components of adoptive identity that interact with each level of context, the developmental concerns, and associated terminology, involved with other domains must first be considered. Included below as examples of identity formation are Waterman's examinations of career, religious, political, and social identity. Following those is a description of the developmental model of identity formation, which is exercised in each domain independently and involves movement amongst identity statuses.

Investigating one's options and deciding on a career is one of the most important aspects of identity formation to an adolescent's future. As such it is often accompanied by considerable anxiety, especially since evaluation of a given career path involves such disparate considerations as the adolescent's own interests and skills in the field, the availability and feasibility of requisite training and of placement opportunities in the job market itself, the feedback one receives from one's parents and peers with regard to the career, and its possible social importance and impact. If early experiences such as school and part-time employment are successful, the adolescent will likely approach the career search more confidently, resulting in a wider consideration of options, more effort invested in finding the right job, and a better overall fit with the career he or she eventually chooses. Conversely, discouraging performance in school or early work or trouble finding those formative first jobs will likely undermine an adolescent's confidence in his or her

²⁶ Grotevant, et al. "Adoptive Identity". *Family Relations*, vol 49, 2000. 381.

chances in full-time employment. Without encouragement or if, for example, the his or her family has a history of welfare dependency, a discouraged is likely to invest little psychological energy in, and assign little importance to, finding and preparing for a career. This can have very negative consequences in the individual's adult life.

In the religious domain of identity establishment, adolescents range from unquestioningly carrying on the faith in which their family raised them, to reevaluating the morals they were given without much consideration of religious background, to full questioning of their religious beliefs that can result in a return to the original faith of the family, passing into a different religious system, or even a rejection of religion entirely. Just as in all other domains, this is an aspect of identity that has the potential to be reconsidered and reassessed later in the life course, but the cognitive changes that accompany adolescence generally provide the first opportunity for a consideration of the complexities of moral decisions and a subjective consideration of the values of a particular school of belief. As the subtleties and difficulties of deciding correct action in the real world are introduced to the adolescent, he or she often finds a need to determine a system of belief that will consistently guide action later in life. Again, the presence of a family doctrine, even if it is open agnosticism, guarantees the influence of the family on this decision, and social influences also necessarily exist.

The process of working out a political identity stems from similar roots. The eventual position chosen in this domain can range along many dimensions, from politically idealistic to politically alienated, from extreme left, to moderate, to far right. As the difficulties of the political world become clear to adolescents, they discover a need to declare their own ideological stance. In response to what can be very troubling circumstances, the perception of great injustice at the hands of the current political system, adolescents have a tendency to gather at the extremes. Politically idealistic individuals often rally behind the consistent, universal principles offered by deep the far

end of either the left or the right. As Waterman mentions, “the pragmatism of parties in the center of the political spectrum usually fails to excite the imagination in the same way.”²⁷ Political alienation is also an expression of an investigation of beliefs and a declaration by the individual of the values and beliefs with which he or she disagrees, though lacking an affirmative statement of what could be done to change the situation. None of these stances is necessarily maladaptive; an established political identity is only pathological when the reaction against political situations is so extreme that it involves a drastic and wholesale swing to a synthetic identity of such doctrines as extreme racism, chauvinism, or class consciousness, and the condemnation of a wholly stereotyped political enemy. Again, the support one receives from one’s family, peers, and culture, as well as one’s historical experience interacting with these contexts.

The cognitive developments of adolescence were the main influence in bringing about consideration of the identity domains previously discussed, but the impact of the considerable physiological changes accompanying them cannot be overlooked. While knowledge of gender is unavoidable earlier in life, a consideration of social sex roles, what it *means* to be male or female, only comes about in adolescence. With new interest in emotional and sexual partners, investigating and deciding on one of the many sex roles available in developed Western societies becomes an important, but sometimes difficult task. Balancing one’s own feelings and desires with the expectations of one’s parents, peers, society, role models, and relationship partners can be a very difficult problem. In addition to considering sex roles, evaluating the place of marriage and parenthood in one’s also becomes important to adolescents as they near the independence of adulthood. Decisions in this regard are likely to be greatly influenced by one’s family situation, including divorces, siblings, relationship troubles between one’s parents, and, as one of the cases in which it serves as context to other core considerations, adoptive status. The intrapsychic context in this case involves a consideration not only of the meaning and significance of marriage or

²⁷ Waterman. “Identity in Adolescent Psychology”. *New Directions for Child Development*, vol 30, 1985. 9.

parenthood to the individual, balanced with considerations of career and social options, but an evaluation of the quality of the relationship they expect to be able to provide to a potential spouse or child.²⁸

As we see, exploration of options is vital to establishing identity, and forming commitments to goals, values, or beliefs, even if they may change later in life, indicates the completion of the identity task in each particular domain. Because of this, we can classify individuals according to their “identity status”, relating to where they lie at a particular time in the dimensions of exploration and commitment (see Table 1). The process of active exploration and questioning is also referred to as the identity crisis.

