

INTERNATIONAL ADOPTION: CULTURAL SOCIALIZATION AND IDENTITY  
DEVELOPMENT

by

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## Abstract

This report describes the role of cultural socialization in the ethnic identity formation of internationally adopted children. This report explores the process of integrating the child's birth culture and the complexities that are involved in raising internationally adopted children. The theoretical frameworks of identity development and social construction will be used to provide a conceptual understanding of the process of ethnic identity development. This report will describe the use of Narrative Therapy and Child-centered Play Therapy to facilitate the process of identity development. Implications for clinical practice will be discussed.

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## Chapter 1: Introduction

Families with international children are on the rise in the United States. The number of international adoptions in the United States has increased by 164% from 1990 to 2007. In the year 2007, the U.S. Department of State reported the largest number of children from East and Southeast Asia (8,336 children), particularly mainland China (5,453 children), followed by Latin and Central America (5,372 children) and Eastern Europe (3,540 children). War and poverty from sending countries, increased infertility, difficulties associated with domestic adoption, preference to adopt infants, and a disinterest in foster care adoption have also contributed to increases in international adoption (Lee, 2003). International adoption is however more prohibitive with the recent economic recession, expensive safeguards to prevent abuses, fraud and corruption.

International children are typically adopted into well-educated, married, Caucasian families (Kahan, 2006; Rojewski, 2005; Trolley, Wallin, & Hansen, 1995). For these families, raising their child with a birth culture distinctly different from theirs requires additional effort. Adoptive parents are tasked with socializing their new child into the family's culture and into the American culture while honoring the child's birth culture. This socialization process can pose a challenge for parents who have little or no knowledge of the child's birth culture, who are less likely to have firsthand knowledge and experience to teach their children about life as a racial/ethnic minority in society (Lee, 2003), and who might live in a geographical area that lacks community resources and sensitivity to the process. Lee (2003) goes on to state that the process of cultural socialization is further complicated by:

the apparent and immutable racial and ethnic differences between parents and children that form the basis of the transracial adoption paradox. Namely, (adopted children) are

racial/ethnic minorities in society, but they are perceived and treated by others, and sometimes themselves, as if they are members of the majority culture (i.e., racially White and ethnically European) due to adoption into a White family.

Furthermore, to effectively assist their child's cultural socialization and development, adoptive parents need to understand their own attitudes about their child's birth culture and their role in facilitating the integration of their child's birth culture as they develop a transethnic family (Rojewski, 2005, Lee, Grotevant, Hellerstedt, Gunnar & the Minnesota international Adoption Project Team, 2006). Understanding the process of cultural integration is similarly necessary for family therapists and other professionals working with families to prepare for international adoption and the raising of their new child. Research is only beginning to try to understand the need for cultural socialization in facilitating internationally adopted children's ethnic identity development. Though scarce, studies have explored the role of cultural socialization by adoptive parents in the ethnic identity formation of their children. These studies focused on the importance of ethnic identity development (Yoon, 2001; Huh & Reid, 2000; Andujo, 1988).

This report will facilitate understanding the cultural socialization of internationally adopted children' ethnic identity formation by discovering how parents bring birth culture into their family/child's life and their attitudes that influence their decision. The process of integrating the child's birth culture and the complexities that are involved in raising an internationally adopted child will be explored. The purpose of this report is to provide a better understanding of the importance of cultural socialization in the identity development of internationally adopted children. The focus of this report is on children adopted from East Asia

although many of the points discussed could be relevant to children from other parts of the world.

The report consists of the following chapters. Chapter 1 is an introduction to the topic of cultural socialization and ethnic identity development of internationally adopted children. Chapter 2 will discuss ethnic identity and provide an overview of the literature on adoptive parents' efforts in facilitating their child's ethnic identity development. It also includes an overview of the literature on cultural socialization including strategies for cultural socialization. Chapter 3 will describe the frameworks of identity development and social construction as lenses that can be used to understand the cultural socialization of ethnic identity for internationally adopted children. Chapter 4 will discuss the role of family therapy and international adoption, and describe how Narrative Therapy and Child-centered Play Therapy can be applied in family therapy with families with internationally adopted children. Chapter 5 will identify the implications for clinical practice. For clarity and consistency, a glossary of relevant terms used in this paper is provided in Appendix A. *For ease and when appropriate, internationally adopted children will be abbreviated to "child" and adoptive parents will be abbreviated to "parents" in the preceding chapters.*

## CHAPTER 2: Review of Literature

This chapter will discuss ethnic identity and its development, and cultural socialization. It will include an overview of the literature on these topics including strategies for cultural socialization.

### Ethnic Identity

When a child is adopted from an Asian country by American parents, the parents must address questions about if, when, and how much to acknowledge the birth cultural heritage of their child (Rojewski, 2005). Often, parents do not know when and how to incorporate their child's birth culture (Rojewski, 2005), and few studies have addressed this concern. There are unique challenges in raising children of different ethnic and racial heritages. For example, when children are taken from their culture and immersed into another culture, their sense of ethnic identity may become confused or conflicted (Huh & Reid, 2000). However, if parents recognize that their new (adopted) family life involves defining themselves as an American-Korean family or American-Chinese family, depending on the child's birth culture, the child can gain a clearer ethnic identity (Huh & Reid, 2000).

Ethnic identity is fundamentally different from one's personal identity as an individual, even though they might influence one another (Rotheram & Phinney, 1987). However, ethnic identity as a term, conjures multiple meanings. Furthermore, the terms racial identity and ethnic identity are often used interchangeably in the literature (Hollingsworth, 1997). The various definitions of ethnic identity include: the ethnic component of social identity, self-identification, feelings of belonging and commitment, a sense of shared values or attitudes, attitudes toward one's own group, similarities in language, behavior, values, and knowledge of ethnic group

history, and a dynamic product that is achieved rather than simply given (Phinney, 1990).

