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Beyond Telling: A Phenomenology of Adoptive Mothers' Adoption Communication Openness with Early Adolescents

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ABSTRACT

Adoption communication openness (ACO) presents a common challenge in families. Three focus groups comprised of a total of 17 U.S. adoptive mothers were facilitated. Using a phenomenological approach, participants described their ACO experiences with their early adolescents (aged 10–14 years), which were thematically coded. Inductive analysis revealed the complexity rooted in being communicatively open. Four key themes emerged: a) the breadth and depth of this experience, b) the work entailed, c) the emotionality involved, and d) the grief and loss embedded in it. These results strengthen our understanding of the lived experiences of adoptive parents, magnifying the call for further research into what drives ACO and the need for consistent pre- and post-adoption services and clinical work.

Families continue to be formed through adoption with current data indicating over 75,500 adoptions each year in the United States (National Council for Adoption, 2022), 54,240 of which are from foster care (Children's Bureau, 2022). Unlike adoptions of the mid-twentieth century, modern adoptive families mirror the growing diversity among all families, reflecting increases in single-parent, same-gender, and mixed-race parent households (Galvin, 2003; Gates, 2011). As such, adoptive families represent a group of "discourse dependent families" (Galvin, 2005, p. 149), who must use communication to "construct and reconstruct the story of their identities" in the face of other existing narratives (i.e., what constitutes a nuclear family) and identities (i.e., what it means to be a family member, parent or child; Kranstuber & Kellas, 2011, p. 180). For example, the lack of biological bond between adoptive parent and child requires the building of a new narrative and attachment bond between the adoptive child, parent(s), and family as a whole (e.g., Kirk, 1964; Suter et al., 2010; Vashchenko et al., 2012).

Yet, despite this, adoptive parents are often challenged by the task of communicating openly with their children about adoption (Brodzinsky, 2006, 2011; Colaner et al., 2018; Martín et al., 2023; Sorek et al., 2020). Research into the full picture of what is behind this struggle, although limited, is important to improving adoption communication in adoptive families. Meeting adoptive parents where they are, in the lived experience of adoption communication, can lead to increased understanding and support for not only adoptive parents, but across the adoption triad (the adopted individual, birth parents and adoptive parents) in general.

Adoption communication openness

Beyond telling

The significance of communication within the family regarding adoption was revealed with Kirk's (1964) seminal studies. The families involved were demographically homogenous and formed at a time of prominent societal stigma surrounding infertility and "illegitimacy" (Kirk, 1964, p. xiii). Matched with adoptive parents who appeared genetically related to them, adopted children were often not told they were adopted. Secrecy, it was believed, shielded both adoptive parent and child from the pain of these joint disgraces (Wrobel et al., 2003). Kirk (1964, p. 129) theorized this lack of adoption communication resulted from the "role handicapped" status of adoptive families. Simply put, adoptive families lacked societal role models; there were no existing scripts for how to parent adopted children, including how to engage in adoption communication.

Since Kirk's (1964) influential work, the concept of adoption communication has evolved from a one-time telling to a multi-faceted process that spans age and stage and encompasses more than verbal communication. Similarly, the concept of *openness* in adoption has expanded from merely the idea of open communication—communicative openness—to include levels of contact between birth parent[1] family and adoptive family—structural openness (Brodzinsky, 2005; McRoy et al., 1988). Brodzinsky (2005) defines this multi-faceted openness concept this way:

> Openness in adoption refers, first and foremost, to a state of mind and heart (Gritter, 1997). It reflects the general attitudes, beliefs, expectations, emotions, and behavioral inclinations that people have in relation to adoption. It includes, among other things, a willingness on the part of individuals to consider the meaning of adoption in their lives, to share that meaning with others, to explore adoption related issues in the context of family life, to acknowledge and support the child's dual connection to two families, and perhaps to facilitate contact between these two family systems in one form or another. (p. 149)

Thus, openness is not only linked to content-based, verbal communication, but, just as importantly, to the experience of affective attunement

and the sharing and supporting of adoption-related emotions both within the adoptive family and between the adoptive and birth families (Brodzinsky, 2005).

Multi-leveled

Adoption communication openness (ACO) occurs on three levels within the adoption triad: intrapersonal, intrafamilial, and interfamilial (Brodzinsky, 2005). The first level is within the self, which could refer to the adoptive parent, birth parent, or adoptive child. For the adopted child, self-reflection begins when the child is conscious of, and developmentally able to comprehend, the concept of adoption. This evolves across the child's cognitive and socio-emotional development (Brodzinsky, 2011). For example, the preschool aged child may state they are adopted with no concept of what that means, whereas the 6–12 year-old child has the ability to consider the concept of being wanted or not. This intrapersonal contemplation— including one's feelings and perceptions about the adoption—begins with awareness and is an ongoing internal process involving constructing and reconstructing what meaning adoption holds in one's life (Brodzinsky, 2011; Galvin, 2010; Wrobel et al., 2003).

The second level is intrafamilial, within the adoptive or birth families. This deals with the various families' "open, active, and emotionally attuned dialogue" (Brodzinsky, 2006, p. 4) about adoption, especially those between adoptive parent and child. Adoptive parent empathic sensitivity is essential to ACO. Without it, adoption communication may be constrained, sending a non-verbal message that it is not acceptable to bring up adoption (Barbosa-Ducharne et al., 2015; Berger et al., 1982; Horstman et al., 2016; Wrobel et al., 2003).

Furthermore, a lack of information and contact between birth and adoptive families, both of which still occur in many adoptions (Grotevant et al., 2013; Neil et al., 2018), should not be a basis for less ACO; rather, the need for ACO may be greater (Brodzinsky, 2006; Grotevant et al., 2005). Thus, where there is no verifiable pre-adoptive information, "adoptive parents need to encourage their child to share his or her thoughts, beliefs, fantasies, and/or feelings" about their birth parents and their adoption placement (Brodzinsky, 2006, p. 14). Doing so allows the child to feel safe and supported in the face of their curiosity, facilitates increased ACO, and provides parents a window into the child's emotional well-being (Barbosa-Ducharne & Soares, 2016; Brodzinsky, 2006).

The third level of ACO is interfamilial, between the adoptive and the birth families, which may include the birth mother's and father's families. This level of communicative openness only occurs when there is structural openness (Brodzinsky, 2006).

Developmental differences

The three levels of ACO also occur across, and are impacted by, children's developmental stages and the family life cycle. That is, ACO is an ongoing and dynamic process tied in part to the child's developmental understanding of adoption and the family's experience of adoption (Brodzinsky, 2011; Wrobel et al., 2003). Children in early childhood, lacking the cognitive development, have little understanding of what being adopted means (Brodzinsky et al., 1984). Children placed before age 2 to 3 have little to no explicit memory of their life experiences including prior caregivers, removal, or placement. Hence, engaging in adoption communication is one way children form a coherent autobiographical narrative of these early implicit experiences (Fiese & Sameroff, 1999; Grotevant et al., 2000; Siegel & Hartzell, 2004).

Later, children in middle childhood and early adolescence experience increased cognition and socio-emotional development, logical thought, and a growing ability to see another's perspective (Brodzinsky, 2011; Brodzinsky & Pinderhughes, 2002). With this, they become more aware of birth parents' decisions and may wonder if they were "wanted" (Brodzinsky, 2011, p. 201). They may also grasp that adoption is an experience of celebration for their adoptive family and grief for their birth family and themselves.

Subsequently, adolescence brings the emergence of abstract thinking and expanded understanding of the meaning and implications of adoption (Brodzinsky et al., 1984). Adolescents, can grasp the permanence of adoption, along with a wider mix of emotions and enhanced awareness of the birth parents' experience (Brodzinsky, 2011). Finally, adolescence is a period of identity development, made more complex because of the presence of two families' lives: one tied to before, and one tied to now. Hence, adolescence is correlated with increased information seeking and thus, increased questioning of their adoptive parents (Palacios & Sánchez-Sandoval, 2005; Wrobel et al., 2003).

