

How adoption affects the experience of adult intimate relationships and parenthood

A systematic review

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Abstract

In the last two decades, researchers and clinicians have started exploring the wide range of lifelong impacts of adoption on adult adoptees. Several studies have suggested that adoptees may be at greater risk for insecure attachments than non-adopted people, thus contributing to difficulties in forming satisfying interpersonal relationships. The aim of this article is to systematically review the evidence about the nature and quality of adult adoptees' intimate relationships with their partners and children. After systematically searching most major article databases and "hand" searching major adoption journals, the review included 15 quantitative, qualitative, and mixed-method studies that fulfilled the selection criteria (domestically adopted adult participants over the age of 18; published and grey literature since 1997). Following data extraction and synthesis, themes emerged across the literature suggesting that being adopted is influential in intimate relationships for some adoptees, with complexities of attachment, anxiety, and ambivalence characterising their relationships with partners and experiences of parenting across the lifespan. Methodological and sampling limitations in the studies preclude application to adoptees generally but rich descriptive data provides useful insights for counsellors who may work therapeutically with this population.

Keywords: adoption, adult adoptee, intimate relationships, parenthood, attachment

The thought of being unwanted and the experience of being unconnected remain a haunting background to the inner life, and prime the individual for all future rejections. (Vaccaro, 2012, p. 247)

The practice of adoption is widespread and has been prevalent in most countries

for millennia. English-speaking countries such as the UK, the USA, Australia, and Aotearoa New Zealand embraced “closed” adoption in the decades from the 1950s to the 1980s as a means to supply childless couples with a family (Else, 1991). In a closed adoption, the child and adoptive parents have no contact whatsoever with the birth parents after the adoption takes place (Griffith, 1998). Research indicates that more than half of the Aotearoa New Zealand population have had personal experience with adoption, meaning that they themselves, a family member, or a close friend have been or are members of the adoption triad; that is, an adoptee, birth parent, or adoptive parent (Browning, 2005; Post, 2000).

Despite the prevalence of adoption, most people’s understanding of its complexities is remarkably superficial, with societal discourse around adoption often minimising its impact and offering little understanding and support for adoptees (Vaccaro, 2012).

Psychological adjustment of the adult adoptee across the lifespan

Over the last 50 years, adult adoptees have been subjects of multifarious research. This research has included studies about: identity development; birth-parent search and reunion; psychological adjustment and outcomes; and heritability of personality characteristics and a range of disorders (e.g., alcoholism, drug dependence, psychological disorders, and obesity; Carlis, 2015). Baden and O’Leary Wiley (2007) explored the many-faceted presentation and mixed results of long-term psychological outcomes for adoptees in their comprehensive literature review. While evidence from this review suggested that the majority of adopted adults adjust well, there was a consistent finding that a subset of adoptees struggled and coped with issues differently to their non-adopted counterparts. Baden and O’Leary Wiley concluded that the complexity and lack of consensus in the literature makes it difficult to reach global conclusions.

Loss is a fundamental issue for adoptees (Bertocci & Schechter, 1991). Throughout adoptees’ lives, some individuals also face difficulties with separation, abandonment, trust, betrayal, rejection, self-worth, grief, and identity development (Collishaw, Maughan, & Pickles, 1998; Jones, 1997). These might be seen to intensify during milestone life events or transitions such as engaging in a romantic relationship, or the birth of one’s own child (Borders, Penny, & Portnoy, 2000). Building and maintaining close relationships may be difficult (Corder, 2012),

due to sensitivity to rejection (Curtis & Pearson, 2010) and mistrust about the permanence of caretakers (Jones, 1997; Verrier, 1993). The adopted person might then have to cope with the threat of betrayal and abandonment through distancing and detachment (Bertocci & Schechter, 1991; Feigelman, 1997).

The majority of researchers regard adoption as an ongoing life experience that places adoptees at risk for lifelong psychosocial adjustment and attachment difficulties (Brodzinsky, Schechter, & Henig, 1992; Haenga-Collins & Gibbs, 2015; Howe & Feast, 2000; Rosenberg & Groze, 1997). Developmental challenges across the lifespan are not necessarily successfully negotiated or overcome as adopted adults grow older. For example, Janus (1997) warns against assuming adoption issues have been resolved by adulthood, whereas Pivnick (2010) considered that, despite adoptees facing many challenges in childhood and adolescence, most have “successfully” integrated and negotiated these issues by early adulthood. Other adoption research suggests that adoptees reconstruct the meaning of their adoption in progressive stages across the lifespan. These stages of avoidance, assimilation and accommodation are not static and thus different life events might cause a shift in how adoption is regarded (Penny, Borders, & Portnoy, 2007).

While there has been considerable research on children and young adult adoptees, research has only just started to focus on adult adoptees’ psychological wellbeing and adjustment as they pass through developmental life stages (Baden & O’Leary Wiley, 2007; Vaccaro, 2012). Greco, Rosnati, and Ferrari (2015) suggest that the impacts of adoption into adulthood in areas such as the relationship within a couple and parenthood have yet to be adequately explored.

Moreover, it is noted that where adoption has been researched, this has been predominantly quantitative research, examining risk factors and outcomes for adoptees and their families. Baden and O’Leary Wiley (2007) consider that many studies have contained methodological limitations or theoretical flaws, such as biased sampling procedures, overuse of retrospective reporting, and lack of appropriate and matched control groups. There has also been a lack of in-depth exploration of the subjective “lived experiences” and perspectives of the adopted person (Jordan & Dempsey, 2013; Lutz, 2011).