Ethnic identity is a dynamic, multi-faceted process. It is not a fixed category, rather it is subject to changes, such as from generation to generation or in a new culture, in different contexts, and with age or development (Phinney, 2003). Phinney (1990) offers a useful way to conceptualize ethnic identity, i.e., as a process. She proposes that most ethnic groups must resolve two basic conflicts that occur as a result of their membership in a non-dominant group:

First, non-dominant group members must resolve the stereotyping and prejudicial treatment of the dominant white population toward non-dominant group individuals, thus bringing about a threat to their self-concept. Second, most ethnic minorities must resolve the clash of value systems between non-dominant and dominant groups and the manner in which minority members negotiate a bicultural value system (Chavez & Guido-DiBrito, 1999, p.43).

Children can become conscious of their ethnic identity as young as three years old when they begin to differentiate based on physical traits, although their understanding of ethnic differences develop later (Bernal, Knight, Garza, Ocampo, & Cota, 1990). Children start to question and understand who they are in relation to others during school-aged years (6 to 10 years) when personality traits, along with the ability to make social comparisons with multiple individuals, become more pronounced (Berk, 2006). It is also a time where questioning and teasing are more prevalent from peers, questions that might require more parental involvement (Huh & Reid, 2000).



Research studies, although scarce, do contribute to our understanding of the importance of ethnic identity in the lives of internationally adopted children. Yoon's (2001) study of 241 adolescents for instance, found a positive relationship between racial and ethnic experiences, and psychological adjustment. In addition, children whose parents encouraged the exploration of his or her culture developed a more positive ethnic identity. Other studies also found similar results in reference to minority adolescents' ethnic identification and pride as contributors to self-esteem and psychological adjustment (Phinney, 1990; DeBerry, Scarr & Weinberg, 1996). Huh and Reid's (2000) study that included 30 families with children adopted from Korea, found two factors that significantly predicted ethnic identity development: children's participation in cultural activities and the ease of communication between children and their parents about the adoption. Children who participated in cultural activities scored higher on Korean identity than their counterparts, and increased participation in Korean cultural activities made for easier sharing of the adoption process with their child.

Few studies explore how parents discuss their child's birth culture. Rojewski (2005), for instance, found that parents of two- to four-year-olds seldom discuss cultural heritage with their children. In fact, some research has found that some parents of two-year-olds tend to stress the child's "special needs" in the areas of education and health care more than ethno-racial identity (Carstens & Julia, 2000). Children at this age, however, may understand that they "came on an airplane" or "came from a different country" (Friedlander, 1999). Around the age of three, children begin to develop a "categorical self" where they make concrete descriptions of differences they see. As preschool beings, children develop an "inner self" in which they think more deeply or internally about themselves. Still, little is known about this particular age range

because there may be no statistically significant age-based patterns that surface during this particular time, and cognitive ability may be an important factor (Rojewski, 2005).

As adults, many of the Korean adoptees surveyed, if not most, reported to have sought connections with their birth culture; connections that were often more powerful for them than the possibility of connecting with their birth families (Freundlich & Lieberthal, 2000). The adult Korean and Vietnamese adoptees who were surveyed in Freundlich and Lieberthal (2000), reported high levels of racism and discrimination as they were growing up in American communities. Issues related to ethnicity begin at a very young age and continue to be present in international adoptees' lives as adults.

#### Development of Ethnic Identity

To help us understand and facilitate the process of cultural integration, it is perhaps important for us to first understand the processes of the internationally adopted children's identity formation. Huh and Reid's (2000) study with 40 families with children adopted from Korea identified four distinct processes, each prominent within an identified age range. The first process, "recognizing and rejecting difference" occurred between ages four and six. Children at this stage still did not have a firm grasp on the idea of ethnicity. For example, they heard they were adopted from Korea, but they did not understand what that entailed. Furthermore, national differences are often too abstract for young children to comprehend. Rather than trying to understand why their physical appearance might be different from another child, the participants simply wished to change their appearance to fit the majority.

The second process, "the beginning of ethnic identification" occurred during ages seven to eight. This is when children experience discrimination and become aware of their position in

their ethnic group. Children begin to learn that their ethnicity and facial composition will not change. They also begin to recognize international characteristics (e.g., they understand Korea is another country and that they look physically different from their parents), and they are able to identify themselves as Korean. In addition, questions and teasing from classmates and friends about ethnicity make children even more aware of their differences. Depending on the child's exposure to teasing and their ability to make sense of it, some children might not cope with teasing well. This could lead to developing negative feelings about themselves or displaying anger at the teaser. This could in turn lead to developing negative attitudes toward their birth culture. Parents have an important role in helping their child cope with negative external indicators of their birth culture during this phase.

The third process, "acceptance of difference vs. ethnic dissonance" began when children adopt the ways of their ethnic group. This is the phase where children embrace aspects of their birth culture wholeheartedly and minimize or reject the ways of the dominant culture. This process often occurs around ages nine to eleven. Children at this stage basically accept differences that have created ethnic dissonance. They accept their differences and have good feelings about themselves. They feel a sense of pride because they are "special" and indeed different and develop a positive attitude toward Korean culture. In Huh and Reid's (2000) study, children with a positive birth culture attitude had been immersed in Korean cultural camps. And children who were not immersed in Korean culture did not know how to incorporate their ethnicity. They believed that they were just a part of the human race and just a person. Some of these children were not interested in Korean culture due to the lack of interest shown by the parents.

The fourth process, “integrating Korean heritage and American culture” began when children are able to accept themselves and others as different and unique, and begin to integrate their culture and ethnicity with their identity. This stage of cognitive development occurs between ages twelve and fourteen when children begin developing abstract thinking abilities. Children at this stage are able to articulate how they integrate their birth and American culture. In addition, they begin to vocalize their reasons for ethnic pride. School and friends become more important in facilitating pride in a child’s cultural heritage, and parents begin to have less influence in cultivation. However, children can continue to struggle with stereotypes from others.

#### Cultural Socialization

Despite the obvious value of cultural socialization in identity formation for internationally adopted children, different ideas exist among scholars in the importance of acknowledging cultural and ethnic heritage. Some support the theory that parents should minimize their child’s birth culture and integrate the child into the dominant culture (Rojewski, 2005). Others advocate nurturing characteristics of cultural heritage. Grotevant (1997) and Grotevant, Dunbar, Kohler, & Esau (2000) for instance, suggests that the way parents cope with physical and cultural heritage differences between them and their child may have a remarkable influence on the child’s personal and ethnic identity during adolescence and adulthood. While both approaches appear to want to protect the child, the latter approach appears to do so by honoring the child’s birth culture.

