

# Normative Crisis in the Development of the Adoptive Family

## *A Model for Professionals Working with Adoptive Families*

By Dr. Joyce Pavao

*\*This article has been condensed – for the entire article please contact the Center For Family Connections.*

It is estimated that adoption affects the lives of forty million Americans. This is startling, considering that there are approximately five million adoptees in this country. However, there are birthparents, adoptive parents, birth and adopted siblings, grandparents and a whole array of extended family members who are impacted by adoption. Given these numbers and the fact that adoption is becoming more prevalent in the 1990's, it will be increasingly important for clinicians to be skilled in working with the unique issues that face adoptive family systems.

Adoption has the potential of being a very positive way to create a family. One must remember, however, that these are feelings about having surrendered a child to adoption, about having adopted a child – especially when one cannot bear birth children – and about being adopted, that pose special concerns for those involved throughout their lives.

My research project, *The Normative Crisis in the Development of the Adoptive Family* done at Harvard University and the model for treatment and training I have developed at the Adoption Resource Center (ARC) in Cambridge, Massachusetts and with the Pre- and Post- Adoption Counseling Team in Cambridge, Massachusetts, explore the special issues and concerns that birthparents, adoptive parents and adoptees face. The model presumes that there are “normal” developmental crisis that occur in adoptive systems. Although all families and individuals go through developmental stages, the special circumstances that adoption creates add issues and complexity to the process of development. These issues are normal and healthy under the circumstances that surrender and adoption create. The normative model proposes that a systematic approach is needed in order to work with adoptive family systems. There is no identified patient in this model, but the whole system (from the wider context of adoption practices to the intricate relationships in the adoptive family and the birth family) is regarded as the client. Crises can be normal and can even lead to transformation. In order to truly understand and work with this complex system, the clinician must be familiar with and empathetic toward each member of the adoption circle, including the birthfamily, whether they are known.

## **Adoptive Families**

There are ongoing issues in adoption for the whole family: how to tell the child, what to tell the child, when to tell the child, how to deal with extended family members and neighbors, how to work with the schools and with professionals who have little or no experience with learning disabilities, attention deficit disorder and emotional difficulties in adopted children. Things that birthfamilies take for granted may pose serious dilemmas for adoptive families. One example is medical history - physicians say that dealing with an adoptee is like dealing with a coma victim in the sense that critical and current family history information is often missing and impossible to get.

In adolescence a variety of issues emerge for the adoptee and for the adoptive family. Adoptees, like all adolescents, begin to look at themselves more carefully. For the adoptee, looking in the

mirror may lead to the realization that he/she does not know another human being in the world who is related to him/her. The fact of adoption complicates issues of identity, sexuality, trust, self-esteem and individuation, to name just a few.

As adolescence brings on a search for identity, adoptive parents are often faced with the confusing task of how to help the child integrate a complete sense of self when pieces of his/her heritage may be problematic or even missing entirely. Simultaneous with the adolescent doing his/her search, the adoptive parents are often subconsciously or consciously dealing again with issues of loss, wondering what their birthchild might have been like and about the preparation for their adopted child's move toward adulthood and intense feelings about the loss of this child, who will soon be an adult.

There are also effects on the adoptees and the family if the search for birthparents is undertaken. The search brings up issues of conflicting loyalties for the adoptee between the adoptive parents and the birthparents. It also brings up fear and fantasies for everyone that are often difficult to manage. It is at this time that issues of loss arise again for all members of the adoption circle. For the adoptee there is fear of loss and of rejection by the adoptive family and possible rejection by birthparents. Adoptive parents must confront the fear of losing the adoptive child to the birthfamily, and the birthparents have the pain and loss associated with surrender brought back into their lives. ***It is important to note that although search brings up difficult and painful issues, it is an integral part of the healing process of identity and intimacy that is essential to making whole all of these broken connections.*** Clinicians must understand the importance and intricacies of the search and recognize that it is a healing journey no matter what is found. There are also issues regarding the adoptee as parent, the birthparents' future parenting, the complexities (and concrete possibilities) of open adoption, the myriad of reproductive technologies and the issues of adoption that are present for generations, as we look at family histories through genograms with a family systems approach.

Adoption is an ongoing issue throughout the life cycle and beyond, affecting not only the generations past but the ones to come as well. In consideration of the experiences of adoptive systems throughout the lifespan, I have developed a therapeutic approach in my model called "brief long-term therapy" in which a family and various constellations (family as a whole and different sub-systems) are seen during a crisis and the work is in transforming the crisis into an empowering experience. Coming back for further counseling at another point in the development of the family is not seen as failure, but as a success in working through yet another stage of development. There is a completion of each stage of therapy but no termination. The word "termination" is too loaded for those who have suffered the losses associated with adoption - the loss of child for the birthparent, the loss that infertility causes for the adoptive parent, and for the adoptee, the loss of generational continuity and connection. The brief long-term model proposes that a therapist be available for consultation and therapy to each family in an ongoing fashion so as to avoid the emotional cut-off and loss that are primary issues in adoption.

An approach that incorporates "normative crisis" allows us, as professionals, to see the difficult times in a way that is not based in pathology. This creates opportunities for clinicians to act in ways that lead to the empowerment of individuals and families affected by the issues of adoption. Work with the larger system, the professionals, schools, courts and agencies are also a part of the model, which is a model of training as well as treatment.

*Dr. Joyce Maguire Pavao is the Founder and CEO of Center For Family Connections, Adoption Resource Center, Family Connections Training Center, and Pre/Post Adoption Consulting Team, all in Cambridge, MA. She trains, consults, and lectures extensively, nationally and*

*internationally. She is the author of the highly acclaimed book The Family of Adoption and has developed models for treatment and training using her systemic, intergenerational, and developmental framework The Normative Crisis of the Development of the Adoptive Family. Dr. Pavao can be contacted at:*

**Center For Family Connections, 350 Cambridge Street, Cambridge, MA 02141**

Phone: (617) 547-0909/(800)-KINNECT □ Fax: (617) 497-5952 □ [kinnect@aol.com](mailto:kinnect@aol.com) □  
[www.kinnect.org](http://www.kinnect.org)