

Effects of the History of Adoption in the Emotional Adjustment of Adopted Adolescents

Caroline Tozzi Reppold¹, and Claudio Simon Hutz²

¹Universidade Federal de Ciências da Saúde de Porto Alegre (Brazil)

²Universidade Federal do Rio Grande do Sul (Brazil)

Since the decade of 1980, the model of stress and coping proposed for the assessment of vulnerability of adoptive families emphasizes that the emotional adjustment of those adopted is moderated by variables such as institutionalization, the manner and age at which the adoption was revealed, the change of first name, and the contact with the biological family. The objective of this study was to investigate the relationship of these variables to the perceived parenting style, mood, and self-esteem of the adopted adolescents. Participants in the study were 68 adolescents, between the ages of 14 and 15, adopted during infancy through judicial channels. The adolescents responded to a questionnaire about the history of adoption and to scales of Parenting Styles, Depression and Self-esteem. The main results indicated that the late revelation of adoption and the change of the first name are connected to higher levels of depression and low self-esteem and to more frequent perceptions of negligent or authoritarian parenting style. The contact with the biological family was frequently mentioned among those who perceived their parents as authoritative and presented the best indicator of mood and self-esteem. These findings were discussed in light of the necessity for multidisciplinary actions which can improve the psychological adaptation of the adopting families.

Keywords: adoption, adolescence, adjustment, vulnerability.

Desde la década de 1980, el modelo de estrés y afrontamiento propuesto para la evaluación de la vulnerabilidad de las familias adoptivas resalta que la adaptación emocional de los adoptandos es moderado por variables tales como la institucionalización, la forma y la edad en que la adopción se reveló, el cambio del nombre de pila, y el contacto con la familia biológica. El objetivo de este estudio era investigar la relación de estas variables con el estilo percibido de crianza, el estado emocional y la autoestima de los adolescentes adoptados. Participaron en el estudio 68 adolescentes, entre 14 y 15 años de edad, adoptados durante la infancia a través de vías judiciales. Los adolescentes completaron un cuestionario sobre la historia de la adopción y las escalas de Estilo de Crianza, Depresión y Autoestima. Los resultados principales indicaron que la tardía revelación de la adopción y el cambio del nombre de pila se relacionan con niveles mayores de depresión y baja autoestima y a la percepción más frecuente de estilo de crianza negligente o autoritario. El contacto con la familia biológica se mencionaba frecuentemente entre los que percibían a sus padres como autoritarios y era el mejor indicador del estado emocional y de la autoestima. Se comentan estos resultados a la luz de la necesidad de actuaciones multidisciplinarias que puedan mejorar la adaptación psicológica de las familias adoptivas.

Palabras clave: adopción, adolescencia, adaptación, vulnerabilidad.

Correspondence concerning this article should be addressed to Caroline Reppold. Rua Honório Silveira Dias, 912/403 Bairro São João Porto Alegre/RS. Zip Code: 90550-150, (Brazil). Phone: +55-5191022673; E-mail: carolinereppold@yahoo.com.br

Studies that assess the impact of adverse situations on the emotional adjustment have indicated child adoption as a possible predictor of increased psychological vulnerability during development. However, these results are mediated by the effect of other variables related to the family dynamics and to the social context in which adoption occurs (Sturgess & Selwyn, 2007; Tieman, van der Ende & Verhulst, 2005). Among the stress factors that negatively affect adoptive adaptation are the institutionalization of adopted children, the difficulties of communication between parents and children, and the legal procedures that the adoption process often involves.

Institutionalization, even when temporary, is regarded as a stressor to the extent to which it is associated with the lack of information on the life background of the child, restriction of pre- and post-natal care, and situations of negligence or maltreatments, whether experienced in the reality or fantasy of the adoptive parents. Surveys show that, according to evaluation of the adoptive parents, children who are institutionalized early have worse indices of emotional adjustment compared to children adopted during the school phase (Fu & Matarazzo, 2001; Goodman, Emery & Haugaard, 1998; Sharma, McGue & Benson, 1998; Tieman et al., 2005; Verhulst, Althaus & Bieman, 1990). One of the deleterious factors of institutionalization is the difficulty of adopted children to have access to information pertaining to their development, identity, and genealogy (for example, physical and psychological characteristics of the progenitors, social status of the family, number of siblings, or pre-natal background). This information is very important for the building of self-esteem and it mediates the hopes for life in the future, both in the scope of physical and emotional development.