Intimate relationships with partners and children

Studies of the relationship between attachment style and the interpersonal and

psychological adjustment of adopted individuals in intimate relationships (Edens & Cavell, 1999) began decades ago when Anna Freud conducted studies observing children in Britain who had been abandoned during wartime (Nowlan, 2016). She concluded that attachment, especially with a mother, was fundamental for healthy emotional development, and an inability to attach created lifelong psychological and relationship issues for an individual. Subsequently the work of Ainsworth, Blehar, Waters, and Wall (1978) and Bowlby (1988) demonstrated that infants and children create and maintain bonds to caretakers instinctively for the purpose of achieving security and survival (Groncki, 2010). The quality, security, and stability of these early bonds are related to emotional health and wellbeing throughout the individual's life and it is theorised that adult patterns of interaction with significant others are based on these internal working models.

Hazan and Shaver (1987) proposed that infant-caregiver relationships share vital emotional and psychological similarities to adult romantic relationships, as interactions individuals have throughout their lives are shaped by the emotional attachment formed with their primary caregiver in infancy. They created a three-category attachment-style system—secure, ambivalent, and avoidant—suggesting that these would be manifested in adult romantic relationships.

Building on their work, Paperny (2003) suggested that developmental tasks relating to attachment formation and emotional security have particular salience for adoptees. Her research on parent-child relationships examined adoption from an attachment perspective, noting that the fundamental tenets of attachment theory suggest that being adopted presents particular barriers for secure attachment formation. Attachment is a crucial developmental process with far-reaching repercussions; if there is disruption in the attachment system, there is a potential impact on future close relationships (Winward, 2005). Thus, adoptees may be at greater risk for insecure attachments in adulthood than non-adopted people. Clinicians have observed that adoptees often carried “emotional baggage” with them from childhood regarding abandonment, commitment, and intimacy, and these were sometimes repeated in their adult relationships (Brodzinsky et al., 1992). According to Brodzinsky et al. (1992), “The ability to find intimacy is compromised...It can create an inner crisis for some adoptees” (p. 131).

Verrier's (1993) seminal work took this further, proposing that when a biological mother abandons an infant, a psychic trauma takes place, with the

infant sustaining a “primal wound.” From Verrier’s assertion that “inside every adoptee is an abandoned baby” (p. 110) came a raft of studies focusing on how this wound created long-lasting difficulties in relationships for the adoptee, due to the break in attachment (Groncki, 2010; McGinn, 2000; Topfer, 2012). The trauma of the initial separation from the birth mother, and subsequent hesitancy or impaired ability to trust, along with fears of repeated abandonment, and other experiences typical in relinquishment and adoption may impede the development of healthy, secure, intimate attachments (Foulstone, Feeney, & Passmore, 2005; Jones, 1997). This lack of trust and unresolved feelings of uncertainty and rejection may manifest themselves as long-lasting insecure attachment to adoptees’ marital partners. The literature suggests adoption is linked with negative working models of attachment, a default perception that the self is unworthy of love and attention.

Another close interpersonal relationship that might also be affected by adoptive status is that of adoptee parent and their own biological child. To date there is little research investigating the implications of adoptive status on parenthood. However, Brodzinsky et al.’s (1992) study of clinical observations of adult adoptees in the therapeutic context point to many possible concerns and challenges. Clinicians noted painful issues being awakened for some adoptees experiencing pregnancy and parenthood, as well as identification with, or curiosity about, their birth parents, perhaps precipitating a search for their own biological family. Questions and anxieties around genetic and medical histories were also prominent; having no genetic history or medical background information, as in a “closed” adoption, took on a greater magnitude when faced with the reality of birthing one’s own offspring (Brodzinsky et al., 1992). For the female adoptee, the capacity to reproduce was seen to be particularly fraught with mystery, anxiety, and awe (Bertocci & Schechter, 1991). For some adoptees, becoming a parent changed everything about the way they had previously viewed their adoptive status. For example, one participant in Richardson, Davey, and Swint’s (2013) study explained how:

My feelings changed dramatically the day I gave birth to my son. . . [It] really provoked me to want to start looking again (for biological parents) because I look at him and he is mine, you know he is my baby and I just realize what that meant. (p. 365)

Phillips (2010) highlights several issues including hypervigilance and extreme fear and guilt which arose during her pregnancy and birth experience, and how

being adopted affected her mothering style. Carlsten (2007) noted that adoptees seem to be strongly embedded in families that they have established, and either enmeshed with or detached from their children. The quality of relationship between the adult adoptee and their child appeared to depend on several factors, including the adopted person's attachment security in the spousal relationship (Prakash, 2014).

Given the evidence for a broad range of possible psychological impacts of adoption across the lifespan, including the ongoing effects of attachment in close relationships, it is important for counsellors to have a sound understanding of what the literature says about adoptees and the nature of their intimate relationships. Adoptees have been found to be overrepresented among counselling clients (Borders et al., 2000; Feigelman, 1997; Jones, 1997; Miller, Fan, Christensen, Grotevant, & van Dulmen, 2000; Vaccaro, 2012). Although many adoptees will neither require nor seek counselling (Baden & O'Leary Wiley, 2007; Vote & Kasket, 2017) it is imperative that those adoptees who do seek professional therapy are counselled by practitioners who are competent and sensitive to the unique issues that adoption creates. Indeed, the New Zealand Association of Counsellors currently lists "adoption" as one of the speciality areas for its practitioners.

Although the need for adoption-competent mental health services is well recognised (Atkinson, Gonet, Freundlich, & Riley, 2013), mental health providers often lack adoption knowledge and competence to work effectively with adoptees (Post, 2000; Sass & Henderson, 2000). For example, research conducted by Sass and Henderson (2000) in the USA found that only 22% of over 200 practising psychologists felt "well prepared" to work with adoption issues. While caution should be exercised in generalising this finding outside the USA and to counsellors, the literature clearly documents a lack of adoption-related education for mental health practitioners more broadly (Baden & O'Leary Wiley, 2007; Henderson, 2002; Porch, 2007). Inadequate practitioner competence and paucity of relevant evidence-based counselling education puts adult adoptees at risk of being misunderstood or even misdiagnosed (Howe & Feast, 2000; Post, 2000). More adoption-related education is clearly needed for counsellors and other practitioners.