An individual is said to be an identity achiever if he or she has gone through identity crisis, explored options, and established commitments with respect to a particular identity domain. It is not necessarily true that an achiever will find success with the chosen commitments, but achievers generally exhibit confidence, stability, and optimism about the future. They have an informed, reasonable perspective on their choice, since evaluation and comparison to other options went into making it, and so may have realistic awareness of potential difficulties, but a determination to pursue the chosen goals. The passage into achievement is not necessarily an immediate or formal transition. Some adolescents may face a definite point in time at which a decision has to be made, and after careful consideration of other options he or she may decide on one particular commitment option. For others, the decision is not as distinct, and the transition into identity achievement, a commitment to one set of goals or values, may stretch out over many years. Either way, however, the identity achiever arrives at his or her status by passing through crisis and considering commitment options, and has a subjective belief that the crisis is now in the past. An

²⁸ Ibid. 8-10.

identity achiever, committed to particular set of goals, values, and beliefs, feels that these are personally expressive and will guide action in the future.²⁹

		Exploration / Crisis		
		Absence of Crisis	In Crisis	Past Crisis
Commitment	Presence of Commitments	Foreclosure	n/a	Achievement
	Absence of Commitments	Diffusion	Moratorium	Diffusion

Table 1. The Identity Statuses³⁰

The other option of an identity status in which commitments have been made is identity foreclosure. In this case, the individual has not gone through crisis and yet has formed commitments. A foreclosure's commitments may be identical in content and strength to those of an identity achiever, but the process by which they were developed differs in the achiever and the foreclosure. A foreclosed identity is generally formed relatively early, but is by definition committed to without consideration of other alternatives. There is usually a strong identification among foreclosures with parents or authority figures. The goals, values, and beliefs that a foreclosure adopts may often be similar to the parents' identities or match the parents' desired identity for their child. Other possible sources of the foreclosed identity include siblings or members of the extended family, friends, teachers, and media figures. Although the foreclosed identity is a result of making an identity commitment without considering other options, it is not an intrinsically pathological choice. There are two general circumstances that give rise to foreclosures: underexposure and fear. If the individual grew up in a community that afforded them little opportunity to explore other options or little exposure to competing viewpoints, and early

²⁹ Ibid. 11.

³⁰ Adapted from: Waterman. "Identity in Adolescent Psychology". *New Directions for Child Development*, vol 30, 1985. 12.

experiences with the particular viewpoint were successful in providing them with motivation, direction, and meaning, there is no need to investigate alternative lifestyles. If the system of commitments to which the foreclosure subscribes continues to satisfy their need for identity and development under those commitments progresses relatively smoothly, the motivation may not arrive in the future to reconsider the foreclosed identity. Foreclosure can also result when individuals fear that questioning the beliefs with which they were raised, they would be lost, without direction, unable to exert self-control, or offending tradition in some way. For these individuals it can be said that foreclosure is simply “defaulting” into a familiar set of commitments, which often results in rigidity of beliefs and intolerance toward others with conflicting values. Grotevant, et al. also point out that in a situation in which it is more important to make identity commitments to assure one’s own survival and that of one’s family members, foreclosure is also an appropriate identity status.³¹

Moratorium refers to the status of an individual currently in crisis who is actively considering various options with the intent to make an eventual commitment to a chosen set of goals, values, or beliefs. Moratorium involves actively seeking information about the choices available in order to bring an end to the crisis. Such seeking activities include reading about or otherwise researching the different options, studying relevant information in a formal way (taking a world religions class, for example), discussing options with friends, parents, or other trusted or knowledgeable individuals, or literally trying out possible lifestyles. All of this, again, is done with an intention to bring the crisis to the end and settle on a commitment. Moratorium may involve exhilaration at the first introduction to all the options available or a feeling of being overwhelmed by them, or possibly discomfort after finding that investigation still leaves the a difficult choice to be made to end the crisis. The knowledge that one’s identity is still indefinite in this particular domain can often make individuals in moratorium feel anxious, frustrated, and

³¹ Grotevant, et al. “Adoptive Identity”. *Family Relations*, vol 49, 2000. 382.

urgent to make a decision. Moratorium, then, is neither necessarily pleasant nor unpleasant, but it is necessary in order to reach identity achievement.