Another aggravating factor of adoption is the fact that, by request of the adopting parents, some of the children have their first names changed in the new birth certificate issued during the adoption. This is a routine practice in cases of legal adoption and is legitimated by the Child and Adolescent Statute (Law 8069, 1990), regardless of the age of the child (or adolescent) qualified for adoption. Changing the first name is usually motivated by the desire of the adopted parents to eliminate the child's links to the past or by their desire for the child to assume a new identity, with traces similar to those of people who are important to the new parents. In cases in which the adoptive parents have a previous experience of the death of a child, it is usual to replace the adopted child first name by the name of the deceased child. Although this practice is often done without an assessment of its consequences to the child's development, it seems to prioritize the interest of the adoptive parents without taking into account its negative impact on the adopted children's health and self-esteem.

Because self-esteem is regarded by the National Advisory Mental Health Council (1996) as the main indicator of

mental health, we highlight the importance of the assessment of this variable in the investigation of social development and risk factors for future disorders. Self-esteem is defined as the assessment made by the individual of himself or herself. It is a construct that involves a judgment of affective value made by the subject considering his or her abilities and characteristics. Therefore, self-esteem has a strong negative relation with indicators of problems of mood and anxiety, as shown by a series of studies described by Harter (1998). Thus, the extent to which adoptive parents do not allow children to know their previous background increases the risk of low self-esteem and of depression.

In fact, since the 1980's, the model of stress and coping proposed by Brodzinky to evaluate adoptive vulnerability emphasizes that the high rate of anxiety, depression, and identity problems of adoptive parents is affected mostly by parental insecurity (Brodzinsky, 1990; Brodzinsky, Schechter, Graff & Singer, 1984). Grotevant & Kohler (1999) found similar results in a study conducted with adopted adolescents. These authors found high levels of anxiety among participants showing strong curiosity regarding their biological families and among those who frequently noticed situations of secrecy and lying within the adoptive family. However, the interest of adoptive parents to interact with the family of origin is still a controversial point, even for professionals involved with the theme of adoption.

Those who defend closed adoption (without any relationship with the biological family) argue that this procedure, legalized in Brazil by the Child and Adolescent Statute (ECA, 1990), strengthens the affective bond between the adoptive parents and reduces the insecurity of the adopted children, including successor legal issues (Diniz, 1994; Ryburn, 1999). Empirical studies conducted by Kraft, Palombo, Wood, Mitchell & Schimt (1985a, 1985b) reveal that open adoption increased the difficulty of attachment among adoptive families and the difficulty of biological mothers to resolve the fight of giving up their children. More recent surveys revealed that many health professionals maintain negative beliefs regarding open adoption, especially with regard to the difficulty of attachment and the fear of the birth parents interfering in the education of the children they gave up for adoption (Harris & Lindsay, 2002). Due to these beliefs, confidential adoption is supported by 58% of the men and by 65% of the women who took part in a Canadian survey on the matter (Miall & Mark, 2005).

On the other hand, those who argued in favor of open adoption state that the receiving information about cultural origin, previous history, and the reasons for giving up the child for adoption can reduce the emotional ambivalence and stress of all of those involved in this process. Several international studies support this idea. Berry & Dylla (1998) investigated 700 adoptive parents in the course of four years and concluded that, in these cases of open adoption, the level of family satisfaction and the emotional adjustment of the adopted children was high. In the study by Von-Korff,

Grotevant & McRoy (2006), adopted adolescents who had direct contact with their biological families obtained significantly lower scores in evaluations of externalization problems compared to those without contact. Note that the relationship established tends to be lasting. A longitudinal study conducted by Frasch, Brooks & Barth (2000), investigating the relationship between biological and adoptive families eight years after open adoption, revealed that the communication established between these families tends to consolidate over time.