It appears that parents are aware of the value of incorporating the child’s birth culture into their family. However, not all parents who value of cultural integration have found it important or necessary to expose their children to their birth culture as reported in Trolley et al.’s

(1995) study of 34 families. These parents with internationally adopted children, 86% and 50% respectively said that the birth culture was relevant to their children's identity and adjustment. The study also explored the varied ways that children were exposed to their birth culture. They found that reading materials were the primary means of exposure followed by interpersonal relationship via culturally related social events and school contacts.

Another factor that remains ambiguous is the frequency of cultural exposure. This was explored by Lee et al. (2006). Their study on cultural integration of 761 families with internationally adopted children, found that 83% of the 761 children had participated in at least one cultural activity in the previous year, with an average of three cultural activities. It is however unclear if the cultural activities that participants exposed their child to were birth culture activities. Their finding was consistent with Scroggs and Heitfield (2001) and Tessler, Gamanche and Liu (1999). Freundlich and Lieberthal (2000) and Meier (1999) however, found that the children adopted from Korea were not exposed to their birth culture. Lee (2003) attributed the increased frequency of cultural socialization to more recent adoptive families with younger children and the increased resources and opportunities for cultural socialization.

Related to frequency is the timing of culture socialization. While there is no universally determined standard or protocol for cultural socialization, Rojewski (2005)'s study of 79 parents found that parents tended to provide more information about the child's adoption and birth culture as their child grew older. This practice appears to naturally fit with the child's ethnic identity development need.

In addition to the various constraints that might prevent families from providing ample opportunities for their adoptive child to experience and learn about their birth culture, Lee et al.

(2006) provides an additional perspective. They suggest that the decision to integrate or not to integrate the child's birth culture could be a direct consequence of a parent's color-blind racial attitude, defined as "a parent's general awareness and denial of racial differences and of the importance of racism and discrimination in today's society." This was affirmed in their study, where they found that "parents with lower color-blind racial attitude were more likely to have their children participate in cultural activities, to participate themselves in postadoption support groups, and to speak with their children about racism and discrimination in school" (Lee et al., 2006).

Based on their proposed mediation model of cultural socialization that identifies two main parenting approaches relevant to international adoption: enculturation and racialization, Lee et al. (2006) found that enculturation and racialization mediated color-blind racial attitude. These parenting practices may engage the child directly or indirectly through other parental behaviors (Umana-Taylor & Fine, 2004). Lee et al. (2006) concluded that "racial awareness (or a low color-blind racial attitude) in and of itself is not sufficient to ensure cultural socialization. Instead, parents must give conscious and specific thought to whether they want to engage in cultural socialization with their children." Parents who believe in the value and importance of enculturation and racialization, i.e., attitudes toward cultural socialization, determine the extent to which the child's culture is integrated into the family's life.

Cultural socialization is the method parents use to address ethnic and racial issues within the family, and more specifically, the ways parents communicate cultural values, beliefs, customs, and behaviors to the child, as well as the way the child internalizes the messages, adopts the cultural norms and expectations, and acquires the skills to become a competent and functional member of a racially diverse society (Lee, 2003). In the context of international

adoptive families, cultural socialization applies to the transmission of the child's and not the parents' birth culture. It is not as inherent and natural a process as it is for same-race or same-ethnicity families. As a result, parents need to make a clear and explicit effort to promote cultural socialization (Lee et. al, 2006). Important factors of cultural socialization are parents' attitudes about the significance of race and their belief in the value and importance of cultural socialization (Lee et. al, 2006). This added information confirms the idea that the process of cultural socialization for internationally adopted children is fraught with complexities. There are multiple factors involved and need to be considered to facilitate a process that is conducive for families.

#### Strategies for Cultural Socialization

In Lee (2003), four strategies (cultural assimilation, enculturation, racial inculcation and child choice) to overcome the transracial adoption paradox, is outlined. The strategies describe typical ways parents and children might approach the problem where the parents from the dominant White culture are tasked with teaching their children about life as a minority. The strategies are also geared for the children who find themselves living in two cultural realities – dominant and non-dominant.

The first cultural socialization strategy is cultural *assimilation* that occurs when parents emphasize a “colorblind” orientation or a view of humanity without reference to ethnicity and race, and in some cases deemphasizes or denies the child's ethnicity or race (Lee, 2003). Children exposed to these forms of cultural assimilation are more likely to internalize their parents' cultural paradigm and identify with the predominant culture rather than their ethnic cultures (McRoy & Zurcher, 1983).

Parents who believe in *enculturation* typically provide their children with educational, social, and cultural opportunities to instill ethnic awareness, knowledge, pride, values, and behaviors, as well as to promote a positive ethnic identity (Lee, 2003). Children whose parents emphasize enculturation, are more likely to show racial pride (Huh & Reid, 2000). It is not uncommon though for adolescent transracial adopted children to resist parental efforts at enculturation because they are seeking to belong with their predominantly White peers (Freundlich & Lieberthal, 2000) or they might choose to develop a bicultural or more fluid identity that allows them greater role flexibility across cultures (Lee, 2003).

*Racial inculcation* occurs when parents teach their children coping skills to help them deal effectively with racism and discrimination (Lee, 2003). Racial inculcation but not enculturation best predict whether parents actually talked with their children about racism and discrimination in school (Lee, Yoo, Weintraub & Su, 2002).

Lee's final cultural socialization strategy is *child choice*. This occurs when parents adjust their socialization efforts according to the children's interests and wishes. Parents tend to become more ambivalent concerning cultural socialization when their child entered adolescence. Child choice strategy shifts parenting responsibilities away from the parents and places the burden on the child to determine how to best be raised. However, children may be sensitive to their parents' ambivalent feelings toward cultural socialization and may suppress interest in their racial and ethnic cultures to maintain family harmony (Lee, 2003).