Outcomes associated with ACO

The importance of greater ACO cannot be overstated. It is correlated with various positive outcomes at both the individual and family levels. For example, ACO is associated with increased self-esteem (Colaner et al., 2018; Hawkins et al., 2007), self-concept (Kranstuber & Kellas, 2011) and decreased preoccupation (Colaner & Soliz, 2017; Horstman et al., 2016) among adopted children, as well as improved identity formation in both children and their adoptive parents (Brodzinsky, 2006; Colaner & Soliz, 2017; Horstman et al., 2016).

Specifically, regarding late childhood and early adolescence, Brodzinsky's (2006) study of 73 U.S. adoptive (domestic and international) children aged

8 to 13 years revealed a significant positive correlation between child adjustment in adoption (measured *via* child reports of self-perception and parent-reports of child behavior) and ACO. Hawkins and colleagues' (2007) longitudinal U.K. study of mixed domestic and interculturally adopted (Romanian) children is consistent: interview data gathered at age 15 (Wave 4) indicated children reporting higher levels of parental ACO also reported higher levels of self-esteem and greater positivity about being adopted.

Furthermore, ACO is correlated with identity development in both the adopted child—which is considered complex for them (Brodzinsky, 1987; Galvin, 2003; Krusiewicz & Wood, 2001)—and family. For example, past their initial telling, adoption stories and entrance narratives continue to play a role in identity development as the child builds upon them to form a more positive self-identity (Kranstuber & Kellas, 2011; Krusiewicz & Wood, 2001). More importantly, empathic and sensitive communication about adoption sends a message that adoptive identity should be explored not hidden (Brodzinsky, 2006). Similarly, adoption narratives help parents construct an understanding of who their family is, including culturally, and establishes them as loving and legitimate (Krusiewicz & Wood, 2001).

Finally, ACO plays a key role in adopted persons' psychological adjustment in part due to the adoptive individual's ability to control their situation in some form, to be heard, and to seek an understanding (Brodzinsky, 2005). This positive adjustment includes: (a) more positive feelings about being adopted (Brodzinsky, 2005; Hawkins et al., 2007); (b) more positive feelings about birth parent contact, even where there is no contact (Farr et al., 2014); (c) increased satisfaction with life, with being adopted, and with their adoptive family, per adopted child- and parent-reports (Howe & Feast, 2003; Palacios & Sánchez-Sandoval, 2005); and (d) decreased parental reports of internalizing and externalizing behavioral problems in the adopted child (Brodzinsky, 2006).

Adoptive parents' ACO experiences

Parents report a lack of training and support regarding adoption in general and with communication specifically (Barnett et al., 2017; Jones & Hackett, 2007; Martín et al., 2023; Suter et al., 2010), despite a clear call for it (Brodzinsky, 2011, 2013; Jones & Hackett, 2007; Kranstuber & Kellas, 2011).

Extant qualitative research into parents' adoption communication has been limited to certain elements of adoption communication, such as entrance narratives (Chatham-Carpenter, 2012; Harrigan, 2010; Krusiewicz & Wood, 2001), the concept of adoption talk as part of the entire parental experience of adoption (Jones & Hackett, 2007), and communication about a specific topic (e.g., search and origin; Martín et al., 2023). Most significantly, Harrigan and Braithwaite (2010) conducted 22 individual and

9 dyadic interviews of 40 U.S., heterosexual, adoptive parents of visibly adoptive children. Participants' children, all transracially adopted between the ages of 3 months and 9 years, were 4 to 31 years of age at the time of study. Thematic analysis of the parents' reports regarding adoption communication with their children revealed four key themes: (a) pride and imperfection; (b) love, constraint, and sacrifice; (c) difference, pride, and enrichment; and (d) legitimacy, expansion, similarity, and difference. These themes, while each independent, work together to contribute to how parents make sense of adoption. Additionally, one exploratory study examined the experiences regarding adoption among nine U.S., heterosexual, married, adoptive parent dyads of 20 children aged 10 to 26 (domestically adopted at varying ages, majority interracial). Interpretative analysis exposed the overarching theme of "adoption talk" within parental narratives about the adoption experience (Jones & Hackett, 2007, p. 5), underscoring the sensitivities and challenges for parents engaging in adoption communication in general. More recently, Martín et al. (2023) specifically investigated communication about origins and search within the adoptive family. Thematic analysis of interviews of 30 Spanish adoptive parents of children aged 14 to 26 revealed how parents relate to, communicate about and approach search regarding their child's origins. Results revealed a perception of parental openness and understanding, yet highlighted an imbalance in communication and search interest—the parents' at times being higher than the child's.

In summary, existing research focuses on the intricacies and importance of ACO between adoptive parent and child. However, research on barriers of ACO is limited to the exploration of factors such as age and stage at time of communication, adoption status, or gender of adoptive parent (Brodzinsky, 2006; Palacios & Sánchez-Sandoval, 2005). Similarly, earlier qualitative studies have provided limited understanding of what may be impeding parental efforts to increase ACO inside and outside the family. Given that ACO extends beyond entrance narratives to ongoing adoption talk about many topics (Brodzinsky, 2005; Wrobel et al., 2003), as well as to attunement and affect (Brodzinsky, 2006), a more detailed examination of parental adoption communication is necessary. Thus, the present study steps fully into the lived experience of adoptive parents seeking to engage in all adoption-related topics and aspects of adoption communication (e.g., thoughts, emotions, and behaviors) with children who are in a key developmental stage of ACO: early adolescence. By gaining this richer phenomenological understanding of adoption communication, professionals and clinicians can secure important insight into how best to serve not only the adoptive parent but perhaps members of the entire adoption triad.

Additionally, the design here, which includes the use of focus groups, draws from prior research that highlights the value of developing stories

of adoption that could be shared with other adoptive parents as a means of increasing ACO (Jones & Hackett, 2007). Listening to these other stories can help adoptive parents reflect on their own experiences, which can aid in the development of their own stories because they now have "some sense of how other families negotiate the discussable and the undiscussable" (Jones & Hackett, 2007, p. 176). Zeroing in on the phenomenon from this vantage point paves the way for a fuller understanding into what is and is not happening for a specific developmental period (Brodzinsky, 2006), as well as possibly providing a transformative experience for participating adoptive parents.

Method

Participants

Following Institutional Review Board (IRB) approval, participants were recruited in 2019 from adoption support and/or training gatherings within the region as well as *via* posting in a Facebook adoption support group. Sampling criteria narrowed possible participants to those who (a) were over the age of 18 years, (b) had completed all legal adoption proceedings through their child's country of origin *and* U.S. diplomatic channels, (c) currently were raising adopted children between age 10–14 years, (d) had adopted their children prior to the age of 3 years, (e) had previously advised their child about being adopted, (f) were not adopted themselves as children, and (g) did not have a spouse or partner already participating. To best meet the study goals, criteria was informed by prior ACO research, most specifically that ACO is correlated with age and stage of the child as well as whether the child came to the family with a memory of their origin as adopted or not (e.g., Brodzinsky, 2006; Palacios & Sánchez-Sandoval, 2005).

Ultimately, 17 mothers volunteered to participate in one of three focus groups held in two cities in Kentucky. Of the mothers attending, 16 were white[2] and one was Asian (see Table 1). All were married in different-sex partnerships. One was divorced from the spouse with whom she had adopted the children qualifying her for the study, remarried and maintained custody of her adoptive children. The majority had more than one adoptive child in the home ($n = 11$); two had only one child. Four had two adoptive children who fell within the qualifying ages of 10–14 years. Several participants also had biologically related children ($n = 6$). Of the total number of adopted children represented by their parents in this study (i.e., 21 children among 17 participants), 7 identified as male and 14 as female.

Finally, most mothers had adopted internationally, with wide global representation: China ($n = 7$), Guatemala ($n = 3$), Korea ($n = 2$), Ethiopia

Table 1. Participant demographics.