Counsellor education needs to be evidence-based. At this point in time, no review of the literature has been undertaken about how adopted adults respond

and adjust to the challenges of interpersonal relationships that require intimacy and attachment. Such a review would be useful in building a clearer understanding for counsellors regarding the effects of adoption on the adoptee in these important aspects of their lives. It is hoped that this knowledge will contribute to increased competence of counsellors that work with adult adoptees who seek therapy.

Aims of the systematic literature review

A systematic literature review is intended to thoroughly locate, appraise, and synthesise existing knowledge in the reviewed area, using rigorous and repeatable processes, with the final product being a comprehensive, reproducible, and transparent overview, synthesis, and summary of this knowledge (Boland, Cherry, & Dickson, 2014). This systematic review sought to summarise and appraise the literature regarding adult adoptees' intimate relationships with partners and children. It includes both quantitative and qualitative studies in order to determine the extent to which being adopted affects relationships with a partner and children across the adult lifespan (quantitative), and the ways that these relationships are experienced (qualitative).

Methods

Search procedure

Studies were identified by searching most major electronic databases through "EBSCO Discovery Service," including but not limited to Academic Search Premier, Medline, CINAHL Complete, Scopus, PsycARTICLES, and PsycINFO.

The search was broad and used a range of strategies to capture all relevant research and avoid production of an incomplete review. Although publication is often used as an indicator of study quality, the decision was made to endorse the position that publication status itself should not determine the inclusion or exclusion of an empirical investigation from a systematic review (Wells & Littel, 2009). Consequently, information on studies in progress, unpublished research, or research reported in the grey literature was sought by searching a range of relevant social science databases including ProQuest Dissertations and Theses. Further attempts to identify studies were made by contacting experts in the field of adoption, examining the reference lists of all retrieved articles, and "hand" searching major adoption journals (e.g. *Adoption & Fostering*). Search terms included a

combination of terms with relevant synonyms of words and phrases, including “Adult adoptee,” “Adopted person,” “Relationships,” “Intimacy/Intimate,” “Trust,” “Parenting/Parenthood,” “Attachment,” “Marriage,” and “Experience.” Separate searches were conducted for articles on romantic relationships versus parenting- and children-related studies.

Inclusion and exclusion criteria

Inclusion criteria for this systematic review were that research studies must: first, involve adoptees over the age of 18 who were adopted as infants; second, be same-country (domestic) adoptions rather than intercountry adoptions, as the majority of children adopted internationally have experienced some period of institutional or orphanage care with its concomitant risks to relationship development (Baden, Gibbons, Wilson, & McGinnis, 2013); third, be published or unpublished studies, using quantitative, qualitative, or mixed methods; and fourth, be English-language studies conducted in the last 20 years (post 1997). Studies pertaining to relationships with birth and/or adoptive families, or search and reunion, were excluded. The majority of studies were not explicit about whether the adult adoptee had grown up in a closed or open adoption, therefore participants may have been from either.

Quality appraisal

In order to establish the quality of evidence produced by the selected studies, each study was critically appraised using the Mixed Methods Appraisal Tool (MMAT) prior to data synthesis. Developed by a panel of international experts on systematic reviews, the MMAT consists of a checklist of screening questions that appraise the reliability, validity, and rigour of design for quantitative, qualitative, and mixed-method studies included in mixed-studies reviews (Pluye & Hong, 2014). The MMAT gives an overall quality score as well as generating a rich, descriptive summary with consistency across the domains it is appraising.

Extraction and synthesis of the data

Data were extracted into bespoke tables about study characteristics and findings, respectively, and summarised for all 15 studies included in the review. As the studies encompassed different research methodologies, thematic synthesis was deemed the most appropriate approach. The intention was to integrate the qualitative with the quantitative findings (Hannes, 2011; Thomas & Harden, 2008). After initially

coding key findings from each qualitative, quantitative, and mixed-method study, these codes were iteratively synthesised and categorised into themes.

Results

Included studies

In total, 592 titles and abstracts were identified and screened for inclusion once duplicates were removed. The majority (552) were excluded as they did not meet the eligibility criteria. Forty studies merited detailed assessment for inclusion and the full text papers of these studies were obtained. Of these 40 papers, 25 were not deemed to be directly relevant to the research question. For instance, a study might lack sufficient rigour, such as a first-person account without evidence of any research method or academic self-scrutiny (Phillips, 2010); or linked adoptee outcomes to prenatal attachment to the biological parent (Carlis, 2015); or focused on marital status rather than intimacy and attachment in the relationship with a partner (Collishaw, Maughan, & Pickles, 1998). Fifteen studies met the inclusion criteria.

Description of included studies

A total of 15 studies were identified as meeting all inclusion criteria: four studies related solely to adoptee relationships with partners (three quantitative and one qualitative); six related to adoptee relationships with their children (two quantitative and four qualitative); and five studies contained data on relationships with both partners and children (one mixed-methods and four qualitative). There were five quantitative studies, nine qualitative studies, and one mixed-method study. Eight were published in peer-reviewed publications, and seven were unpublished theses. A full quality assessment was performed on each of the included studies prior to data synthesis. This provided additional information concerning study reliability and validity to inform the review process. Table 1 presents a summary of the studies wherein pertinent study characteristics are organised into bespoke tabular forms including research designs and methods, study samples, researcher status, and participant recruitment (Boland et al., 2014).