In summary, cultural socialization is a pertinent part of a child's development of their ethnic awareness, however links between how cultural socialization can cultivate a child's sense of identity are still lacking. Examples of questions that remain unanswered include: Should



issues pertaining to culture, race, and ethnicity be introduced to the child before or after the child displays an awareness of differences between self and parents? Should issues of racism and sexism be introduced into the child's world before (as a protective and anticipated factor) or after (as a remedy) an encounter with either experience? It has, however, been shown that as children grow, they may begin to experience increased racism and a sense of loss of birth culture that may contribute to low self-esteem and depression (Smith & Brodzinsky, 2002). Because of this, it is of greater importance that parents be ready to discuss and incorporate the child's birth culture into family life.

### Chapter 3: Theoretical Frameworks

The cultural socialization and ethnic identity development of internationally adopted children is well exemplified by the theoretical frameworks of Identity Development and Social Construction. This chapter will offer an overview of these two theories and how they function as lenses through which to understand the cultural socialization of ethnic identity for internationally adopted children.

#### Identity Development

Identity theory and social identity theory introduces the concept that the self is reflexive or that it can use itself as an object that categorizes, classifies, or names itself in social classifications (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). In conjunction with identity is Erikson's stages of identity (1950, 1968; Berk, 2006), that views forming an identity as a major personality achievement and a crucial milestone to becoming a productive, content adult. Children often put themselves in categories and classifications, a process referred to as identification. Through the process of identification, an identity is formed (Berk, 2006).

There are certain components of identity development that provide the foundation to forming an identity, one of which is self-concept (Berk, 2006). According to Berk, self-concept begins to emerge at one to two years of age when children begin to become aware of themselves as physically distinct, causing people and objects to react in predictable ways. Children recognize their image in mirrors, photos, and on videotape, along with using their own name or personal pronouns to label their image of themselves. During the preschool years (ages three to five) children begin to form a categorical self by classifying themselves in terms of age, gender, physical characteristics, and being good or bad. During school-aged years (six to ten) personality

traits with both positive and negative attributes in self-concept emerge, along with the ability to make social comparisons among multiple individuals. Finally, by eleven years and older, the self combines separate traits such as “smart” and “talented” into more abstract descriptions such as “intelligent.” At this age children combine the traits that make up their self-concept into an organized system.

Self-categorization and social comparison are core components of identity formation (Hogg & Abrams, 1988). A categorical self typically develops between 18 and 30 months, where children classify themselves through age (baby, boy), sex (boy vs. girl), physical characteristics (tall, strong), and goodness or badness (“I’m a good boy”, “Sally is mean”) (Berk, 2006). When social comparison begins, self-concept and self-esteem decreases (Berk, 2006). This decline usually begins within the first few years of elementary school, but improves by fourth or fifth grade because of constant exposure to social comparisons resulting in an adjustment of a more realistic self-esteem (Berk, 2006). Through a comparison process, people who are similar to the self are categorized with the self and labeled as an “in-group” and others who are different from the self are categorized as the “out-group.” Because individuals are born into an already structured society, people form their identity, or sense of self mostly, from the social categories to which they belong (e.g. Asian, Hispanic, etc.) (Hogg & Abrams, 1988). Over the lifespan, individuals enroll in a unique combination of social categories, making that set of social identities unique to that individual’s self-concept.

Children also develop a remembered self (Berk, 2006). A remembered self is constructed through life-story narratives about the past that lead to an autobiographical memory. By participating in story-telling, children begin to perceive themselves as unique and constantly

existing entities living in a world with others. During this time, cultural narratives are also important to weave into children's lives to cultivate a child's "me-self" (Berk, 2006).

In relationship to adoption, children have the unique and complex hurdle of putting themselves in a certain social group because of self-categorization. For example, children adopted from Asian countries who find themselves in a predominately White culture with White parents, will likely be categorized as out-group individuals although they might identify more with the dominant in-group. Furthermore, complexity may occur among the children in forming their remembered self. Asian children may not know their narrative or have the opportunity to construct memories of themselves in relation to their culture because they depend on their caregiver to provide birth culture information especially in the early years of life. As children weave their birth culture into their categorical, remembered, or inner self, they become more protective of their "selves" when social comparisons begin in the early years of elementary school.

### Social Construction

Social constructionism refers to the development of phenomena relative to social contexts (Hacking, 1999). People make sense of the world by creating their own constructs or interpretations of the environment based on their existing knowledge of the world. Berger and Luckmann (1967) argue that all knowledge is derived from and maintained by social interactions hence, socially constructed. When people interact, they do so with the understanding that their perceptions of reality are related, and as they act upon this understanding, their common knowledge of reality becomes reinforced (Hacking, 1999). Socially constructed reality is seen as an ongoing, dynamic process; reality is reproduced by individuals acting on their interpretations

and their knowledge from it (Hacking, 1999). Through interactions with others, people may learn that their realities differ because of the way they have both socially constructed meaning. This could result in friction or understanding.

The way people socially construct their world is particularly important when discussing international adoption. Families who adopted children from East Asia for example, will construct their reality from the experiences they have within their families and with their community. The socially constructed reality that they have formed from these interactions forms the basis from which they relate to the world. A reality that is constructed based on positive aspects of the self and child's birth culture will likely produce a positive sense of self. A reality that is constructed void of knowledge of one's birth culture is likely to produce an incomplete sense of self. The practice of cultural socialization can facilitate the development of a sense of self that is more complete, one that incorporates adoptive children's birth culture as well as all the other cultures around them.

Related to social construction is the meanings of words. Similar to objects and situations, words can have multiple meanings. The meaning of "adoption" for instance is largely derived from social interactions and from societal views on adoption. The process of creating meaning of "being adopted," can lead children to find meaning and develop their identity. The process of identity formation is an evolving and continual process. It is largely influenced by the social interactions, sociocultural and political forces, and the natural developmental process of the child. As children develop their cognitive capabilities with age, their ability to comprehend and make meaning will evolve. The meaning/s that are constructed can similarly vary from positive to negative depending on the social environment. This notion makes meaning making not only

an internal process but is dependent on external action.

### The Cultural Socialization of Ethnic Identity

International children adopted into the United States are potentially more challenged than the average American child. One of their main challenges revolves around the formation of an identity of “Who am I?” and more specifically “Who am I in relation to (my family, my country, my birth culture, my friends, my community, society at large)?” It is not surprising that internationally adopted children who are raised in a White family are, by their appearance non-White, might potentially struggle with their identity. Are they White or are they bicultural?