However, there are no published Brazilian studies designed to assess the psychological impact of approaching biological/adoptive families on the interaction between adoptive parents and children. Likewise, there are no studies evaluating the effect of the strategies used by adoptive parents to deal with specific issues, such as revelation of the adoption or their interest to change the first name of the child upon adoption.

The objective of the present paper was to investigate the relationship between the perception of the parenting style of adopted adolescents, psychological adaptation of these adolescents (assessed through mood and self-esteem), and some other variables referring to the adoption. Regarding the history of the adoption, the variables assessed were age of the child at the time of adoption, the manner and age when adoption was revealed to the participant, change of first name upon adoption, search for contact with the biological family of the adolescent and occurrence of institutionalization.

Method

Participants

The participants were 68 adolescents (48.5% males and 51.5% females) adopted during childhood through judicial channels (full adoption). Most participants were newborns when they were adopted. About 70.6% of the participants were placed in the foster homes up to 30 days after birth. The participants were selected from the forensic register of adoptions. For methodological and ethical reasons, six adolescents who did not know about their adoption history were dropped from the sample because the study presupposed the type of parenting as an independent variable in relation to self-esteem and depression. Five cases were also eliminated from the sample because the parents did not allow participation of the child.

The age of the adolescents varied from 14 to 15 years [mean (*M*) of 14.4 years; standard deviation (*s.d.*) of 0.5 years]. This age range was chosen because there are indications in the literature that it is at this age that vulnerability to depression and self-esteem, and the gender difference of prevalence of these symptoms, increases (Hofstra, Van der Ende & Verhulst, 2000).

The adolescents lived in Porto Alegre and nearby cities, in southern Brazil. Most of the youngsters were students in private schools (77.9%) and attended between the eighth grade of elementary school and the first year of high school. In general, the participants were children of parents who lived together (73.5%), with an average income of 14 times the minimum wage (*sd.*=10 times the minimum wages) and had only one sibling (45.6%). Most participants were white (79.4%). The assessment of race was done by the participant through an open question.

Most of the fathers had a university degree (65.1%), 28.8% finished high school, and 6.1% had only gone through elementary school. A very similar distribution was found for the mothers (60.3%, 27.9%, and 11.8%, respectively).

Instruments

The socio-demographic data of the participants were gathered through a questionnaire asking for information about the participant, the family, and their socioeconomic characteristics. The questionnaire also had questions about the history of the adoption and the possibility of there being a diagnosis of parent infertility. To assess the perceived parenting styles, Scales of Parental Responsiveness and Demandingness were used (Lamborn, Mounts, Steinberg & Dornbusch, 1991). These scales were adapted to Brazilian Portuguese by Costa, Teixeira & Gomes (2000) and showed in this study a good index of internal consistency (alphas between 0.89 and 0.91). In the original version, the instruments had eight items of demandingness and ten items of responsiveness and presented indices of internal consistency of 0.76 and 0.72, respectively, considering the combined scores of fathers and mothers (Lamborn et al, 1991). Adaptation of the instruments for the Brazilian version resulted in sixteen items (six of demandingness and ten of responsiveness), which are assessed by means of a three-point scale, whose anchors are 1, 2 and 3. In this system, the total score of each scale is calculated from the sum of the points of its items.

When crossed, these scales allow for the categorization of four parenting styles. A high score obtained in both scales characterizes the authoritative style, (parents who are perceived as able to guide and monitor their children affectively). Low scores in both scales characterize the negligent style (parents unavailable to monitor their children or to meet their emotional needs). High scores in the demandingness scale and low scores in the responsiveness scale characterize the authoritative parenting style and low scores in the demandingness scale and high scores in the responsiveness scale characterize the indulging style, typical of parents with high level of tolerance in view of the difficulties of the children and difficulty to impose limits or to monitor child behavior. To analyze the styles, the scores were categorized as high or low according to the median of the sample; thus, cases

corresponding to the value of the median were disregarded from the study (in the case of the father's assessment, 10 cases were excluded and of the mother's responsiveness, 9 cases; with regard to the responsiveness of father and mother, 9 and 6 cases corresponded to the median respectively. In the case of the combined analysis of father and mother, 6 cases were excluded in the assessment of demandingness and 5 in the assessment of responsiveness).