Table 1. Summary of the studies

Study	Research approach	Country	Researcher status	Publication status	Intimate relationship	Study sample	Mean age	Gender	How recruited
Vaccaro, 2012	Mixed methods	USA	Adoptee	Unpublished	Partner Children	n=82 Adult adoptees. No comparison group	18-74; mean age = 41	All males	Purposeful: flyers, email, bulletin boards
Borders, Penny, & Porinoy 2000	Quantitative Surveys	USA	Not stated	Published	Partner	n=170 Adult adoptees n=100; matched group of their friends n=70	35-55; mean ages 43 and 44 (adoptee and friends, respectively)	Adoptees: male 22%, female 78%; Friends: male 19%, female 81%	Adoptees who had contacted adoption agency; researchers' networks and professional associations, newsletter
Feeney, Passmore, & Peterson 2007	Quantitative Surveys	Australia	Not stated	Published	Partner	n=275 Adult adoptees n=144; non-adoptees n=131	Mean age = 38 (adopted); 38 (non-adopted)	Adoptees: female 77%; Non-adoptees: female 73%	Adverts in local media: social media; undergraduate pools in universities, brochures in universities and community centres; adoption-related support groups/internet sites
Gioncki, 2010	Quantitative Surveys	USA	Adoptee	Published	Partner	n=231 Adult adoptees n=127; non-adoptees n=104	25-60; mean age = 43	All females	Announcements to local clinically oriented professional groups, social networks, word-of-mouth, advertisements on adoption-related internet sites, Snowball sampling
Horowitz, 2011	Quantitative Questionnaires	USA	Not stated	Unpublished	Children	Adult adoptees n=101; non-adoptees n=213	18-64; mean age = 34	Adoptees: female 80%; Non-adoptees: female 74%	30% adoption conferences; 20% adoption organisations
Pérez, Sala, & Ortega, 2016	Quantitative Cross-inductive design	Spain	Not stated	Published	Children	Adult adoptees n=15; non-adoptees n=15. Mothers with at least one child; having or having had a stable partner	Adoptees mean age = 39; non-adoptees mean age = 38	All females	Convenience sampling

Cole, 1999	Qualitative Open-ended enquiry	USA	Adoptee	Unpublished	Partner	Adult adoptees n=4	28-39	All females	Network convenience sample
Jordan & Dempsey 2013	Qualitative Grounded theory	Ireland	Adoptee	Published	Partner Children	Adult adoptees n=14	18-58; mean age = 37	12 females and 2 males	Self-selected from adoption support group
Lutz, 2011	Qualitative Descriptive phenomenological	Canada	Adoptee	Unpublished	Partner Children	Adult adoptees n=6	32-42	4 females and 2 males	Self-selected from word of mouth and social media advertisement
Greco, 2015	Qualitative Grounded theory	Italy	Not stated	Published	Partner Children	Couples n=34 (one of couple being adult adoptee)	25-40; mean age = 33	20 females and 14 males	Snowball sampling—non-random and self-selected
Nowlan, 2016	Qualitative Interpretative phenomenological analysis	USA	Adoptee	Unpublished	Partner Children	Adult adoptees n=7	43-67; mean age = 54	All females	University, flyers on campus, professional psychology organisations, word of mouth
Hampton, 1997	Qualitative Grounded theory	USA	Adoptee	Published	Children	Adult adoptees n=20	24-45; mean age = 33	All females	6 from feminist midwife practice; 1 from O-G practice; 6 from adoption support group; 7 from local newspaper advertisement
Pinkerton, 2010	Qualitative Grounded theory	USA	Adoptee	Unpublished	Children	Adult adoptees n=10	32-44; mean age not stated	All females	Email, social media, personal contact, adoption support groups and mothers groups
Moyer & Juang, 2011	Qualitative Grounded theory	USA	No adoptees involved	Published	Children	Adult adoptees n=10	19-25; mean age = 22	All females	Snowball sampling—email to adoption groups, posted on adoption-related websites
Prakash, 2014	Qualitative Descriptive	New Zealand	Not adoptee	Unpublished	Children	Adult adoptees n=5	Early 40s to late 50s; mean age not stated	3 females, 2 males	Snowball sampling through pre-adoption groups, social media, word of mouth and two community noticeboards

Nine of the 15 studies were conducted in the USA; the remaining six were conducted in Canada, Ireland, Spain, Italy, Australia, and Aotearoa New Zealand. Gender was reported in all studies, with 243 (19%) male participants, and 981 (81%) female participants overall. Study sample sizes ranged from 30 to 314 participants in the quantitative studies, and 4 to 34 in the qualitative studies. Some studies reported on ethnicity, socioeconomic and educational status, and marital status. All studies reported on recruitment processes, with researcher social networks and advertisements to adoption support groups being common ways to recruit participants. Two-thirds of the studies disclosed the adoptive status of the researcher: eight of the studies had researchers who were adoptees; two stated the researchers were not adoptees; five provided no information regarding this. Only three studies were explicit about participants having grown up in a closed adoption, though it is likely that the majority of participants in all studies were from closed adoptions also, considering their ages.

Quality of included studies

As evidenced by the results of the MMAT (see Table 2), both the unpublished and published studies were of above average to high quality across methodological quality criteria. Key findings and limitations are described in Table 2 and in the discussion section.

Results of data synthesis

Data synthesis resulted in eight main analytic themes. Three themes related to adoptees' intimate relationships with their partners, and five themes related to adoptees' relationships with their own children.