Pseudonym	Parent race	Adoption	Number of children who met criteria	Child(ren)'s age	Child(ren)'s race or ethnicity
Nora	white	Transnational	2	11, 11	Asian, Asian
Cindy	white	Transnational	1	12	Asian
Roberta	white	Transnational	1	14	Asian
Sandra	white	Public-domestic	1	11	white
Lisette	white	Transnational	1	14	Asian
Lily	white	Private-domestic	1	13	white
Mary	white	Private-domestic	1	13	white
Patricia	white	Transnational	2	14, 13	Asian, Asian
Laura	white	Transnational	1	14	Asian
Esther	white	Transnational	1	11	Asian
Catherine	Asian	Transnational	1	10	Asian
Leslie	white	Transnational	1	10	Black
Ida	white	Transnational	2	14, 13	white-Hispanic, Asian
Kimber	white	Transnational	1	12	white-Hispanic
Dorothy	white	Transnational	1	13	white-Hispanic
Heidi	white	Transnational	1	14	Asian
Nancy	white	Transnational	2	14, 13	Asian, Asian

($n = 1$), Nepal ($n = 1$), and Kazakhstan ($n = 1$). In addition, three mothers had adopted *via* private domestic adoption ($n = 1$) or public domestic adoption (i.e., foster care; $n = 2$). Most mothers reported no contact with their children's birth families. Of those adopted within the U.S. ($n = 3$), however, one family reported a fully open adoption, and one reported some minimal contact, and the third reported none. Of those who had adopted internationally, only one reported contact with a birth sibling.

Materials and procedure

Grounded in constructive/interpretivist ontology, this study utilized a hybrid qualitative research design—focus groups and exposure to stimuli—in order to uncover mothers' ACO experience (Nind & Vinha, 2016; Robinson & Mendelson, 2012). The use of focus groups, open-ended questions with optional follow-on prompts, and gathering and analysis of discourse around stimuli led to a richer understanding of both the internal processes (i.e., phenomenological knowledge) and the influence of external processes (i.e., constructionist knowledge) on ACO (Nind & Vinha, 2016; Robinson & Mendelson, 2012; Willig, 2012). One group ($n = 5$) was held in a clinician's office (no relation to lead author's) and two groups ($n = 5$, $n = 7$, respectively) were held at the authors' institution. The lead author led all groups.

To ensure rigor, the PI, an adoptive parent with professional experience supporting adoptive families, "engaged in disciplined and systematic efforts" (Moustakas, 1994, p. 22) to reveal and set aside her beliefs, feelings, and perceptions on adoption and ACO, including journaling and engaging

stakeholders in adoption (Creswell & Poth, 2018; Moustakas, 1994; Syed & Nelson, 2015). Similarly, ethical considerations began early and continued through the writing, presentation, and publication of this report with specific attention paid to conducting qualitative research on adoptive families (Creswell & Poth, 2018; Lo et al., 2019). These included: (a) stakeholder engagement and (b) the sharing of post-participation resources.

The focus group guide utilized both open-ended questions and stimuli to elicit the richest and least-influenced responses (see Appendix A). Particular attention was paid in designing this guide, bracketing out assumptions and personal experience through both stakeholder consultation (e.g., adoption clinician; adoptive and birth parent) and reflexivity (Creswell & Poth, 2018; Syed & Nelson, 2015). Additionally, the PI did not engage in focus group discussion, relying instead on her clinical training as an intern therapist to elicit responses through simple, non-leading questions and empathic presence (Creswell & Poth, 2018; Moustakas, 1994).

As a stimulus for further discussion—and to collect data on the role of different perspectives on parental attitudes, beliefs, and emotions around ACO—three short monologues were administered (see Appendix B; Nind & Vinha, 2016; Robinson & Mendelson, 2012). The stimuli were drawn from prior qualitative research regarding adoption and adoption communication and were introduced halfway through focus group discussion (Lindlof & Taylor, 2011; Robinson & Mendelson, 2012). Based on this study's theoretical underpinnings, monologues were selected for their: (a) diverse perspectives (i.e., two different parents, one child), (b) portrayal of parental empathy and conflicted emotions, and (c) capture of the emotional nature of adoption (Darnell et al., 2017; Krusiewicz & Wood, 2001).

Data analysis

Video and audio data from each focus group were transcribed verbatim, resulting in three transcripts totaling 87 single-spaced pages of text. All identifying material was redacted; pseudonyms were added. Observational data, including bodily response (e.g., tears, reticence in speech, laughter, and tone) was added to the transcripts (Atkinson & Heritage, 1984).

Thematic analysis was conducted in accordance with Braun and Clarke (2006), as well as Levitt et al. (2017) and Goldberg and Allen (2015) to define themes within and between focus groups. Inductive analysis began with line-by-line open coding, initially resulting in 250 segments of coded text. This included numerous readings of the transcripts with accompanying highlighting and margin notations, followed by the creation of notecards of these initial key text segments. As codes emerged in one transcript, the PI returned to earlier transcripts for reanalysis. In the wake of preliminary coding of all three transcripts, the PI refined and reduced

codes using a joint process of collating the notecards into groups of similar meaning and constant comparison with the transcripts. As coding proceeded, overarching themes began to arise symbolic of the phenomenon of adoption communication within the family, such as "parental desires around communication" and "tools and coping measures." As with open coding, themes were compared and contrasted against highlighted transcripts, coded segments, and key quotations (Braun & Clarke, 2006; Syed & Nelson, 2015). Ultimately, four key themes, with further specification denoted by sub-themes, were identified with thematic map. An audit trail *via* written memos of each step was maintained throughout, along with updated tables of codes, themes, exemplars, and applicable quotes (Creswell & Poth, 2018; Syed & Nelson, 2015). The entire process reduced text segments from 250 open codes to 27 codes to ultimately, 14 focused codes. For example, the initially identified text—"I'll ask questions about those [other adoptive] friends like…"—became part of the ultimate code "segue," and codes of "guessing" and "puzzling things out" were absorbed into the code "detective work."

Finally, the PI employed several additional strategies during analysis in order to unearth and ultimately present a rigorous, ethically driven and in-depth report of the ACO phenomenon (Angen, 2000; Creswell & Miller, 2000; Lincoln et al., 2011; Tracy, 2010). First, in order to continually bracket any personal assumptions, each coding analysis session was approached with the mental question, "What do the data say about *these* parents' *lived experiences* regarding *ACO* with their *early adolescents?*"[3] This stance enabled the PI to more effectively engage in inductive analysis to hear and bring forth what *these* parents expressed about the process of ACO within their families. Second, to increase trustworthiness, the PI utilized several methods of triangulation (Creswell & Poth, 2018; Moustakas, 1994). For example, consultation was conducted throughout with the other authors of this study (Morrow, 2005; Syed & Nelson, 2015). More importantly, analysis included consultation with an independent code-checker, a graduate student in the same department as the first author (Morrow, 2005; Syed & Nelson, 2015). This person was chosen, consistent with the idea of employing a listening-guide method that focuses on multiple readings of qualitative data by an "'interpretative community' that is diverse with respect to life experiences and social position" (Syed & Nelson, 2015, p. 9). The code-checker—a cisgender, married, non-parent, white woman— had no personal experience with adoption (Syed & Nelson, 2015; Taylor et al., 1996).

The code-checker was trained using a thematic analysis guideline which included the study's theoretical underpinnings and Braun and Clarke's (2006) step-by-step analysis. The code-checker was consulted throughout the PI's analysis and adjustments were made based on such consultation.

The code-checker served to not only confirm, but to question—with queries such as "tell me more about why that should be coded?"—the analytic process, which provided further trustworthiness (Morrow, 2005; Syed & Nelson, 2015). A detailed audit trail was kept of this process (Syed & Nelson, 2015).

Findings

Four central themes, each with thematic subcategories, revealed the adoptive mothers' lived experience of adoption communication with their early adolescent children. First, the experience is deep and broad in scope covering all manner, place, medium, and time period. Second, it involves substantial hard work driven by both the mothers' sense of responsibility, including the difficulty of getting past their own and their child's barriers to the work. Third, this is an emotional experience occurring within several relationships, including with the self of the parent[4] and the parent and child. Fourth, the experience is filled with loss and grief—a loss and grief that stretches far beyond the obvious—the adopted child's loss of their first family and their origins. These themes are presented from the outside in, moving from the logistical and logical processes of adoption communication to the deeper, more complex elements of the phenomenon.