To evaluate the psychological adaptation of the participants, the Rosenberg Self-Esteem Scale (SES), adapted by Hutz (2000), was used and the version of the Children's Depression Inventory (CDI), adapted by Hutz & Giacconi (2000). All the instruments had suitable psychometric property for juvenile assessment (SES: $\alpha=0.93$; CDI: $\alpha=0.92$). The adapted Rosenberg Self-Esteem Scale is a self-reported instrument much disseminated due to the practicality of its application. The original scale is made up of ten items that investigate global aspects of self-esteem. The adapted version of the instrument added an item to the scale, which maintained the assessment as a one-dimensional measurement. Studies point out that the Cronbach Alpha of the original instrument varies from 0.77 to 0.88 (Hutz, 2000).

The Children's Depression Inventory (CDI) is an instrument used to measure affective changes, elaborated by Kovacs (1980/1981, 1985) from the Beck Depression Inventory and adapted by Hutz & Giacconi (2000). Its purpose is to detect the presence and severity of depressed mood. The CDI is a unifactorial measurement, made up of 27 items that examine aspects of depression related to vegetative, cognitive and psychomotor issues. In relation to the scale's psychometrical properties, the coefficient of internal consistency of the original instrument was 0.86 (Kovacs, 1985).

Procedure

The sample was selected from the forensic register of adoptions made between 1985 and 1987. Once the judicial secrecy was broken by the *Juizado da Infância e Juventude de Porto Alegre* [Juvenile Court of Porto Alegre], the surveyors or a psychologist from the Juvenile Court Adoption Team contacted one of the foster parents of all the adolescents who fit the study profile, except for those who could not be found. The aim of the contact was to explain the purpose of the survey, verify if the youngster knew of his or her adoptive condition, and to request parental consent to invite the adolescent to participate in the study. The adolescents were informed of the study and consulted about their interest to take part in the survey. The anonymity of their answers was guaranteed. The data were gathered individually by the researcher in the home of the adolescent, after obtaining the informed consent from one of the parents.

Results

The data allowed for the assessment of the association between the characteristics of the adoption (revelation, change of first name and contact with the biological family), the category of perceived parenting style by the participant, and his or her level of emotional adaptation (self-esteem and depression). Chi-square tests showed, in general, that authoritative parents talked with their children from an early stage about their adoptive condition, for example, telling them stories of adopted characters ($X^2=29.02$, *degrees of freedom*=9, $p<0.001$). Negligent parents kept the adoption a secret for a longer time than other parents and many of their children got to know about the adoption through other people. The same results were obtained with the maternal style ($X^2=43.8$, *df*=9, $p<0.01$). However, authoritative mothers tended to wait until the child became an adolescent to reveal the adoption.

Another relevant finding, considering its implications to self-esteem of the adopted, was that the change of first name was more frequent among authoritative and negligent parents (both) ($X^2=30.13$, *df*=3, $p<0.01$). Although there are no previous references on this issue, this result could be expected because, by definition, parents characterized by authority and negligence seek to impose their own values and interests.

The analyses also pointed out that adopted adolescents who view their parents as authoritative revealed more often that they know their biological families (maternal style: $X^2=8.2$, *df*=3, $p<0.05$; paternal style: $X^2=13.91$, *df*=3, $p<0.01$). On the other hand, those who described their parents as authoritarian (controlling and little affectionate) stated, with a significantly lower frequency than the others, that they know their progenitors.

A chi-square test revealed that, when the adoption did not occur for reasons of infertility, the couple was more authoritarian in relation to the maturity of their children ($X^2=33.5$, *df*=9, $p<0.01$). On the other hand, in cases in which both adoptive members had problems of fertility, the parental behavior was more often characterized by indulgence. Analysis of the adjusted residues showed that both mothers and fathers diagnosed with infertility were less authoritarian than others. It was also found that male sterility was related to negligence of father and mother (paternal: $X^2=30.4$, *df*=9, $p<0.01$; maternal: $X^2=13.9$, *df*=3, $p<0.01$).