Adoptee as partner

Theme 1: Adoption influences attachment style and intimacy

The notion that being adopted influences one's relationship with a partner was borne out in all but one of the studies (Greco et al., 2015) included in this review. Quantitative studies exploring the link between adoption and adult attachment security had statistically significant findings that adoptees were underrepresented

in the secure attachment group and overrepresented in the preoccupied and fearful groups (Borders et al., 2000; Feeney et al., 2007; Groncki, 2010). Feeney et al. (2007) and Groncki (2010) concluded that adoption represents a risk factor for insecure attachment in adulthood, predisposing adopted individuals to negative relational attitudes and difficulties, including a sense of insecurity, anxiety, and avoidance. Although the quantitative study measuring marital satisfaction (Borders et al., 2000) suggested no difference between adoptees and non-adoptees, the qualitative studies (Cole, 1999; Jordan & Dempsey, 2013; Lutz, 2011; Nowlan, 2016) provided rich data from participants regarding their avoidance of interpersonal closeness, and difficulties in trusting and committing to intimate relationships. These qualitative results indicated that adoption was viewed by respondents as influential and even the cause of their intimate relationship difficulties.

Theme 2: Fear and anxiety

A second theme emerging from all but one of the studies about relationships with a partner was the presence of adoptee fear. The centrality of this anxiety of being rejected and abandoned, and thus afraid to trust, was reflected in both quantitative and qualitative studies, and for women and men alike. Feeney et al. (2007) found that adoptees were statistically overrepresented in the fearful attachment category, as well as scoring higher on avoidance and anxiety (the two key dimensions underlying measures of adult attachment). Groncki's (2010) female participants reported significantly higher levels of relationship-focused anxiety than their non-adopted peers. Vaccaro (2012) noted the essential paradox for the men in her study; while they longed for intimacy in their relationships and conceded important emotional benefits of turning to others for support, their terror of intimacy prevented them from relying on others close to them. Fear of rejection by a partner, or being left and abandoned by them, were pervasive themes in the qualitative studies (Cole, 1999; Jordan & Dempsey, 2013; Lutz, 2011; Nowlan, 2016). Participants in these studies emphasised how they felt vulnerable and insecure, with a constant sense of dread and waiting for the relationship to end.

Theme 3: Foundational and far-reaching for some

The third and final theme pertaining to intimate relationships with a partner was that adoption could be a central, even foundational factor in some participants'

Table 2. Outcome summary

Study	Research approach	Intimate relationship	Relationship measures	Overview of findings	MMAT*	Limitations
Vaccaro, 2012	Mixed methods Triangulation design	Partner Children	Experiences in Close Relationships-Revised Adult Attachment Questionnaire; Acknowledgement of Adoption-related Losses Questionnaire; Modified Grief Diagnostic Instrument.	52% of respondents indicated that adoption had a more negative than positive effect on their interpersonal development/capacity for intimacy, reflecting anxiety about their ability to create close, secure connections to others. Most experienced adoption as enhancing stability and security of their attachment to their own children.	*** 75%	Only 39% completed all the questions.
Borders, Penny, & Portnoy, 2000	Quantitative Cross-sectional study	Partner	Sensitivity to Rejection Scale; Kansas Marital Satisfaction Scale; Adult Attachment Scale.	No significant difference between the adoptees' and friends' scores on sensitivity to rejection or marital satisfaction (scores in average range for both groups). Fewer adoptees (42%) than friends (74%) were classified as secure. More adoptees than friends were classified as preoccupied (15% vs 4%) and as fearful/avoidant (36% compared to 13%).	**** 100%	Limited diversity of sample; from one adoption agency and one geographic area; majority of white well-educated women.
Feeney, Passmore, & Peterson 2007	Quantitative Non-randomised case-control study	Partner	Relationship Questionnaire—perceptions of personal relationships; Attachment Style Questionnaire; Risk in Intimacy Inventory; Relationship Satisfaction and Commitment Scale; Trust in Close Relationships Scale.	Adopted group had higher numbers of participants with insecure attachment than comparison group (preoccupied 27:16; dismissing 30:21; fearful 33:12) to a highly significant level. Adopted group had higher levels of anxiety and avoidance than comparison group for recent intimate relationship deterioration to a significant level. Adoptive status predicted perceived risk in intimacy. Authors concluded inherent losses of adoption predispose adult adoptees to attachment issues in their relationships.	**** 100%	Gender imbalance. Self-reporting possibly introduced bias.
Groncki, 2010	Quantitative Non-randomised case-control study	Partner	Experiences in Close Relationships Measure (measures adult attachment within romantic relationships)	Adopted women experienced a more insecure attachment within their romantic relationships. Adopted women reported higher levels of both anxiety (3.2:2.9) and avoidance (4.1:3.0) in their romantic relationships, to a significant level.	**** 100%	Study included only Caucasian women.

Horowitz, 2011	Quantitative Case-control study	Children	"Desire to have children"; "Perceived Ability to relate to children"; "Understanding reasons for and against Having a Child"; "The Unconditional Acceptance Questionnaire"; "Parental Acceptance/Rejection Questionnaire"	Adoptees had less desire to have children and become parents than non-adopted; were less likely to report they would adopt if they were not able to have children; perceived themselves as less capable of relating to children.	**** 100%	Neither sample educationally diverse; unequal numbers of men and women in both samples, so not representative of overall populations.
Pérez, Sala, & Ortega, 2016	Quantitative Cross-inductive design	Children	Social self grid—construction of significant relational positions	Adoptees have more issues to consider than non-adopted comparison group; more cognitive conflicts (60%, 20%), lower self-esteem (13%, 67%), fear of loss and difficulty trusting seen in existence of "need for control" which is not seen at all in non-adopted sample.	**50%	No table with key demographic data; important factors not taken into account such as birthing experience; postnatal depression.
Cole, 1999	Qualitative Descriptive	Partner	n/a	75% identified problems in relationships with being close, trusting others and attaching in intimate relationships, but did not attribute this to being adopted.	****100%	Very small sample.
Jordan & Dempsey, 2013	Qualitative Grounded theory	Partner Children	n/a	Needed to have someone "blood related" to them. Increased sense of security & belonging.	*** 75%	All Caucasian; self-selected from adoption support group.
Lutz, 2011	Qualitative Descriptive phenomenological	Partner Children	n/a	Out of seven major themes identified, "vulnerability," "incompleteness" and "desire to look like someone" were emphasised in how being adopted affected parenting, how they see their children.	****100%	Ethnicity not specified.
Greco, 2015	Qualitative Grounded theory	Partner Children	n/a	Adoptees process and reinterpret their adoption through parenting; range of positions taken from "valorisation" to "normalisation" (it made no difference) to distancing or avoiding.	*** 75%	16 were international adoptions.