From the literature presented thus far, it is evident that families, and in particular parents, play a crucial role in nurturing the development of their children’s identity and more specifically their ethnic identity. Perhaps the strongest influence on children can be said to occur within families when parents communicate their beliefs – sometimes unconsciously. This is supported by social constructionism that states that “the process of understanding is not automatically driven by forces of nature, but is the result of active, cooperative enterprise of persons in relationship” (Gergen, 1985). Family interactions can reveal implicit ideologies about the child’s and the family’s ethnic heritage that can evolve into the co-construction of a shared understanding of the child’s ethnic identity. With this strong sense of knowing “Who I am,” the child could be better prepared to tackle the transracial adoption paradox cited by Lee (2003).

How parents communicate their beliefs about ethnicity could include the cultural activities that they get involved in, the racial and ethnic make-up of persons with whom they associate, the food prepared, the movies watched, books read and the spoken and written language in the home. And through this act of communicating, a co-construction of a shared understanding of what it means to be a family with an internationally adopted child naturally

develops. A family identity can greatly influence children's sense of self. It provides children a base from which to develop their own identity. The process of co-constructing the family's ethnic identity provides adoptees with the opportunity to have a voice in deciding the extent to include or exclude the child's birth culture. The process of cultural socialization can be tailored to accommodate the child's development level, i.e., age-related experiences with peers, their comfort level, and if necessary, their need for multiple ethnic identities.

The child's experience of ethnic diversity in their family further prepares them for their encounter with systems external to their family, especially in regards to racial stereotypes and peer pressure to "belong." In Shih, Bonam, Sanchez and Peck's (2007) study on the social construction of race among multi-racial and mono-racial individuals, found that early experiences associated with one's ethnic identity can shape one's opinions and beliefs about ethnic differences. By emphasizing the fact that race is a biologically meaningless dimension along which to categorize people, multiracial individuals are able to undermine the validity of many of the social stereotypes and stigmata associated with race. This process could make them less susceptible to negative racial stereotypes and could potentially provide a protective function from racial stigmatization. So while early development of a secure ethnic identity does not necessarily prevent racial stigmatization, it serves as a buffer and provides a base from which children can continue to evolve their identity. Their experiences within peer groups, school and community systems, provide futile ground for their identity development.

Parental role in their children's ethnic identity development include helping them manage the emotional process. It is probable that adoptees will at some point during their process of identity development face challenges that provoke strong negative emotions. Emotions are a result of our relationships with others (Gergen, 1985; Lazarus, 1991; Scheff, 1997). Social constructionist explanations of emotions, describe how cultures and communities help to socially

construct emotions through societal norms and behavioral expectations. Thus, significant adults become important role models for appropriate emotional displays (Gergen, 1985; Lazarus, 1991). Scheff (1997) explained that feelings are a result of our most intimate relationships with others, emphasizing further the relationships with significant adults. He concluded that feelings of happiness and pride were associated with relationships of solidarity; feelings of fear and anger were associated with alienating relationships. Children may experience a range of negative emotions related to their struggle, yet social constructionism suggests that these feelings are socially constructed.

Both the lenses of identity development and social construction are useful in viewing how families with internationally adopted children work to gain some measure of control over their new identity amidst sociocultural forces. Co-constructing a workable ethnic identity for the family and the child is only the first step in adjusting to international adoption. The influence of sociocultural forces will continually give families new information to incorporate into their understanding of their collective and individual identities. Children and their families will likely need to continually discover and develop new meanings and identities as they continue to socialize with the world around them and as children grow and develop.



## Chapter 4: Family Therapy

Family therapists' systemic knowledge and training in family dynamics make them ideal providers of therapeutic services to adoptive families. This chapter will discuss the role of family therapy in international adoption, and describe how Narrative Therapy and Child-centered Play Therapy can be applied in family therapy with families with internationally adoption children.

### Family Therapy and International Adoption

Juffer and van IJzendoorn (2005) investigated the self-esteem of adopted children in all age ranges, from childhood to adulthood across a comprehensive meta-analysis of 88 studies. They found no difference in self-esteem between more than 10,000 adopted and more than 33,000 non-adopted comparisons, nor did they find evidence for moderating factors pointing to potential risks of low self-esteem in specific groups of adopted children. They suggest that "international and transracial adopted children are placed in potentially enriching environments that offer them opportunities to accept their cultural– ethnic differences," or that "protective factors in the family buffer the risks involved in international and transracial adoption. Hence resilience may be co-constructed by the children interacting with their family."

Lee (2003) argues that these outcome studies fail to incorporate and measure racial and ethnic experiences of adopted children and its possible link to psychological adjustment. Despite the lack of clarity in the literature, a process of facilitating children's ethnic identity development is crucial to their overall well-being.

Family therapists' systemic knowledge and training in family dynamics make them ideal providers of therapeutic services to adoptive families, although specific training in adoption and foster care might be lacking (Weir, Fefe, Whiting & Blazewick, 2008). The dynamics of families

that includes parents, biological/other siblings, grandparents, extended family members, is complex. Family therapists, who understand family systemic development, are poised to prepare families for the transformation that accompanies international adoption. When a White American family adopts internationally, it transforms from a dominant White family to a trans-ethnic/multi-ethnic family. This transformation could be a positive and/or a negative experience.

Families are prone to multiple levels of stress beginning from the time they decide to adopt internationally. If adopting due to reasons of the infertility, the process of waiting to be chosen by a prospective family and then for the arrival of the child to preparing for a change in the family constellation, can all put the family under tremendous stress and potential burnout. The family therapist can play a crucial role in helping the family prepare and adjust to their transformation. Unlike the birth of a biological child that comes with some expectations of how the new child will fit into the family especially in terms of physical appearance, this is not the case with an international adopted child. It is likely that the family will need more time to adjust to the physical appearance of their bundle of joy.