The final identity status is that of identity diffusion. This category refers to individuals who do not have commitments but are not in crisis; that is, they are not actively trying to develop commitments. Before adolescents first undertake the identity task, they necessarily belong to this group. Individuals in diffusion may also have arrived there after being unable or unwilling to resolve the identity crisis during moratorium. In the absence of a clear sense of identity, identity-diffused individuals often behave in a reactive way, motivated into decisions by their environment rather than internal consideration of their beliefs. For the same reason, they often exhibit such negative emotions as hopelessness, apathy, pessimism, confusion, boredom, anxiety, and unfocused anger. However, as was the case with foreclosure, diffusion is not an intrinsically maladaptive identity status. For individuals for whom it is not yet necessary to make identity decisions, diffusion is developmentally appropriate and does not necessarily involve a negative experience, so long as there is an understanding that they will later have to undergo crisis. A refusal to enter the moratorium status, however, is maladaptive. There are also individuals who engage in moratorium but choose to delay making an identity decision; this returns them to the diffusion status. Diffusion in this case may involve an extension of the experimentation involved in moratorium, but without the goal of making commitments and establishing identity, and individuals in this situation often derive considerable enjoyment from this freedom from identity commitments. So long as this approach is successful for those individuals, it cannot necessarily be classified as maladaptive.³²

It should be clear from this description of the identity statuses that identity formation is not a linear process, but can involve considerable movement between statuses through time. Identity is not an endpoint; it is a process and a description. Even from a foreclosed or identity-achieved

³² Waterman. "Identity in Adolescent Psychology". *New Directions for Child Development*, vol 30, 1985. 11-13.

status, individuals may return to moratorium or diffusion if their commitments again come into personal question. All movement is possible between adjacent statuses as they are laid out in Table 1 above, including diagonal movement. The establishment of identity in each identity domain involves its own crisis and movement through the identity statuses. Not all crises must occur at the same time, though it is not uncommon for individuals to fall into different statuses with respect to many separate domains at the same time. Crises are generally focused on individually, with the individual attempting to answer a focused set of questions relating to the same domain. As each crisis is resolved, further questions may then fall under consideration and another crisis may take place in another domain. In general, throughout adolescence, there is a progressive strengthening of individual identity, arising from the resolution of an increasing number of crises. “Slipping back” into diffusion does occur, but the general trend is toward complete identity establishment.³³

Informed by this model, then, we may examine the unique identity task for adoptees. As mentioned above, most identity domains relate to characteristics in which an individual has some degree of choice. Some personal qualities do exist, however, are relatively fixed and “assigned” to the individual by circumstance; examples include gender, sexual orientation, race, and adoptive status. Identity work in the adoptive domain and in these others is therefore less concerned with drawing conclusions, making decisions, and deciding on commitments of values and beliefs, but instead involves “coming to terms” with this aspect of identity in the context of other identity decisions and the outside contexts of family and society. This relates to the concept of identity integration, weaving the individual identity domains together to form an integrated whole of personal identity.

Just as consideration of gender or race varies from individual to individual, so too does the prominence of adoptive identity in the individual’s whole identity. This prominence is termed “salience,” which can range from little to no interest on the part of the adolescent to explore

³³ Ibid. 13-21.

aspects of adoptive identity, through a moderate range in which adoptees find this domain of identity meaningful but balanced with other domains, all the way to preoccupation, in which adoptive identity becomes the predominant theme in the individual's whole identity, and he or she puts considerable energy into the development of adoptive identity. Preoccupation is not necessarily a byproduct of closed adoption; low to moderate salience is also common in these situations, and preoccupation with one's identity as an adopted person can also manifest itself in mediated or open adoptions. Mediated adoptions are those in which the birth parents may play a role in the selection of the adoptive family, and maintain contact throughout the child's life through the exchange of non-identifying information. In open adoptions, all three participating groups—the birth parents, adopted child, and adopted parents, also known as the “adoption triangle”—determine how much contact they desire, from no contact but open records to a full post-adoptive relationship between the birth parents and the child.

While almost no differences have been detected along gender lines in the adoptive tasks of the political, vocational, and religious domains, relational domains such as sex roles and social decisions appear to have a higher salience among females. Females also tend to attempt to undertake more crises and integrate their respective domains into personal identity simultaneously. This emphasis on relationships may complicate the identity task for females, but research also indicates that females are more adept at resolving such crises, while males may encounter difficulty integrating adoptive identity if and when it becomes salient to them.³⁴

Adoptive identity must also be assessed in the context of the family. Regardless of the openness of the adoption, adopted youths have, in essence, two families. Adoptees invariably consider birth parents to at least some degree, whether questioning their motives in placing the child for adoption, fantasizing about the characteristics and current status of the birth family, or contemplating or initiating searches for information about them. Questioning about the nature of