The results pertaining to the influence of the variables investigated on psychological adaptation can be seen in Table 1. The findings show that the change of first name is related to lower self-esteem ($t=6.78$; *df*=66; $p<0.01$) and greater depressive symptomatology ($t=5.98$; *df*=66; $p<0.01$). The means are given in Table 1. Regarding the relationship with the consanguineous family, it was noticed that the adolescents who reported some form of contact with their families of origin had better indices of emotional health

(self-esteem: $t=3.85$; $df=66$; $p<0.01$; depression: $t=-3.43$; $df=66$; $p<0.01$). With regard to the manner of revealing the adoption, the best indices of emotional adjustment were obtained from participants who stated that they became aware of their adoptive condition early.

Finally, a logistic regression indicated that the manner in which the adoption was revealed, change of first name, and contact with the biological family, together, were responsible for 63.8% of the variation in self-esteem and 57% of the variation in the depression scores of the adopted. The results are presented in Table 2.

The regression analysis showed that the variable that contributed the most to the variance of the psychological adaptation measures was the manner in which the adoptive condition was revealed. Analyses of variance indicated that the worst scores of depression and self-esteem were found on children whose fathers delayed the information about adoption or kept it secret until it was revealed by other people. The age in which the adoption occurred and whether the adolescents were institutionalized were not significant in determining self-esteem and the level of depression in the sample studied.

Discussion

The aim of the present study was to investigate the relationship of variables related to the adoption history (revelation, contact with the biological family, and change of first name) with the perceived parenting style, mood, and self-esteem of adoptive adolescents. The results are important for two reasons: they might help to develop interventions that can improve the development of adopted adolescents and they help to understand the effects of the variables studied on self-esteem and depression of adopted children.

The results suggest that neither the age in which the adoption occurred nor the experience of institutionalization have significant effects on the emotional health of the participants. However, it is possible that these results reflect the limitations imposed by the criterion of inclusion in the sample, which determined the exclusion of adolescents who were not under the custody of the adoptive family before they were two years old. That is, the variance was probably reduced by the methodology used. Thus, just as there are controversies in literature that question if these distinctions exist and/or are minimized with time (Brodzinsky, Schechter & Henig, 1993,

Table 1

Mean and Standard Deviation of the Scores of Self-Esteem and Depression Considering the History of Change of First Name, Contact with the Biological Family and the Manner in which the Adoption is Revealed

Variable	Self-esteem		Depression	
	M	s.d.	M	s.d.
Change of first name				
Yes	29.2	5.80	46.4	8.52
No	19.2	5.05	35.5	5.72
Contact with the biological family				
Yes	18.8	4.58	34.9	4.46
No	22.3	7.03	39.0	8.43
Manner in which the adoption was revealed				
Parents told right from an early age	34	37.2 ^a	4.69	7.8 ^a
Parents told between the age of 6 and 12 years	14	33.3 ^{a b}	4.12	11.5a ^b
Parents told in adolescence	10	29.2 ^{b c}	4.87	15.9 ^b
Got to know from third parties	10	23.4 ^c	5.12	25.2 ^c

Note: The means given in the same column with different indicators differ significantly between each other (Tukey Test, $p<0.05$).

Table 2

Results of the Analyses of Regression of Self-esteem and Depression by Variables from the History of Adoption

Independent Variables:	Self-esteem			Depression		
	β	R	R^2	β	R	R^2
Revelation	-0.44	0.73	0.54	0.50	0.73	0.53
Contact with the biological family	-0.24	0.77	0.59	-0.24	0.75	0.57
Change of first name	0.34	0.79	0.63	0.20	—	—

Gunnar, Bruce & Grotevant, 2000; Miller, Fan, Christensen, Grotevant, van Dulmen, 2000; Moore & Fombonne, 1999), longitudinal studies are required to assess the development of children and adolescents adopted in different age ranges. However, perhaps more important than determining the age in which the child was placed in the new family is the examination of the conditions in which the adoption took place (reasons for destitution of the paternal power, occurrence of abuse or negligence, experience of institutionalization, impact of the insertion in a new culture, etc.). These data may be more relevant to identify factors of risk and protection that change the vulnerability of children and adolescents.