Nowlan, 2016	Qualitative Interpretative phenomenological analysis	Partner Children	n/a	General anxiety around parenting expressed.	****100%	No ethnicity data.
Hampton, 1997	Qualitative Grounded theory	Children	n/a	Experience of childbirth was different because they were adopted. Extreme power of the blood/genetic connection to their child.	****100%	Ethnicity of participants not specified.
Pinkerton, 2010	Qualitative Grounded Theory	Children	n/a	Baby represents a new kind of relationship (biological/genetic connection); concern over baby's appearance; having a baby as healing; adoption affects experience as a mother and affected birth experience; fear of being separated from her baby; conscious of what if her child grew up without her.	****100%	90% Caucasian; all married or partnered.
Moyer & Juang, 2011	Qualitative Grounded Theory	Children	n/a	All acknowledged a connection between being adopted, and their own future parent roles: desire to experience what her adoptive mother missed re conception, pregnancy and birth; importance of genetics and bloodline; having child gave a reason to search; history will not repeat; negative thoughts on adopting her own child.	****100%	
Prakash, 2014	Qualitative Descriptive	Children	n/a	3 of the 5 participants said that adoption had very little impact in how they adjusted to parenthood. 2 spoke of uncertainty and genetic vacuum.	***75%	Results presented do not align with conclusions reached. Selected participants from overly pro-adoption groups (risk of bias).

relational experiences (Jordan & Dempsey, 2013; Lutz, 2011; Vaccaro, 2012). A significant number (70%) of adopted participants in one study considered that adoption had affected “all” or “quite a bit” of their lives (Borders et al., 2000; Lutz, 2011). While of course the problems that adopted individuals face in their lives are not always connected with their adoption, several participants acknowledged as they reached middle adulthood that many of their emotional issues were indeed related to their experience of being adopted (Groncki, 2010; Lutz, 2011; Vaccaro, 2012). This theme was illustrated by an extract from a participant in one of the studies who commented: “I even said to counsellors oh I’m adopted but this had nothing to do with what I’m feeling (laughing). It was only when I started talking about it that I realised that it was the root of everything” (Jordan & Dempsey, 2013, p. 43). While acknowledging that the majority of adult adoptees were well-adjusted, Feeney et al.’s (2007) findings also supported the notion that adoption is a lifelong and far-reaching process for a subset of adoptees. They emphasised the centrality of relational losses for an adoptee, including the loss of connections to one’s birth family and fundamental genetic and biological origins which they surmised created a vulnerability in the adopted person’s relational experiences going forward.

Adoptee as parent

The research question about the extent and ways that being adopted affects an adopted person’s relationship with their child/ren across the lifespan was not able to be answered by this review. Rather than illuminating the nature of their relationship with their children, the emphasis and foci of the included studies were on how the adopted person views and approaches parenthood at an emotional and intellectual level. The adoptee experience of parenthood encompassed five key themes.

Theme 1: The genetic connection

There was a strong emphasis on the influence of a genetic relationship with one’s offspring due to the absence of knowledge about one’s own genetic history and heritage. Prakash (2014) noted that parenting and parenthood have a transgenerational legacy, in that the adoptee’s unknown genetic information is passed on to children and to grandchildren. Comments such as, “I wonder if my son really looks like his grandpa” (Lutz, 2011, p. 56) were pervasive throughout

all studies. Participants in Prakash's small study were found to be more likely to search for their birth families once they became aware of the impact that their uncertainty about genetic and biological factors would have on their children. Participants in Lutz's (2011) study raised specific concerns around the "gene pool" when considering starting a family, and this uncertainty and the sense of a "vacuum" of knowledge was pervasive throughout all the studies exploring parenting. Pinkerton (2010) noted adoptee parents' preoccupation with physical appearance, and Jordan and Dempsey (2013) noted the need for an adult adoptee to have family who are blood related.

Of course for many adoptees, the experience of having a genetic relative is one they have never had, so having their own child holds special meaning—so much so that in several studies the notion of a child who was connected by blood was referred to with something akin to reverence and awe (Hampton, 1997; Jordan & Dempsey, 2013; Pinkerton, 2010; Prakash, 2014). While Hampton (1997) acknowledged the thrill that all new parents experience in meeting their newborns, she described her adoptee participants' reactions as that of absolute "enthralment over their relationship with their babies" (p. 100), identifying a level of genetic connection with someone for the first time in their lives, which was deeply and passionately felt.

Theme 2: Adoption's depth of meaning awakened

Becoming a parent is a major life transition for any person, however there was a clear theme that parenting tasks take on an additional, deeper layer of meaning for an adoptee. As suggested by Brodzinsky et al. (1992), this is particularly due to the notion that parenthood is a time for adoptees to "revisit old issues in a new context" (p. 133). Several studies (Greco et al., 2015; Groncki, 2010; Hampton, 1997; Horowitz, 2011; Lutz, 2011; Moyer & Juang, 2011; Pérez, Sala, & Ortega, 2016; Pinkerton, 2010; Vaccaro, 2012) presented evidence that pregnancy and parenthood were times at which adult adoptees struggled with reawakened issues relating back to their experiences of being adopted. This struggle involved attempting to integrate the duality of their biological and adopted origins, and the realities of belonging in both a biological and an adoptive family. For example, the issue of their adoptive mothers' infertility became problematic for some adopted females in Groncki's (2010) study when they became pregnant, perhaps stemming

from adoptive mothers' unresolved thoughts and feelings about infertility. Horowitz's (2011) adoptee participants spoke of having assumed they too would be infertile, and experiencing guilt towards their adoptive parents when they were not. Pérez et al.'s (2016) adopted female subjects were significantly more likely to experience "cognitive conflicts" and difficulties regarding how they perceived themselves as mothers, as compared to non-adopted participants. The experience of pregnancy or birth of a child was in fact a major trigger to initiate a search for biological relatives (Hampton, 1997; Lutz, 2011; Vaccaro, 2012). Prakash (2014) found the opposite, with her participants considering that being adopted was mostly irrelevant for them during their adjustment to parenthood.