It is unfortunate that family therapists do not receive specific training in adoption and foster care (Weir et al., 2008). Family therapists then rely on the professional literature for information. International adoption has only recently been made prominent in the family therapy literature. Furthermore, the literature is only beginning to see the importance and link between culture and identity formation. The clinical literature on adoption typically focuses on emotional issues (Imber-Black, 1993; Linville & Lyness, 2007; Reitz & Watson, 1992), and delivers little information about multi-ethnicity. Clinical studies are similarly lacking. A literature search found one clinical study: Ryan and Madsen (2007)'s Filial Play Therapy treatment.

The family therapy literature is lacking in the field of international adoption concerning race/ethnicity, ethnic identity, the process of incorporating birth culture, developmental process of children, and models of family systems treatment. Additional research and literature in family therapy and international adoption, specifically treatment protocols will help marriage and family therapists who enter the field of adoption and/or foster care.

#### Facilitating the Construction of Ethnic Identities

Narrative Therapy's social constructionist base makes it a suitable therapy approach to facilitate the construction of ethnic identity. Child-centered Play Therapy, a therapy approach that incorporates the developmental process of children, provides a conducive environment for the co-construction of new identities. A description of both therapy approaches will be presented followed by its application and its strengths and limitations.

#### *Narrative Therapy*

One of the main tenets of Narrative Therapy is the idea that problems presented in therapy are saturated with despair and assumptions that influences perceptions, limits perspective, edits out threads of hope and positive meaning, and precludes refreshing possibilities and potentials (Freeman, Epston & Lobovits, 1997, p. 48). Deconstructing these problem-saturated stories (White, 1989/1997; White & Epston, 1990) and reconstructing them into alternative stories of hope and possibilities is the main focus of this approach.

A problem-saturated story is said to inform families about themselves in a summary way: Who they are, who they were in the past and who they might be (Freeman et al., 2007, p. 95). Alternative stories in which the characters, their intentions and their circumstances are as well

developed, colorful, and convincing as the problems', what Michael White refers to as "therapy of literary merit" (1988/1997) is what families need to counter their problem-saturated stories.

The process of creating alternative stories begins with eliciting preferred life experiences of families to orient them towards inspiring histories, present strengths and future hopes (Freeman et al., 1997, p. 49). This is followed by contrasting the families' qualities, abilities, and knowledge with the characteristics of the problem-saturated story. Qualities like bravery, determination, or vivid imagination, become vital to the quest to free families from the confines of the problem. The problem's thick story can be weakened by challenging its assumptions and "facts" about family members. The therapist asks how the families' hopes are limited by the problem-saturated story and examine the effects of the story. Exceptions to its influence are concurrently sought and recovered. New stories that are encouraging and confirming are simultaneously thickened with exciting incidents and ideas that contradict the problem-saturated story.

The main process used in Narrative Therapy is the linguistic practice of externalization (White, 1989/1997; White & Epston, 1990) that separates the person from the problems, i.e. "The problem is the problem, the person is not the problem" (Freeman et al., 1997, p. 8). With distance established between the problem and the self, family members can consider the effects of the problem on their lives and bring their own resources to bear revising their relationship with it (Freeman et al., 1997, p. 8). Externalizing conversations free families to take a lighter, more effective and less stressed approach to 'deadly serious' problems (White, 1989/1997).

Separating the problem from the family in an externalizing conversation relieves the pressure of blame and defensiveness. Therefore, instead of being defined as inherently being a

problem, the family can have a relationship with the externalized problem. Furthermore, it is a playful way to motivate children to face and diminish problems, relieving the pressure of blame and defensiveness (Freeman et al., 1997, p. 8). Children usually welcome a playful spirit to express and explore change. Children's imagination can generate ideas and solutions to problems. Through a different kind of conversation about a problem or playing with in fantasy, children often find solutions that are not anticipated (Freeman et al., 1997, p. 7).

For children, externalization is like playing "pretend." Implicitly, or sometimes explicitly, we are saying to children, "Let's pretend the problem is outside of you and we will play with it from there" (Freeman et al., 2007, p. 10). Most children are expert at creative play and will come forth with ideas of their own given half the chance. Sensitivity and respect are needed to appreciate the range of children's narratives, which are not always verbal and often use other forms of expression. Children caught up in an emotional experience of the problem may have great difficulty expressing themselves in words. They might also experience the problem somatically. In these instances, providing nonverbally means of communication becomes essential for children to express themselves freely.

Expressive art, such as drawing, painting, dramatic play, sand tray and movement are forms of communication mediums that could work well with children. The expression of the problem in art form is inherently akin to the practice of externalization, evoking a visceral sense of the problem as located for reflection outside of the self (Freeman et al., 2007, p. 147). With expressive arts, the problem is symbolically expressed allowing children to "see" the problem and ponder on it more easily (Freeman et al., 2007, p. 148). The therapist then invites children to make meaning of their own expressions, by facilitating the expansion of the preferred meaning,

rather than offering opinion on the artistic production. The narrative therapy that uses play or any other form of expressive art is recommended for its ability to allow self-exploration, along with, the ability to create insight, understanding, and meaning of an experience.

### *Child-centered Play Therapy*

Client-centered Play Therapy (CCPT) was originally developed by Virginia Axline (1947) and further modified by Garry Landreth (2002). CCPT utilizes a nondirective play and activity, children's natural mediums of communication (Landreth, 2002). Because children lack the ability to think and reason abstractly and thereby will experience difficulty in communicating through spoken language (Landreth, Baggerly, & Tyndall-Lind, 1999), play allows children to express their feelings in a comfortable way, by bridging concrete experience with abstract thought (Kot, Landreth, & Giordano, 1998).

During CCPT, children learn to discover their inner strengths and become more self-accepting, self-reliant, and self-directing. Children also develop an awareness of themselves and begin to assume responsibility and become resourceful in problem solving. The main goal is that these new competencies generalize from the playroom to the outside world (Landreth, 2002). Axline's (1947) eight basic principles of developing a caring relationship that guide the therapy include: being nonjudgmental, providing a safe environment, being sensitive to feelings, allowing the child to solve personal problems, trusting the child's inner direction, appreciating the gradual nature of the process, and establishing only necessary therapeutic limits that help improve the relationship. The child leads the session and the therapist follows his or her lead through reflection of content, feeling, and behavior. The relationship between the therapist and the child is the main focus in therapeutic play (Landreth et al., 1999).