Regarding emotional adaptation, the results show that the way the adoption was revealed was the variable of adoption history that contributed most to explain the variation of the self-esteem and depression scores. The best adjustment scores were found among adolescents whose families maintained a standard of open communication regarding affiliation from an early stage. As was to be expected, this data is related to yet another factor: the parenting style. Fathers and mothers who omitted the adoption for a long time or who were not responsible for this revelation were generally perceived by their children as negligent. That is, non-available with regard to a reference of support that helps the child to explore and understand the feelings that arise with the discovery of the adoption and to help him or her to integrate the recently known elements of his or her history into a new identity. Since negligence was most frequent in families in which the father had sterility problems, it is possible to think that keeping the adoption secret is also related to the father's insecurity about the issue of his sterility, since such omission helps him avoid discussions that would potentially cause confrontation with unresolved fears or difficulties.

Brodzinsky, Smith & Brodzinsky (1998) stated that the majority of parents seemed to deal well with the task of revelation, facing it without greater distortions or extreme anxiety. However, according to the authors, some parents who had negative expectations about the child's ability to adapt to a new family became too concerned about how the child would assimilate the new information and, for this reason, they postponed the decision to reveal the adoptive condition. This may be the case of authoritarian mothers who tend to reveal the adoption only at adolescence.

Although there is no consensus on the appropriate time to tell the child the nature of his or her affiliation, many parents begin this process when the child is between two and four years of age (Brodzinsky et al, 1984). In such situations, most preschool children already define themselves as adopted and they understand the stories involving adopted characters, although, for logical reasons, they do not perceive the implications of affiliation (Brodzinsky, 1990). Due to the naturalness with which the children talk of being adopted, it is possible that some parents overestimate what the children understand about adoption. However, Newman, Roberts & Syre (1993) showed that only at seven or eight

years of age children do recognize that families are usually defined by their biological ties.

According to Brodzinsky (1990), the emergence of new cognitive skills at around the age of six allows children to analyze the situations in which they are inserted under other perspectives and to evaluate the reasons that explain the conduct of individuals (which include a reflection on the option of their biological family to give them up). In this context, the development of logical reciprocity allows children to establish a relationship of causality which until then did not necessarily occur: that the adoption implies not only placement in a new family, but also the loss of another.

Possibly, this logical limitation of preschool children justifies the similarity of the scores referring to the emotional health of adolescents informed of the adoption between six and 12 years of age and of those who got to know of their affiliation at an early stage. According to the results, as important as knowing the adoptive condition right from first infancy is to be aware of this during the period in which the family and identity definitions are being established. Anyway, although the differences between the groups mentioned were not significant, one noticed a trend to better levels of self-esteem and depression among those who right from infancy became accustomed to the "language" of adoption. These findings indicate that preparing the children for the revelation (for example, telling stories in this regard) can have positive effects so that the child does not later view adoption as something absolutely unknown and different.

Another variable that influenced the self-esteem of adopted adolescents was the change of the first name among children who had already been registered by their biological families. The data showed lower self-esteem among those with changed names, which is understandable due to the loss of a strong reference of identity. Because this is a common practice among adoptive parents who have lost their children in the past (Reppold & Hutz, 2003), it can be that the children who received the name of the deceased sibling feel more confused on establishing a self-concept, as a result of the legacy that the name carries. Therefore, it would be important to conduct research to investigate the association between this factor and the diagnostic indication of personality disorders.

Also regarding the change of first name, it is interesting to note that it occurs more frequently among families viewed as authoritarian or negligent, which by definition seek to value, above all, their own desires and interests (Lamborn et al, 1991). The possibility that the Child and Adolescent Statute (Law 8069/1990) grants these parents to make such change, even in cases of later adoptions, seems to reflect a time in which the purpose of adoption was to meet the interest of parents incapable of having their own children much more than to protect the children and adolescents.