Theme 3: Anxiety, fear and pessimism

For a significant number of the adoptees studied, negative feelings of anxiety (Nowlan, 2016), fear (Pérez et al., 2016) and pessimism (Horowitz, 2011) characterised their attitude to being a parent. These included a fear of childlessness and infertility, or the recurrent anxiety of abandoning their child by forgetting or deserting it, or the child being orphaned or stolen (Hampton, 1997; Lutz, 2011; Pinkerton, 2010). Horowitz (2011) found that although adoptees had a statistically stronger desire to have their own biological child as compared to non-adoptees, this desire was tempered by more anxiety and increased levels of rumination than the non-adoptee sample.

Theme 4: Increased security and belonging

A more positive theme emerged from some studies wherein participants noted a new experience of belonging and security in their lives, through becoming parents and experiencing a positive relational attachment to their own child/ren (Hampton, 1997; Jordan & Dempsey, 2013; Vaccaro, 2012). Hampton's (1997) adoptee participants emphasised this sense of belonging and safety once they had given birth, with one participant expressing that she "felt so safe having somebody in the world with me now" (p. 101). A significant number of Vaccaro's (2012) male adoptees reflected on how the process of becoming a father resulted in having to confront their own needs, and how this underpinned their efforts to create a legacy of secure attachment for their own child—to make up for what they themselves had lost.

Theme 5: An additional dimension to the experience of giving birth

Pinkerton's (2010) study of female adoptees' experiences of pregnancy and motherhood found that being adopted was inextricably linked to pregnancy and childbirth. For all her participants, pregnancy and imminent motherhood became a time during which old issues relating to adoption were triggered, significantly affecting participants' experiences of birthing their child, and in some instances providing a sense of healing. Hampton (1997) concurred that being adopted, and giving birth, were indeed psychologically related: "Seeing their babies emerge from their own bodies healed this construction of themselves as not belonging in this world, not being a real person" (p. 100). That the nine months of pregnancy and then experience of labour and delivery is frequently the trigger for an adopted person from a closed adoption to commence their search for their biological parent(s) is well documented in the literature (Brodzinsky et al., 1992; Carlsten, 2007; Howe & Feast, 2000; Vaccaro, 2012). Hampton's (1997) and Pinkerton's (2010) subjects emphasised that it was the act of giving birth that brought their own birth mothers' experiences (and the primal separation) into their conscious awareness.

Discussion

Overall, the evidence indicates that some adoptees' relational lives throughout adulthood were affected. Being adopted was seen to affect intimate relationships with partners in foundational ways, influencing attachment style, confidence and trust in this primary relationship. It also shaped how adoptees approached and experienced parenthood. Pregnancy and childbirth evoked a range of thoughts and emotions in adoptees, with themes emerging of the primacy of genetic connection, the complexity of integrating one's biological and adoptive status, layers of anxiety, and a poignant added dimension to the birthing experience. Significantly and more optimistically, for some adoptees, becoming a parent was a source of security and belonging.

Studies in this review that explored the nature of intimate relationships across the lifespan rather than at a fixed point in early adulthood provided important corroboration for Brodzinsky et al. (1992), who observed adoption to be "an issue that emerges, seems to be settled, and then re-emerges at some alternative

point along life's path" (p. 4). Erikson's (1980) work also emphasised that identity development continues beyond adolescence, suggesting it is important to determine the far-reaching effects of adoption on identity throughout the adoptee's life (Moyer & Juang, 2011). Vaccaro's (2012) older male participants experienced adoption loss intensifying gradually into middle and late adulthood, as they confronted developmental changes involving numerous transitions as well as demands on attachment security.

The centrality of loss, the disconnection from the biological mother and extended family, and the interruption of early attachment may have created vulnerabilities in certain adopted adults in their ongoing close relationships with partners and children.

For such an important question, there was a surprisingly small number of studies which met inclusion criteria, despite including grey literature and searching exhaustively across a range of sources. In some cases the data focusing on intimacy in relationships was embedded and had to be extracted from within a broader study. Nonetheless, a strength of the review was that the selected studies were quite diverse, measuring and shedding light on different aspects of relational intimacy.

The quantitative studies supported attachment theory's premise that early separation and loss of the biological parent, for the infant, may have a significant impact on future attachment-related experiences, including romantic relationships, for some adopted people.

Qualitative studies yielded depth and richness of insight into the nature of intimate relationships for the adoptee participants (Boland et al., 2014; Ring, Ritchie, Mandava, & Jepson, 2011). Themes from these consistently corroborated the anecdotal reporting of clinicians (Brodzinsky, 1992; Lifton, 1994; Verrier, 1993) regarding the pervasive and lifelong impacts for adoptees on interpersonal relationships.

There were some limiting factors about the included studies. First, in the groups of matched adoptees and non-adoptees there may have been insufficient attention to variables that may moderate the relationship between being adopted and intimacy.