The combination of Narrative Therapy and CCPT is prescribed because the approaches foster the creation of new stories based on the child's worldview. The approaches are also culturally sensitive, allowing the incorporation of the wide variety of cultural heritage of the children. Furthermore, as the new stories are unique to the child's environment, the therapy approaches prescribed are a natural fit with the intrinsic uniqueness of adoptive families.

#### *The co-construction of ethnic identities*

The relationship between ethnic identities and families with internationally adopted children is as complex as the relationship between ethnic identities and sociocultural forces. Sociocultural forces such as racial prejudice and discrimination can strongly influence ethnic identity formation of the child and they need to be acknowledged and addressed. Families need to be supported in recognizing and revising their relationship with these forces. Using Narrative Therapy, a metaphor describing an ongoing relationship with the process of ethnic identity development and negotiating the sociocultural factors that influence the process is emphasized oppose to a metaphor of defeating the problem. The problem could include the racial/ethnic prejudices faced by the family or the feelings of being an "out group" member.

Firstly, defeating the challenges involved in the process of ethnic identity development is unrealistic as the process is likely to be on-going. Secondly, confrontation is inconsistent with many eastern philosophies, i.e., birth culture value of the adoptee. A spirit of compromise and coexistence instead is valued hence, utilizing a similar metaphor is respectful to the adoptee's birth culture. Metaphors that reflect life cycle phases such as "growing out of a certain phase and moving into a new one" or "you growing up" are suitable for children (Freeman et al., 2007, p. 65).

The process of externalizing the problem begins with inviting “descriptions” (normally adjectives) of the child and the family that excludes the problem. Focusing on the child’s and the family’s unique qualities provides hope and gives clues for resources for dealing with the problem (Freeman, et al., 2007, p. 35). They can become the foundation for alternative stories, based on the child’s and family’s competencies. The process accesses and collaborates with the imagination and knowledge of the participants.

The key in therapy is to engage families in conversations that shape the stories that organize the family’s understanding of their life situation. Narratives organized by negative perceptions tend to become problem-saturated, emphasizing negative experiences and negative attributes. Narratives of hope and possibility are based on characteristics and incidents from a person’s life that stand apart from and contradict the problem-saturated story (Freeman et al., 1997). A narrative approach is recommended for its ability to allow space for families and children to tell not only their adoptive stories, but to empower and create meaning surrounding their identity and cultural socialization. Through this approach, families and their children can develop the skills to co-construct their ethnic identities, changing and adapting it as needed, and discover their uniqueness on the journey.

### *Strengths and limitations*

Narrative Therapy and Child-centered Play Therapy have their strengths and limitations. Narrative Therapy’s strengths lie in its concepts: externalization and deconstruction of problem-saturated stories, and rebuilding confidence in families. The process provides families with power over their problems, hence providing hope and a sense of control. Narrative Therapy’s postmodern approach does not view families with problems as “broken.” The approach does not



pathologize families. However, treating problems as stories to be deconstructed and then reconstructed assumes that all families have the freedom to reconstruct their stories. This assumption can quite easily ignore the sociocultural constraints that might exist. Furthermore, Narrative Therapy uses a “one down” position, emphasizing that the therapist is not the expert in the room, but the family itself. This may be challenging to some families who may come looking for an expert’s opinion, only to be left with trying to find solutions themselves.

CCPT has been found to be helpful for many childhood problems. CCPT has been effective with children exhibiting symptoms of attention-deficit/hyperactivity disorder (Ray, Schottelkorb, & Tsai, 2007) and behavioral and emotional difficulties (Kot et al., 1998; Muro, Ray, Schottelkorb, Smith, & Blanco, 2006). In addition, the child-focus component of CCPT helps foster a secure therapist-child relationship that allows children to express themselves in therapy. In addition to the above mentioned childhood problems, non-directive play therapy may help with increasing a child’s self-concept (Bleck & Bleck, 1982; George, Braun, & Walker, 1982; Kot et al., 1998), however little is known about the use of CCPT in addressing issues such as ethnic identity and a child’s ethnic concept. Further research on the use of CCPT with children struggling with identity issues will be needed to fill the gap and provide more information in working with children struggling with their ethnic identity.

## Chapter 5: Implications for Clinical Practice

There are many implications for clinical practice in regards to helping families of internationally adopted children adjust to their new family. While the following is not an exhaustive list, it provides an idea of the myriad of roles for family therapists.

To be affective as a provider to families, it is important that therapists first examine their own attitudes and beliefs about international adoption, followed by an understanding of the history and stigmas accompany international adoption (Yoon, 2001). Understanding and dispelling personal myths and stereotypes about international adoption is critical in working with families who adopt internationally. Attitudes and beliefs about culture are different for every therapist. Without a clear awareness of one's personal beliefs and attitudes about international adoption, therapists could unconsciously do more harm than good to families.

Understanding the process of international adoption is crucial to be able to fully appreciate the stress that the families have experienced from the time couples discover their infertility and begin contemplating adoption for instance—however not all couples who adopt are infertile. This is the beginning of the adoption life cycle (Rosenberg, 1992). If the reason for international adoption is infertility, the therapist might need to explore the effects of infertility and adoption on the couple as well as the extended family. The couple and the extended family members, especially prospective grandparents mourn the loss of biological continuity and heritage lines (Rosenberg, 1992). International adoption might or might not be well received by extended family members. The realization that the family will be interracial for many generations can evoke strong emotions. For the parents, their child will be a constant reminder of their inability to conceive.

Beginning the adoption process can be intimidating. The process for one is very complex and legalistic, involving much research, a plethora of paperwork, home study, orientation, immigration and naturalization services and conversations with current adoptive parents as well as searching for an adoption agency. There is also the waiting period that can feel like an eternity where the prospective parents wait to be selected to receive a child from their country of choice. If and when selected, this is followed by more legal procedures before the parents receive the child either at the airport or after arriving at the child's birth country. Then there are post-placement follow-ups, adjusting to a new child and the additional immigration and naturalization procedures prior to the complete finalization of the adoption. The process is time-consuming and costly, and reflects the commitment of the families. Therapists that appreciate the entire process that is involved in international adoption are better prepared to serve families.