ACO is a deep and broad experience

[One child] definitely writes endlessly about things. I have read a few things that [this child has] written, but I don't push it. I want them[5] to express all that in their journals and if they let me read it, they will come and throw it on my bed, and they will run. They do a lot of hiding. …[W]henever their struggling….they will hide their face, but they will say those little mean things…., "well you can't tell me what to do because you are not my real mom." (Cindy)

When talking in general terms about what adoption communication is within their family, mothers reported a range of experiences intertwined with three sub-themes: the nature of the communication, how the outside pushes in (wanted or not), and the role of the child's developmental stage (see Table 2).

The nature of the communication

Right there in the grocery aisle in a small town…they would bring up adoption and want to have those complex conversations out in the open in front of everybody. (Patricia)

Mothers painted a vivid portrait of the breadth and depth of this work in their discussions about when, where, and in what way they verbally

Table 2. Theme one: It's deep and broad.

Sub-theme	Codes	Quote
Nature of communication	• Verbal and nonverbal • Questions and conversation • Ongoing • Situations and place driven	"…[R]ight there in the grocery aisle in a small town…she would bring up adoption and want to have those complex conversations out in the open in front of everybody."
Outside pushes in	• Intrusive and supportive • "Visibleness" can drive it • Movies, books, curriculum	"I've sensed discomfort [in my child]…when people keep asking us which of the kids are biologically related."
Developmental stage	• Child driving it more • Just want to be "normal" • Tied to identity development • Child more open/more withdrawn	"Like the questions from them are more about, 'How do I fit in?' and 'Who am I?' more than what happened like, 'How did I get here?'"

communicate regarding adoption. Descriptions ranged from "teeny, tiny bits" of information passed from parent to child, to more "formal" discussions back and forth between family members, as well as informal passing remarks made by a child when introducing their mother as "not my real mother." Adoption "stories," often making an entrance in the early years of childhood, were also still exchanged from parent to child and sibling to sibling, told and retold at bedtime or on special occasions at the behest of the child. For example, Kimber reported that her child, "likes to hear the story. So sometimes before bed, as soon as it's bedtime, [they ask], 'tell me the story again.'" Nancy shared, "the [adopted sibling] will say, 'You know—you know what Mom thought when she first saw you. She's told you a million times.' And I said, 'I know, but I love telling [this child].'"

The topics and tone of these exchanges were equally broad. Mothers could be engaged in intellectual discussions about genetics (arising now in part due to the prevalence of DNA testing) just as much as hard questions about the whens, whys and whos of their early days, months and years[6] before adoption; they might be engaged in positive and upbeat dialogue about what title to use when referring to a birth parent or they may be engaged in angry or tearful interchanges with a child caught between two familial worlds. Mothers especially highlighted the timing and location of their communication experience. For example, participants in different focus groups noted conversations in personal spaces such as in cars, at bedtime, and when "they get me alone." However, one mother commented on her child's choice of community spaces to open discussion. Additionally, communication was just as likely to arise "after fights" and "meltdowns," as on special holidays that evoke a tone of family or remind the child that their birth mother or father might also be thinking of them that day.

Interestingly, when asked to share openly about what the term adoption communication meant to them, the mothers were just as likely to share about non-verbal experience as they were verbal. Stories of a broad range of activities flowed forth in each group from poignant reports of the child "hiding" or "shutting down" to requests by a child for time

together to hug and cuddle when feeling separate. Mothers shared equally about non-verbal and verbal communication: showering children with hugs and kisses or staying emotionally present to soothe; discussing whatever was bothering the child. In particular, two mothers shared about sitting with their children and crying about an aspect of the child's adoptive status.

Several mothers also recounted the creative ways that their children engaged with them—or even with the outside world—in "communicating" their inner conversation. For example, while Cindy told of her child's writings (above), Patricia reported, "[my child] dances their emotions. So, I kind of thanked the choreographer for all the things that she brought into our lives,…that touch sensitive subjects because they have opened that door to more complex conversations."

Whatever the manner—verbal or non-verbal—it was abundantly clear from all three focus groups that adoption communication in some form or fashion is "always" or "ongoing," even if it does not appear so to the inexperienced eye. It is also both premeditated and wholly surprising and spontaneous. Finally, like most things in the realm of parenting, they related that their attempts could be both successful and unsuccessful.

The outside world pushes in (wanted or not)

> I've sensed discomfort [in my child]…when people keep asking us which of the kids are biologically related. So, it's almost that sense when we are out, and it brings out the reality of their adoptedness and you can see them getting impatient like "why does it matter?" (Leslie)

Across the board, mothers noted the visibility or non-visibility of their family's adoptive status. For example, the parents who were of different racial or ethnic origin than their child ($n = 14$) reported the "reality of the difference" of their family, which in turn drove intrusive questions and comments from others, including family members. These questions or comments were not limited to exchanges between the adoptive mother–child unit and a third party but, given the child's age (see "developmental stage" below), now included conversations between the child and their friends or teachers, which then drove more conversation between mother and child. Sometimes this dialogue was instigated by the outside person, other times the child drove the outside discussion. This awareness of the role of visibility, which draws the outside world into the experience of adoption communication, was even noted by mothers who shared the same race/ethnicity of their adoptive child. They experienced the opposite effect; that of being able to walk through life without the intrusion.

Intrusion also involved media. Across all three focus groups, there was loud acknowledgement of the role that media (e.g., books, movies, and

television) plays in non-verbal and verbal adoption communication in the home. Mothers agreed on the struggle to select books and movies, and the experience of being blindsided by a sensitive or triggering scene in a movie for which they had not been prepared. They shared similar experiences around movies like *Stuart Little, Rapunzel* (i.e., Disney's title: *Tangled*), and *Meet the Robinsons*. They noted the role that other adoptive parents and/or more aware individuals played in warning them about certain books and films. One exchange captures the negative, but also positive, aspects of the outside pushing into mother–child adoption communication. Heidi related this experience:

> My sister adopted a child from [a foreign country] a few years before I did… they watched a movie… [About] a scary school that's also an orphanage. And [her child]…sent a copy to my [child]…. And my Mom was able to say, "No. don't watch that movie." I was like, "Okay. Thanks for the clue."

Developmental stage

This sub-theme centered heavily around both the shift that has occurred in the nature of adoption communication *between* parent and child as well as the topics being covered at this age. Even for parents who reported less verbal adoption communication, there was an increased awareness that the child's adoptive status was hanging in the air.

First, all three groups agreed that they were no longer entirely driving the communication—whatever form that took. As one summed it up, "now they are old enough to have an opinion about going to a [cultural event] and they don't want to anymore. When they were little, we took them, and now it's, 'well this is your choice.'" Similarly, several mothers reported that the child's understanding of "family" and their role in that lead to not only greater "curiosity," and therefore questions, but also more "mature" dialogue than encountered at a younger age. It had moved from a drive forward led by the mother to one wholly or in part driven by the child. Outside connections, as noted above, propelled some of this increased awareness. For example, Cindy noted the role that both her child's friends' questions and classroom curricula had on increasing dialogue occurring outside and inside the home.

Yet maturity did not always lead to an increase in communication, for just as much as one child can begin to push their parent to talk more, another child—even in the same household—can begin to avoid more. A child at this stage can own the "shut down" and "hiding behaviors" that Cindy described, just as much as another child can own behaviors such as pushing in and seeking answers to questions. Additionally, a child at this age can also be, "so emotional…[while another] is so together—or wants to appear together."

Second, the issue of identity development was evident as mothers shared about adoption communication with their child at this developmental

stage[7]. Several reported discussions with their children about DNA testing, birth parents' origins, and the key role that race plays for some. Leslie explained it this way, recounting her beliefs about her child's current needs:

> I need to understand my identity as a person of color and as a person—as a transracial adoptee—in this family." Like the questions [from them] are more about, "how do I fit in?" and "who am I?" more than what happened, like "how did I get here?