Second, the sampling strategy for both quantitative and qualitative studies was typically purposive, with participants actively recruited on a volunteer basis through advertisements on adoption-related internet sites or adoption support groups. This

sampling strategy is highly likely to have introduced bias in the sample as those who chose to respond may have been unrepresentative of the broader population of adoptees. Also, due to the small sample sizes in the qualitative studies (between 4 and 14 participants) and homogeneity with regard to gender (preponderance of female over male subjects), age, socioeconomic status, and educational attainment in each of the studies, one has to be cautious in generalising the results of this review to adoptees as a population.

Third, the composition of many of the study samples was entirely female, or Caucasian, or of a higher socioeconomic status or educational attainment level than the general population, meaning findings might not be generalisable to adoptees that identify as male, transgender, or other races or socioeconomic status levels.

Fourth, several studies provided insufficient demographic information about participants' racial and/or ethnic backgrounds and age at relinquishment (Borders et al., 2000; Cole, 1999; Hampton, 1997; Lutz, 2011; Pérez et al., 2016). In studies which investigated attachment (Borders et al., 2000; Feeney et al., 2007; Groncki, 2010), no reference was made to pre-adoptive conditions (e.g., pre-adoptive placements in orphanages or foster homes, abuse, neglect, or deprivation) which might be highly relevant to investigated outcomes.

Finally, despite some adoptee participants in these studies identifying their adoption as “closed,” meaning that they had neither knowledge of nor contact with their biological families when growing up, many studies were not explicit about the type of adoption. It is probable that participants from closed adoptions would have qualitatively different experiences of adoption than those adoptees in semi-open, open, or whāngai adoptions (a Māori customary practice where a child is raised by someone other than their birth parents, usually a relation). This may limit the generalisability of the review's findings to adoptees in these types of arrangements.

Limitations of this review

The first author (who is a married adult adoptee with children) was responsible for selecting studies, quality assessment, and data extraction and synthesis. These processes were not comprehensively cross-checked by a second independent reviewer. While the first author was reflexive throughout the research process,

and the second author (who is not an adoptee) collaborated and regularly queried and challenged potential for bias, more comprehensive cross-checking of the aforementioned processes (by a non-adoptee) would have been ideal.

Another limitation was the reviewer's inability to locate any studies looking specifically at the nature and quality of the adoptee relationship with their children; "experiences of parenthood" as a concept was substituted.

Finally, the selected studies in the review can only give a partial picture of the role adoption plays in intimate relationships. The complexity of the topic, and the wide variability of definitions and measures, expectations, and other confounding variables mean that the themes presented can only provide an insight into how the adoptee may be experiencing intimate relationships differently to the non-adopted population.

Recommendations for future research

A particular gap in the literature is adult adoptee relationships with their own children. Future mixed-method research might compare adoptee and non-adoptee populations regarding aspects of parenting such as the perceptions and incidence of infertility, postnatal depression, or enmeshed/detached parenting styles. In-depth investigation of the extent to which adoptees felt being adopted may have shaped their emotional attachment to and manner of interacting with their children across time would be illuminating. Examining other variables that may moderate the relationship between being adopted and intimacy (for example, the relationship and attachment style to the adoptive parents) might also support a more nuanced understanding of the interconnection.

Useful insights could be gleaned from qualitative research with middle-aged or older adoptees reflecting on how they handled life events such as relationship breakdowns, bereavements, transitions, and losses, and to what extent they considered being adopted impacted on their vulnerability and resilience.

Because a sizeable proportion of adoptees' partnerships and experiences of parenting are impacted by adoption, further research into how counsellors can work effectively with the adoptee population around foundational relational issues would be of value. A clinician who is aware that adopted people are more likely to experience an avoidant or anxious attachment within their romantic relationships has the ability to explore possible implications of these types of attachment with

their adopted client.

Finally, two studies noted that the adoptee's partner can play an influential or even transformative role in assisting the adoptee to process and reinterpret issues around being adopted and having children (Greco et al., 2015; Vaccaro, 2012). Hence, factors that might alter internal relational working models, mitigate relational challenges, or change adoptee perceptions of their own attachment security, could be studied. It would be useful for further research to state explicitly whether the adoptee had grown up in a closed or open adoption, since this could have implications for attachment, experiences of intimacy, and attitudes to parenting.

Conclusion

This literature review has demonstrated that for some adoptees, adoption plays an integral and formative role in their adult relationships with a partner and/or child, but for others, it has little or no discernible influence. Implications of the findings suggest that it is vital that counsellors who work with adult adoptees are aware of the variability, diversity, and complexity of each individual's story, and respect their emotional responses to these (Baden & O'Leary Wiley, 2007; Passmore, Foulstone & Feeney, 2006; Penny, Borders & Portnoy, 2007). A sensitive balance between "denial of differences" and "insistence on differences" with adopted clients (Kirk, 1964) is essential, neither overgeneralising in relation to this heterogeneous population nor assuming adjustment problems (Corder, 2012).

Freeman and Freund (1998) remind us that while adoption is only one aspect of the client's life story, it is an important one that deserves full recognition. Those who work with this niche population must be knowledgeable, competent, and sensitive to the issues with which they present, remembering that issues for an adoptee may be a dynamic, lifelong process, not necessarily resolved in a few counselling sessions at one point in time. When clients seek out counsellors, they come with a wide range of life experiences and traumas (Dennis, 2014). Being adopted is one of those particularly formative and powerful experiences, given the traumatising nature of loss and rejection. It may impact on the adoptee's present and future attachment, and ability to relate to significant others (including, perhaps, the clinician in their ongoing work together). Counsellors will need to heed Goodwach's (2003) warning by having a comprehensive understanding of

both adoption and attachment, particularly regarding issues connected to closeness and distance in intimate relationships:

Adoption is a major life crisis whose impact both at the time, and over time, has often been overlooked...When adoption themes are ignored, therapists inadvertently collude with the powerful and destructive unspoken message that adoption means nothing. (Goodwach, 2003, p. 69)

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