To effectively help families with the new interethnic composition of the family, therapists need be knowledgeable about the culture origin of the adoptive child as well as the experiences of children prior to adoption. This includes being aware of the experiences of children placed in orphanages or other forms of institutions prior to adoption as these early experiences have implications on children's attachment and development. Helping parents understand the effects of the child's early experiences is particularly crucial as the parents bond with their child. It is likely that adoptive children with a traumatized past or with multiple attachment breaks might have difficulty bonding, need more time to feel secure and safe. In addition, prolonged institutionalization is likely to increase children's susceptibility to behavioral, emotional and social problems. Studies however, have found increased behavioral problems to be more true for adoption beyond 2 years of age and children adopted from Eastern Europe (Gunnar, Van Dulmen

& The International Adoption Project Team, 2007) where alcohol consumption during pregnancy is common among women whose children are placed in institutions (Johnson, 2000).

Therapists have a role in each stage of the adoptee's development process as well as the stages of the family's adoption life cycle (Carter & McGoldrich, 1980). The adoption life cycle may begin with the discovery of infertility or for fertile couples, when the decision to adopt is made, and continues through the adult and later life stages of the adoptee. Within the life cycle, there are the development phases of the child including identity development. At each stage of identity development, culturally-competent therapists are poised to facilitate the process of cultural socialization and the development of ethnic identities for families and their adoptee. The process would begin with assessing the parents' level of cultural/racial awareness and attitude towards cultural socialization, i.e., enculturation and racialization (Lee, 2003).

Facilitating the process of making meaning where families have the opportunity to challenge any preexisting biases towards cultural socialization and race in general, and explore what it would mean for them to create an environment conducive to their children's cultural growth. Parents' racial awareness might be brought to light when their child is first presented to them. The physical difference between parents and the child, and decisions around maintaining the child's ethnic name are instances when the parents might be surprised by their reactions.

As children mature and become more aware of their adoptive status, it is not uncommon for them to struggle with accepting their adoptive status. LeVine and Sallee (1990) describes four phases of psychological issues that children could experience: (1) preawareness, (2) dim awareness of a special state, (3) cognitive integration of biological and social differences, and (4) personal and identity crisis of the adopted adolescent. The therapist can play an important role in

helping the parents help their children process the meaning of being adopted, the meaning of race and ethnicity, being “in” or “out” of social groups as well as make meaning of the sociocultural forces that they are bound to encounter as the child develops. Therapists who work closely with families through the different phases of their child’s development are also well prepared to work with the child in adulthood. Adults adopted as children face a whole new world of challenges - challenges that they often have to negotiate for themselves without the protection of their parents. A secure identity developed in their early years will certainly help them cope with life as an adult.

Even though international adoption has become a somewhat common practice in the United States, families may feel isolated, misunderstood, and unsupported by extended family, community and school and health systems. Accessing the necessary resources for their adoptee could be a challenge especially when the child has special needs. Therapists could assist families who might not know of culturally-sensitive health providers for their child. Therapists are also well-positioned to advocate for the family and collaborate with health providers.

Finally, most adoption agencies do not have standard guidelines for pre- and post-adoption services focused on cultural socialization (Lee et al. 2006). Some provide support services but few resources for parents. Therapists can consult with adoption agencies to aid in the pre-adoption preparation and help families prepare for the transition of adding a new member. This could include culturally competent parent training and cultural socialization to new parents (Mohanty & Newhill, 2006).

## CHAPTER 6 - Conclusion

Identity development and social construction are two useful lenses to view the cultural socialization and formation of ethnic identity of internationally adopted children and their families. Internationally adopted children have unique challenges when they are raised by families that do not share their cultural heritage. The children's developmental years are complicated by their differences with not only their parents and extended family, but their peers, and community. The difference they experiences is likely to make the question "Who am I?" the most complex question in their lives.

Family therapists, armed with expert knowledge about family dynamics are well-prepared to navigate the complex formation of identity with adoptive families provided that they are culturally-competent and well-informed about international adoption. The task of constructing ethnic identity can be a lifetime endeavor as it is largely influenced by the sociocultural and political climate. The idea that the development of identity is progressive and age specific, that cultural socialization of the child and family is necessary for a healthy ethnic identity formation and that one's ethnic identity evolves and changes over time can be used to facilitate the process of ethnic identity formation. By integrating all these ideas and the narratives that evolve over time, adoptive families and their child can find the meaning they need to grow in pride of their ethnic identity.

In concluding this report, it is appropriate to note that research on cultural socialization and its role in the ethnic identity development of internationally adopted children is sorely lacking. For therapists to be well-informed and prepared to work with these families, the family therapy literature needs to be linked with cultural socialization and ethnic identity. Some of the

gaps in the literature include: understanding the barriers that keep parents from practicing cultural socialization, best practices of cultural socialization at each developmental stage of the child, characteristics of adoptive families that produce and maintain resilient and positive outcomes in children, and a formal theory of cultural socialization specific to families that adopt internationally.

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## Appendix A

### Glossary of Terms

The following are definitions of terms that are used repeatedly in this report:

1. *Ethnicity* is “perceived group membership based on nationality, ancestry, or both” (Murry, Smith, & Hill, 2001).
2. *Culture* indicates the “individual differences within families, their values, beliefs, and practices” and “family roles, communication patterns, affective styles, individualism, collectivism, and religiosity” (Murry, et al., 2001).
3. *Culture socialization* refers to “the manner by which parents address ethnic and racial issues within the family, specifically, the ways parents communicate or transmit cultural values, beliefs, customs, and behaviors to the child and the extent to which the child internalizes these messages, adopts the cultural norms and expectations, and acquires the skills to become a competent and functional member of a racially diverse society (Lee, 2003).
4. *International adoption* refers to a child adopted outside of the United States and, for the purposes of this paper, adopted from an East Asian country.

5. *Enculturation* is the belief and practice of promoting ethnicity-oriented experiences that facilitate the development of a positive ethnic identity, which is believed to be a protective factor against racism and discrimination (Lee, 2005).
6. *Racialization* refers to the belief and practice of encouraging race-oriented experiences that help children develop skills to protect them from racism and discrimination (Crocker & Major, 1989).