Yet again, the individuality of the experience of adoption communication and identity development shine through in what one parent shared: "I have [a child] who just entered the 'Um, I'm not [Asian] today' [phase]" and in another mother's comment that her child at this stage was "so concerned about fitting in."

ACO is an experience of hard work

> Most of it is when [my child] is way out of whack and has meltdowns, then I know something has triggered them and we try to talk it through to see what was sad or what they're thinking. See what we can figure out the bottom line is, and what often is, is questions about adoption, the unknown things that [the child] doesn't know, that we don't know. So sometimes it is sitting on the floor crying and me trying to control myself from getting mad. (Kimber)

This theme is about the parental work that these mothers reported as part of their adoption communication experiences and includes three sub-themes: how the work does or does not get done, the responsibility of the work, and the focus of the work (see Table 3).

How the work of ACO does or does not get done

The focus group discussions revealed that mothers use many different techniques and tools to accomplish adoption communication with their child. Yet, for many—even those with a more open communication style—a myriad of things got in the way.

To accomplish "talk", about half of the mothers described being direct with their children. "Asking", "wondering aloud," and "offering" were common means to get or keep conversations going. Lisette recounted, "we've just always talked about it… Besides the fact we look different …We tell them they can ask anything they want to ask." Less direct approaches were like Esther's, who "gives just enough information to satisfy whatever questions they were asking."

For others, detective work, such as puzzling or guessing, anticipating, hypothesizing and evidence-gathering, came in handy when trying to increase communication. This was reiterated across all groups in great detail. For example, mothers talked about attempts to get birth-family or ethnicity information *via* DNA testing or other sleuthing methods. Specifically, Heidi's

Table 3. Theme two: It's hard work.

Sub-theme	Codes	Quote
How it does or does not get done	• Detective work • Using safe spaces/situations • Parent's anxiety/over-analysis • Child's "hiding/shutting down"	"We just ask them questions and let them know. Um, they still don't know their story because they actually don't want to. We ask, 'Are you ready?' And they say, 'No, 'I'm not ready mom.' And I said, 'Ok.'"
The responsibility	• Overwhelming pressure • Need for preparation, self-care • Ongoing analysis/thinking • balancing act	"[I]t goes back to my wanting to protect them, but I still try to talk myself into a place that's saying. 'I'm prepared for that conversation, But I'm also prepared for that conversation, but I'm also prepared for…' I need to help them however that looks. And that's scary for sure to think about but I also feel a responsibility."
The focus	• Build connection • Build confidence & identity • To be honest, and open • To not compound child's pain • To incorporate birth family	"I wanted [my child] to feel comfortable with it… confident in it…that they weren't rejected by their [birth] mother. That they were—that it wasn't their fault. I just want them to feel okay with this…like how I present it to them, like what I say. I want them to feel accepted, that they're a good person."

work in country when she traveled to adopt reflected others' efforts to gather information at the time of adoption to be shared later: "I went back to the orphanage to talk to them. 'Is there anything else you can tell me about them?'" Nancy recounted continuing to seek information to share with her child by sending letters every so often to her child's country to check if the birth family has come looking for the child.

Beyond tangible evidence gathering, when children were not talking or were too emotionally upset to do so, parents reported resorting to wondering, hypothesizing, or putting themselves in their child's shoes before offering to talk. Such behaviors could help resolve expressions of upset (e.g., tears or anger) or get the ball rolling when they could "see the wheels spinning," but there was no talk. Esther summed this up in more detail: "I could see the gears grinding and them not saying a lot. And I said, 'Do you want to ask me some questions.'" Even when there was no verbal progress, the mothers' experience included nonverbal awareness that created a path between parent and child regarding the child's adoptive status:

> [My child] put the picture of themselves and their biological mother up and then the baby book…up in their room…displayed and that was interesting…. On the other hand, when I have asked them if they wanted to call their biological mother…they said, "No." So it's interesting. (Lily)

Mothers also relied on nonverbal means such as the use of spaces traditionally regarded as "safe" for sensitive talk (e.g., bedtime), laughing among themselves in the group discussion to one mother's rhetorical comment, "don't all these conversations happen in the car?!" Finally, two parents reported using their other adopted children (non-biologically related siblings of the child) to drive the conversation where the child showed no interest in talking with the parent.

Most poignant perhaps was how one mother relied on their own past experience of parental loss as a springboard to grasping their child's experience and to be better able to realistically discuss things with them:

> I just tried to make it, um, tried to be as realistic as possible because I knew from my own experience my Dad—after they divorced—he just… he was out of the picture…. And so, I would have that fantasy. I didn't want [my child] to have that fantasy that, you know, they were going to be able to go and be with their uh birth mom and that was going to be roses. (Kimber)

Even experiences of children's anger and sadness were shared as segues to increased conversation where the parent and child came into a moment of deeper connection following upset emotions or "meltdowns":

> When [my child]'s gotten mad at me [and said], "I want to go home. I want to go home." I say, "If we did take you home, and you met your birth mom, what—what would you want then…? Would you want to stay with her?' And they said, "No, I just want to hug her, and I want to know what her favorite color is."

Despite this direct and indirect effort to keep the flow of adoption communication going, mothers also discussed in depth the things that prevented openness. For example, one mother reported that her own over-analysis and anxiety got in the way of her being able to communicate openly, while another reported that her over-analysis of what her child was thinking made her too pushy about communication. Still another bravely shared how their own "neglect" in failing to talk about adoption possibly resulted in their child creating an invalid fantasy narrative about their birth family.

Mothers described their children as also playing a role in halting the flow by "shutting down" and/or not approaching the parent. One parent highlighted the finality of this:

> We just ask them questions and let them know. Um, they still don't know their story because they actually don't want to. We ask, "Are you ready?" And they say, "I'm not ready mom." And I said, "Ok." (Catherine)

Another described their child's behavior as less direct but still stifling; "[My child] shows pretty much no interest in it…I point it out to them sometimes [how their friends are also adopted], and they haven't noticed."

The responsibility of ACO work

As with all work, most especially the task of raising one's child, the experience of adoption communication was reported with added seriousness by the participants. This experience is perhaps best summed up this way:

> Pressure. Responsibility. Stress. I mean I think that all parents feel that about raising – raising any kid – but I feel extra pressure. (Lisette)

Across the board, all but one mother related or agreed with this sensation of ongoing, overwhelming work about the process of adoption communication, even when actual dialogue about adoption was not occurring. They discussed a sense of needing to be on guard all the time, prepared for anything so as not to be blindsided. One mother wanted to be ready so as not to be "too slow in my processing," while another noted, "I don't want to say the wrong thing." The toll of this constant pressure—even in the absence of verbiage—is evident in Patricia's, "if I'm not taking care of myself…I don't think I can handle these—those conversations as well. I feel I am better when I am participating in self-care."

Hand in hand with the need for self-care to balance this heavy responsibility came reports of needing to be "prepared" in order to ward off surprise and potential parental missteps. Some of this preparation had a more formal appearance, as with Ida, who shared, "I used to go to every adoption class there was…because I wanted to be prepared as possible for everything." Others noted the almost constant obligation of monitoring their own emotions and keeping these in check in order to face whatever may come up in the best way possible for the child. Lily explained it this way, "I am working on like every minute of every day not passing on my stress and putting my struggles and my labels, my prejudice, my whatever…on my children." In an entirely different focus group, the persistent need to guard, yet also be open, is echoed in a slightly different way in Leslie's narrative:

> [I]t goes back to my wanting to protect them, but I still try to talk myself into a place that's saying, "I'm prepared for that conversation, but I'm also prepared for that conversation, but I'm also prepared for…." I need to help them however that looks. And that's scary for sure to think about but I also feel a responsibility."