³⁴ Grotevant, et al. “Adoptive Identity”. *Family Relations*, vol 49, 2000. 382-3.

the bond between children and adopted parents, as well as general curiosity about the nature and circumstances of the adoption, is also almost universal, even in children in open adoptions. While more information may be available to children in these open situations, questions about their roots simply focus on different topics.³⁵ The adoptive parents' treatment of such issues in family discourse has a significant impact on adolescents' self-esteem. In his research, Kenneth Kaye developed a framework for discussing adoptive parents' attitudes toward family discourse about adoption. In this construct, Kaye describes a continuum of "distinguishing" behavior, from low distinguishing, in which no distinction is made between the adoptive family situation and a standard biological family, to high distinguishing, in which many differences between the two are recognized and pointed out. The generally accepted hypothesis regarding this topic before Kaye's investigation was that low distinguishing was harmful; low distinguishing is conceived as a denial mechanism on the part of parents, who deprive their children the opportunity to express their concerns and investigate their adoptive identity, thereby damaging self-esteem, security, family bonds, and adoptive identity.³⁶ It was assumed that high distinguishing was the healthiest approach for parents to take, allowing children the greatest opportunity to voice their concerns. He found, however, that "adopted children can suffer from too much distinguishing as well as too little."³⁷ Very high distinguishing in fact can turn into a vilification of the birth parents or an excessive emphasis on differences that can make an adoptive child feel abnormal. As Kaye points out, "a strong sense of self is inseparable from a sense of belonging."³⁸ Excessively emphasizing or denying differences can cause children to feel like a part of their identity is being rejected, which in turn causes low self-esteem and behavior problems.

³⁵ Ibid. 384.

³⁶ Kaye. "Acknowledgment or Rejection?" *The Psychology of Adoption*, 1990. 121.

³⁷ Ibid. 140.

³⁸ Ibid. 142.

Kaye's research was performed with families operating generally under closed adoptions, but a similar preference for moderation is found in more open adoption situations as well. In adoptions involving contact with the birth family, the situation greatly parallels that of divorced parents and their shared children: Grotevant sums up that "children thrive best when the adults are able to have a civil, reasonable relationship with each other."³⁹ Collaboration in the best interests of the child between adoptive and birth families best enhances the adoptive child's socioemotional development. The nature of the interaction amongst the adults in this situation will influence the child's development of adoptive identity, as it relates to social relationship interaction in general and also provides a model of how important individuals in the child's life treat the concept of adoption.

Interaction with others in society also influences adoptive identity. Acceptance by the community at large of an adoptive child as a member of the community can facilitate a positive outlook, but shifts in context, to a different, less accepting community, for example, may lead to challenges of the individual's identity, as well as social withdrawal and a need to gather with groups of individuals who have shared similar experiences. This problem can be exacerbated in transracial adoptive situations, as the differences between the child and the adoptive parents are more apparent and opinions from members of the community on transracial relationship may be strongly negative, but the same problems confront same-race adoptees.

To conclude, Grotevant et al. expressed quite eloquently the situation of adoptive identity: "although the identity task may be more complex for adopted than non-adopted persons, this does not imply that there is anything pathological about it."⁴⁰ A negative adoptive identity development experience can inflict great psychological damage, but adoption does not have an intrinsically negative effect on adoptees' identity. It simply adds a new dimension of personal identity to be

³⁹ Grotevant, et al. "Adoptive Identity". *Family Relations*, vol 49, 2000. 384.

⁴⁰ Ibid. 382.

considered, which may both complicate and enrich the lives of adoptees. There are many factors that influence adoptive identity formation and its integration into a coherent whole of personal identity. Variability in the salience of adopted identity exists in the adolescent population, a personal choice of each individual adoptee. Additionally, the distinguishing behavior of adoptive parents with regard to the questioning inherent in any adoptee's life and development of identity has a significant impact on the adoptive identity. Furthermore, adoptees may find themselves in social contexts that are very accepting or very hostile toward their adoptive status, which can have considerable impact on their self-definition as adopted individuals. It is the responsibility of the adoptive parents to adjust their behavior in the best interests of the child. The research detailed in this paper suggests that a moderate level of distinguishment and an open attitude toward helping the child investigate his or her origins, to the extent that the topic's salience to the child dictates, will maximize the child's ability to succeed in adoptive identity formation. While adoption forms from fully closed and confidential to completely open are acceptable and each presents different challenges to the adoptive identity task, there are some indications that adoptions that are more flexible to the desires of the child to investigate his or her adoption, whether that includes access to some birth records or meeting the birth parents, will best allow the child to feel comfortable with his or her status as an adoptee and more successfully integrate this into a functional personal identity.

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