An issue little exploited in the literature that was investigated in this study was the adopted adolescent's connection with his or her family of origin. Although theoreticians, like Diniz (1994), state that is preferable for

the adoptive family not to know the consanguineous parents of their child, data point out that the participants who have contact with their progenitors had higher self-esteem and less depression symptoms. Also, Grotevant, McRoy, Elde & Fravel (1994) state that contact between the families seems to bring greater benefits than losses to both hereditary and substitute parents. In view of the relevance of the approximation of the adolescent with his or her history, one can think that one of the hypotheses that justify the result of lower self-esteem among the adopted would be the difficulty of identity development of these adolescents, who often grow up without any references to their cultural and biological roots. Another hypothesis involves the social stigma that the adopted suffer on account of the nature of their affiliation and of the excess social valuing of consanguineous ties. Such segregation is evidenced by the study conducted by Reppold & Hutz (2003), which found that 70% of the mothers investigated stated that they had experienced episodes of discrimination because of the adoptive situation of their children.

Considering the search of the adopted for their origins, Brodzinsky et al (1998) revealed that when the adoptive parents evaluate the birth parents positively, empathically and respectfully, they help the children recover their personal history. In fact, one of the parental functions that distinguish adoptive families from the original families is the need to recognize the interest of the child for the search of their genealogical and cultural origin and to assume a stance with regard to this issue. According to the literature, the feelings and attitudes of the adoptive parents in relation to the giving family, especially with regard to the circumstances of the giving up, directly influenced the self-esteem of the adolescents (Goodman et al, 1998).

A review of the studies conducted by Brodzinsky (1990) revealed that children who describe greater negative affect from their ascendants have greater level of depression and very low self-esteem. In comparison, those who reveal greater curiosity about their birth parents show more behavioral problems. However, it is worth questioning if the expression of this curiosity is a reflection of the opening given by the parents for dialogue or, on the contrary, of the lack of opportunities to cease it. It is likely that these results are related to the strategies used by the parents in the socialization of their children and to the instrumental and emotional support offered them so that they can create their own resources of adaptation. In this study, it was noticed that adolescents who saw in their parents a reference of instruction and affective support (authoritative) reported, with greater frequency, to know their consanguineous families. On the other hand, this index is significantly lower among youngsters who described their parents a strict and little acquiescent figures, who tend to devalue the feelings and opinions of the children on behalf of their own values (authoritarian).

Possibly, the style of the parents influenced the development of action strategies that determined how the

individuals would act in stressful situations, as is, in most cases, the resolution to find the giving family. A study indicated that the strategies to avoid the issues of adoption are linked to high levels of anxiety and problems of externalization among the adopted (Brodzinsky et al, 1998). On the other hand, the strategies focused on the problem, that is, those which aim at a transforming action on the origin of the stress (for example, question the family about the origin, seek contact with the progenitors, or redefine negative concepts regarding the parents or adoptive condition) are linked to high psychosocial competency.

Therefore, one notices that the parenting style, especially authoritativeness, plays an important role in promoting a healthy development, whether directly, by the offer of support and protection, or indirectly, by the support offered so that adolescents are able to sustain their decisions and act according to their available resources and abilities. With regard to the process of searching for identity, the responsiveness of the parents whose children have great interest to know their origins seems to be even more relevant once the lack of support from the adoptive parents causes feelings of insecurity and betrayal that aggravate the conflicts of the adolescents, reduce their self-esteem and expose them to new losses. To promote a healthy development, adoptive parents must understand that the psychological adaptation of adopted adolescents implies specificities that should not be minimized. One of them is the ambivalence of the adopted in view of the losses experienced and the establishment of their identity. This process is a normal phenomenon and should only be interpreted as psychopathologic when it becomes excessively dysfunctional, preventing youngsters from engaging in activities essential to their social adaptation. In order for this not to occur, the manifestation of attitudes of acceptance and monitoring of the parents and the development of realistic parental expectations seem to be fundamental.

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