The focus of ACO work

On top of the weightiness of adoption communication work, the theme of parental work also encompassed participants' descriptions of the varied tasks they needed to accomplish. Their experiences ran the gamut from needing to plant seeds of information that can grow and be built upon, to protecting their child, to correcting misinformation. The vast majority of mothers put heavy emphasis on a few key missions, including being "open" and "honest;" building "confidence" and "identity;" instilling feelings of "love," "connection," and "permanency;" and avoiding compounding the child's "pain" or "trauma." Leslie summed it up this way:

> I think a big part of it is honesty, that's what comes to mind with [communication]. Is that anything related to the adoption story always gets back to how can I convey information about the stories as honestly as possible….[H]ow can it be done in a way that's telling the truth of the story because that's their story to own and to be able to understand.

While Sandra, with rousing agreement from the members of her focus group, used these words:

> I wanted [my child] to feel comfortable with it…confident in it…that they weren't rejected by their [birth] mother. That they were—that it wasn't their fault. I just want them to feel okay with this. Like how I present it to them, like what I say. I want them to feel accepted, that they're a good person.

Finally, several mothers incorporated the child's birth family into their communication work, saying their ultimate goal was wanting to help their child connect with their birth parents through DNA testing or birth parent search if possible. A few noted wanting to avoid any possessiveness on their part that might prevent a possible reunion. As part of making room for the birth parent—in reality or simply in their heart—several participants shared about guarding their own negative feelings about the birth parent (e.g., due to the birth parent's behavior that led to the ultimate separation between birth parent and child) from the child. Other mothers shared that they felt part of their responsibility was to be "honest" with both the positive and negative information in their possession. Two mothers found that this meant they had to provide a "dose of reality" where the child was fantasizing about how much better their life would have been if they had not been adopted.

ACO is an emotional experience

> I just have to say to myself, "You know who you are dealing with here. Don't have your feelings hurt. They don't mean [to hurt you]." Then they might be hugging onto me or clinging, or you know, snuggling up to me at the very next moment. (Nancy)

This theme reflects the emotionality involved in adoption communication, and included two sub-themes: (a) intrapersonal and interpersonal and (b) interior dialogue (see Table 4).

Intrapersonal and interpersonal

Much like the breadth and depth reflected in the overall experience of adoption communication with early adolescents, the mothers' shared emotional encounters were also wide-ranging. However, these opposing feelings were often felt within the same situation and child, as indicated in Nancy's words above. These emotions arose internally within individual mothers (i.e., intrapersonally) and when engaged with the child.

For example, several mothers talked about their fears of: the child rejecting a particular narrative the parent had created, the child wanting to be with their birth parent instead, doing this adoption communication work all wrong, and facing the unknown (e.g., "what's lurking around the

next corner?"). For several mothers, these fears lay at the base of their reports of this work being "overwhelming," "stress[ful]" and "a lot of pressure."

Another strong emotion reported was sadness. Sadness was expressed in discussions regarding the prospect of sharing painful information with their child. For example, Nancy shared, "I think it's sad—you know on my behalf—my kids have to have these thoughts that you know, questions that may not be able to be answered." For several mothers, this sadness was not limited to their thoughts about their child but extended to the birth parents. Cindy talked of "longing" to be one large family with her children's birth families. Nancy summed it as "compassion and just really sorry for what [the birth mother] had to go through."

These discussions revealed positive emotions as well, such as feeling "grateful" their child wanted to know their birth parents and how "lucky" they were in being able to parent this child. One expressed "joy" when thinking about her child's birth parents and another when her child "opens up" about adoption. Another was "glad that we've had some of these conversations."

Beyond the intrapersonal, mothers reported strong emotions when engaged with their child in the task of adoption communication. They shared of going "right there" with the child in their emotions, mirroring the child's emotions—sadness with sadness or anger with anger. Ida reported "crying together" over her child's inability to know their birth parents, while Nora tearfully shared her heartbreak at seeing her child's heartbreak:

> I was heartbroken [seeing my child struggle with historical information]. It was hard to watch – (parent cries). "Well, why would they leave me there? How did they know it was a [safe place]?" Of course, you try to make it as nice as you can. "Well honey she left you somewhere safe." They're that deep thinker and they're like, "She did not! What if—what if….?" Yeah, tough! And it was like, "Whew!" (shaking hands like explosion in front of her face as she cries).

Table 4. Theme three: It's emotional.

Sub-theme	Codes	Quote
Intrapersonal	• Fear and sadness • Guilt • Grateful and lucky • Frustration and anger	"I think it's sad—you know, on my behalf—my kids have to have these thoughts that you know, questions that may not be able to be answered."
Interpersonal	• Mirror child's emotions • Work hard to keep own emotions in check • Longing and compassion for child and birth parent	"I was heartbroken [seeing my child struggle with historical information]. It was hard to watch (parent cries)….Of course, you try to make it as nice as you can….Yeah tough! And it was like, 'Whew!' (shaking hands like explosion in front of her face as she cries)."
Interior dialogue	• Conversations with self, child and birth parent • Blaming/soothing self • Beliefs and thoughts about what child needs or wants	"I read more into it when they ask me question. 'What is this? Where is this coming from? What are you feeling? Is this your identity crisis or something else?'"

Cindy said it felt "like a stick-in-the-knife kind of thing," when her child yelled, "Well you are not my real mother!" Patricia candidly shared this exchange with her child that left them both frustrated with their situation:

> What did bother me was the days they started talking about how much better their life would be. Okay, I was like, it's time for a dose of reality. "You know what? You would probably be working on a farm. Not have time for school."

Yet, the mothers did not always "go there" with the child; several told how they worked hard to keep their feelings under wraps (e.g., Nancy above), trying to not let their child "get to them." Nora summed it up with her bodily expression this way: "…whenever they bring a topic up, I find myself going (Nora sighs and moves her hand across her chest in a gesture of calm, bringing her shoulders down and body into a soft position)."

Finally, guilt was an emotion shared by a few of the mothers. One had guilt over being able to raise this child instead of the birth parent, another over "doing [my child] a disservice by not talking about it as much," felt despite the fact that her child "never really wanted to." Leslie explained her feelings of guilt this way:

> We have double mom-guilt. We have to carry the mom guilt for ourselves just being parents who screw up, but then also carry that weight with them of the losses that they've had and that we were never able to protect them or shield them from that and the hurt they've experienced but that we were not responsible for, but we carry guilt from.

Interior dialogue

Driving the diverse emotions behind the experience of adoption communication was a plethora of interior dialogue. This dialogue was between the mother and herself, as well as with her child and birth family members. The dialogue the mothers had with themselves was weighted more critically and often involved questioning or blaming themselves, such as: "my child's pain is my fault," "I am not doing this [adoption talk] right," or "I'm selfish [because I chose a country where my child wouldn't be able to know their birth parent]." Similarly, Mary—to the agreement of her group—shared, "I think lots of times, I think in my mind, 'Don't mess up. Don't say the wrong thing.' Whatever the wrong thing is, I am not sure." Leslie said she heard this in her head, "Did I do it the right way? Did I help in healing, or did I make it worse?" Lisette says to herself, "I'm not saying it right. I'm not doing it right."

Interior dialogue about and/or with the child occurred equally as much; several mothers tied these into the feelings of overwhelm and stress. These

conversations were strongest when the child (a) appeared to be troubled (overly quiet or different from their normal selves), (b) was triggered/could be triggered (e.g., by something someone said or by a movie), or (c) was especially curious. Internal comments included beliefs/thoughts about their child regarding their adoptive status, including my child (a) needs/wants to know more; (b) is in pain, is afraid, or doesn't want to feel pain; (c) doesn't want to hurt me with their questions/comments; (d) thinks I don't understand their situation; (e) wants to be normal; (f) cannot be fooled; and (g) is working hard at this.

Mothers also described internal conversations with their children. Catherine shared, "I read more into it when they ask me questions. [I think] 'What is this? Where is this coming from? What are you feeling? Is this your identity crisis or something else?'" Similarly, Nancy had this conversation with her child playing in her head: "How much is the right amount for you to know? I honor your question, [but] I'm not sure if the entire sordid story is good to know."

Finally, birth parents also appeared in this internal dialogue. Patricia shared how she prayed for her children's birth parents and wanted to "telepathically send a message [so] they would know that [their child is] doing well and that they are happy and content." Two mothers who have more birth parent information mentioned thinking about having a difficult, one-sided conversation with them (i.e., intrapersonally). Nancy shared it this way:

> Well, I think about my [child]'s. I do have mixed feelings. Some days when their behavior is real intense, I will think, "Damn you for drinking and taking drugs. I know, what an amazing mind this child has, and I wish you hadn't behaved in a way that has caused them to have to struggle, you know, against their impulse all their life." And then you know of course, in a calmer moment, you realize she didn't choose. You know it wasn't like, "This will be fun. I'll use a lot of alcohol and drug."

It's an experience of loss and grief

> I came to the realization that, "No, I know nothing about their first…months." And I had to deal with that grief. And then help them deal with that grief. (Patricia)

This theme was perhaps the most predominant and is about loss, and the grief that follows, when they experience adoption communication in all its forms. This theme was vehemently repeated and revealed in both verbal (e.g., participant statements) and non-verbal data (e.g., participant tears). And while it was also woven throughout the other themes, it was a theme in and of itself. It encompasses three sub-themes: loss of knowledge, loss of connection, and loss of control (see Table 5).

Loss of knowledge

In all three focus groups, the majority of mothers talked about the effect the loss of their child's prior life-history has on adoption communication. This lack of information causes pain, ambivalence, confusion, and grief for what is lost. For example, Leslie said, "It's hard to look your own child in the eye, and say, 'I have no idea.'" Similarly, Ida noted that it brings up "real sadness... because I know how much they have lost and how much they wish they knew, and they can't know what it is." Several commented on how this loss of information leads to a loss of "knowing" that can be final, especially the longer it has been since the adoptive placement or if documentation was sparser in the process. For example, those who adopted from overseas universally shared about this loss, even where some had been given basic information. Many of these mothers questioned whether the provided information was accurate or just a "party line" offered to appease prospective adoptive parents. For example, three mothers in one focus group had this exchange:

> Lisette: So that's hard...I mean we know some of what they told us, but we won't know if it's true so that's then the next...you know do we even say anything? Because we don't know if it's true.

> Nora: Yes, so that's where I practice my verbiage a lot. How can I word this that might...you know, "this is what we think happened, but we won't ever know...? This is what most mothers feel like and..."

> (Mary shakes her head in agreement)

> Lisette: Like I don't know how they do it in [another country] but in [child's birth country]...like there's a verbiage...what the truth is and so like...will we give that to them? Because it's what we have. But it's probably not true. Will I just give it to them and say, "well it's probably not true."

A few knew other mothers—or came to know them in the focus groups—who had painful historical information. The mothers who had no, or very little information then wondered aloud if it would be easier to have "negative information rather than no information at all." However,

Table 5. Theme four: It's about loss and grief.

Sub-theme	Codes	Quote
Loss of knowledge	• Loss of child's origins • Finality of "not knowing" • What is even real? • Knowledge is power over pain	"I came to the realization that, "No, I know nothing about ...[early] months." And I had to deal with that grief. And then help [my child] deal with that grief."
Loss of connection	• Inability to integrate first life with this life • Decreases communication opportunities • Removes ability to connect with birth family	"[B]ecause there was so little information...for a while we didn't—we neglected to even bring that up."
Loss of control	• Blindsided • "How do I even do this?" • Drives helplessness	"I don't know how you share this information [about why she was left]—the not knowing of her story, I find it is much more complex."

a mother who had difficult information countered that perhaps it was better to have none. Similarly, in another group a mother commented that where there is no information you have to focus on the positive. Building on the strong discussion regarding the stress and overwhelm of adoption communication, several mothers commented that the lack of information caused added stress. For example, Catherine said,

> And I get the third degree, "Why don't you know mom? Why don't you know?!" And I'm like, "Oh, my gosh [child's name], let me go check. Let me go look. I'm so sorry." "Mom, you need to know the answer!" They want that answer.

Finally, Leslie and Nancy also noted that for them, lack of information led to reduced adoption talk because they didn't have anything to talk about. Conversely, Mary, who adopted *via* open adoption and has a positive relationship with her child's birth family, was the only one who did not have a similar experience with lack of information. She summed it up this way:

> I think I am a little bit different than most because it's not super stressful for me. Um, with my oldest who was adopted as an infant….[They've] had a lot of knowns from the beginning. And so, there aren't a lot of those deep questions of unknown things that the parents can't know. I've been able to answer every question—they're not a big questioner in the first place but if they do ask, I am able to answer—so it hasn't been stressful.

Loss of connection

This loss of information can also lead to the loss of something more: connection. Mothers shared about a lost link with the child's "first life" and a lost opportunity to integrate the child's first life into their life now. Heidi said it this way, "I'm guessing [my child] was full term. But I don't even know anything about their birth parents or the pre-natal experience."

Mothers also shared about the loss of connection with the child because of lost communication opportunities. For example, Leslie said, "because there was so little information you know…for a while we didn't—we neglected to even bring that up." And even when the parent did bring it up, there was less talk because there was less to share. A few noted that to combat this they would just "wonder" aloud what it could have been like, while others tied in genetics and traits to have some conversation in the face of nothing. (See above conversation about what tools mothers said they used to get the talk going.)

From an interfamilial perspective, a few participants said the loss of information caused a loss of ability for child and/or adoptive family to connect with the birth family. Indeed, a couple mothers indicated that without any information or way of finding out information, they could not properly contemplate whether they wanted to connect. It was as if they were saying they might have considered it if they knew something,

but because they did not, they lost that choice, which relates to the third sub-theme of loss: loss of control.

Loss of control

Heidi commented that the experience of adoption communication was a "wild ride. You never know what's going to come next." This sentiment was echoed in several others' reports of not knowing what they were doing when it came to communication. As already evidenced in the interior dialogue sub-theme, many of the mothers questioned aspects of what they were doing and whether they were doing it right, which led to feelings of stress and pressure. Similar to the mothers' interior dialogue, it was about how to do something so as not to make a mistake. Laura wanted to be in control, and she felt she was not:

> "Don't mess up." Like, "Don't say the wrong thing." Whatever the wrong thing is I am not for sure, exactly. But I don't want to say the wrong thing or…with my body language say something that's going to make them feel awkward or scared or left out or like, all these different things that they may associate with adoption.

The bottom line was that many of the mothers felt they did not know what to do or how to do it when it came to the adoption-talk process. Mothers talked about making up stories in their head because they did not know what the story was, but they had to—for themselves—have something to think. Patricia said she had delayed talking with her child because, "I don't know how you share that information [about why they were left]—the not knowing of their story, I find is much more complex." Leslie directly stated, "How are you going to tell your kids all these difficult things?" Similarly, Nora noted that if she could make sense of things, if there was even information to make sense of "it makes it easier."

Discussion

The goal of this study was grounded in prior research and clinical literature calling for increased ACO quantity and quality between adoptive parent and child. Prior research has constructed a much-needed aerial view of adoption communication within the adoptive family, including what might or should be occurring at each age and stage (Brodzinsky, 2005, 2011; Wrobel et al., 2003). Through statistical analysis of data gathered from adoptive children and adults, as well as their parents, elements of ACO—including resources and risk factors within and without the adoptive family unit—are now better understood (Brodzinsky, 2006; Farr et al., 2014; Grotevant & McRoy, 1998; Hawkins et al., 2007; Horstman et al, 2016; Jones & Hackett, 2007; Le Mare & Audet, 2011; Palacios &

Sánchez-Sandoval, 2005; Tarroja, 2015). The present study used mothers' testimonies to move more deeply into the parental experience of ACO, confirming past findings yet expanding on them in ways that inform future research, policy work, and, perhaps most importantly, pre- and post-adoption practice. For example, this study reveals in detail the nature of day-to-day verbal and non-verbal communication with an adopted child about any and all aspects of their adoptive status (e.g., origin story, identity, differentness, related emotions). Additionally, this study exposed the inner experience of adoption among parents, including their emotions and thoughts—intrapersonal communication—when engaging, or not, in ACO with their adopted child. Ultimately, four key themes emerged: a) the breadth and depth of this experience, b) the work entailed, c) the emotionality involved, and d) the grief and loss embedded in it.

Kirk's (1964, p. 129) extensive qualitative interviews and focus groups with adoptive parents of the 1950s opened the door to the previously secret world of adoptive parenting and its "role handicap". Almost seventy years later, the mothers of the present study continue to feel this handicap, as revealed in the *loss of control* theme and in comments that others "don't understand." Mothers are overwhelmed and uncertain about what and how to share. This was emphasized by the camaraderie the mothers found in being able to talk to those similarly situated through networking and in the focus groups themselves, which mirrored the experience of families in Kirk's focus groups.

Furthermore, key adoption research has highlighted the experience of loss felt by the adoptive child and adult (Brodzinsky, 1990; Leon, 2002; Nickman, 1985), specifically, loss in separation from the birth family and loss in being second best (Brodzinsky, 2011). This loss, which often "goes unrecognized by society," is similar to the experience of unresolved or disenfranchised loss in that it is not necessarily a permanent form of loss, such as loss of a parent through death (Brodzinsky, 2011, p. 204). The present study's reports echo and expand on this theme of loss, highlighting the mothers' own experiences of ambiguous loss. They shared about the loss of their child's historical information and the loss of being able to integrate their child's early life into this life. And while their loss may be different than the loss experienced by their children, or their children's birth family, it is a loss nonetheless that also causes, in turn, a loss of connection with others: the child, the birth family, other adoptive families who have access to information, and non-adoptive families who do not understand their experience.

Additionally, with specific regard to parents of early adolescents, Wrobel et al. (2003) previously noted that adolescence is a time for maintaining an open atmosphere of communication in order to support the child in the normative grief process that comes with adoption. In the present study, the mothers' reports of their own feelings of loss and grief due to the adoption process somewhat mirror the loss being experienced by their

child (Wrobel et al., 2003). Parents themselves have moved from a position of positivity over their adoption (for some, from a country where they will not have to face "sharing" their child) and control (over the sharing of information with their child) to one of grief (from a newfound understanding of the depth of their child's loss, as well as the loss of information to share) and loss of control.

The sub-theme developmental stage (within the theme of *deep and broad*) is also consistent with prior research (Brodzinsky, 2011; Wrobel et al., 2003). As the child moves into adolescence, the experience of adoption, including that of communication, takes a new direction with increased cognition, curiosity, empathy, and identity development. The mothers here convey this with their reports of, for example, (a) increased questioning by the child regarding origins and birth parents, (b) more mature conversations and queries, and (c) their awareness of the child's need to be normal and to know who they are. They also express their own appreciation of the new bidirectional give-and-take, push-and-pull that is taking place. Conversely, for some, communication decreases, and the child's internal emotional struggles may be played out in non-verbal ways such as artistic endeavors, crying, and shutting out or behavior perceived as negative, reminiscent of prior research findings (e.g., Brodzinsky, 2011; Jones & Hackett, 2007; Palacios & Sánchez-Sandoval, 2005). Finally, as if to heed the call of Wrobel et al. (2003) for research into the role of emotion in the family adoption communication process, the mothers here laid out in detail the complex emotional aspect of this work.

Limitations and implications

Limitations

These results should be considered in light of several limitations. First, the use of focus groups, sometimes argued to be a shallower form of richer qualitative interview study (Liamputtong, 2011), may have resulted in a weaker understanding of the mothers' ACO experience. Additionally, group members' over-participation or under-participation, especially given the sensitive nature of adoption communication, may have limited the results. Similarly, while participation was robust within and between all focus groups, groupthink (MacDougall & Baum, 1997) and audience effects (e.g., members needing to perform for each other; Jarrett, 1993) may have hindered aspects of the lived experience of all participants. Second, the nature of the sample, a purposive sampling of parents who participate in adoption trainings and support groups might be a limitation. Parents who attend such are generally ones who play a more active role in the experience of adoption. Thus, they may be more communicative with, and be more attuned to the feelings and needs of, their child about their adoptive

status. Furthermore, parents who attend such events may have a higher level of training and support, which may have already filtered down into the family's experience of adoption communication. Finally, this sample was also more homogenous in their makeup: all married, all female, all but one white, and all residing in the east south-central region of the U.S. Indeed, not all demographic information (e.g., sexual orientation, socio-economic background, educational level) was solicited from these mothers. Thus, the perspectives underlying this phenomenological report may be limited; future research should expand on this by paying closer attention to the detailed demographics of parent participants, as these aspects of one's identity may impact their experiences as adoptive parents.

Research and clinical implications

Within the adoption research, and some clinical communities, there exists a consensus that ACO is a key family process (Brodzinsky, 2006; Lacher et al., 2012; Watkins & Fisher, 1995). This view has its origins in Kirk's (1964) seminal research and has been greatly expanded on in recent decades (Brodzinsky, 2006; Wrobel et al., 2003). Repeated calls for (a) increased communication *and* parental attunement and empathy regarding adoptive status (e.g., Brodzinsky, 2011; Farr et al., 2014; Horstman et al., 2016); (b) the formulation of guidelines for the implementation of adoption communication (Brodzinsky, 2017); calls for assistance from those outside the adoption practice such as pediatricians (Borchers, 2003; Jones et al., 2020); and the publication of adoptive parent self-help books (e.g., Eldridge, 2009; Gray, 2012; Lacher et al., 2012) have all contributed to a picture of what needs to be accomplished in adoption communication. Nonetheless, parents (Barbosa-Ducharne & Soares, 2016)—and their children (e.g., Le Mare & Audet, 2011)—continue to struggle with ACO (Hawkins et al., 2007).

Our findings are the first (to our knowledge) to reveal the underpinnings of maternal attitudes, emotions, and behavior regarding adoption communication. They shine a spotlight on the complexities that underlie this ongoing struggle to be communicatively open. This rich, thick description then provides a platform upon which to build further ACO research, including but not limited to studies regarding adoptive fathers', children's, and birth parents' lived experiences with ACO. It is imperative that researchers consider ACO as a triadic experience occurring across all *three* units of the triad: birth parents (and family members), adoptive parents (and family members), and adoptive children (Brodzinsky, 2011; Lo et al., 2019). In so doing, care should be taken to recognize that the reported experiences of one group of the triad is a wholly separate phenomenology than that of another.

Additionally, led in part by the prior work of Jones and Hackett (2007), this study provides guidance to agencies of the specific (emotional) needs

of families regarding ACO and lends insight into the value of sharing other adoptive parent and child perspectives to shift culturally engrained beliefs that (a) adoption is second-best; (b) if the adoptive child does not ask, they do not want to know; and (c) adoption communication is limited to telling and talking. Moreover, the interactive format used in this study— focus groups exposed to evocative adoption stimuli—may be useful as a medium in pre-adoption parent training, along with the use of parent peer mentors and ongoing agency support throughout the child's developmental stages. Various participant reports back this up. For example, one member noted engaging in the group provided a "good reminder" to communicate with their child even though they are older and talking less. Other participants found the focus groups are a "way to bond," to normalize their feelings, thoughts, and behaviors and to get support.

While such ongoing support may be prohibitive (most agencies bow out after completing their required time-sensitive post-placement assessment), it would be in the best interests of agencies and governmental oversight organizations to provide such if the goal is greater permanency and improved mental health outcomes (Hartinger-Saunders et al, 2015; Waid & Alewine, 2018). Participants report wanting this and this is consistent with prior calls for agencies and governmental entities to live up to their moral obligation to provide ongoing support (Barnett et al., 2017; Brodzinsky, 2006; Jones & Hackett, 2007; Waid & Alewine, 2018). In addition, an informal survey of adoption-based therapists indicates that many do not incorporate discussions about ACO into their assessments or practice with families and children. Given the role that reciprocal, attuned, and empathic communication plays in the processing of past emotional experiences and building attachment, it would behoove adoption clinicians to consider these findings regarding ACO to enhance their practice.

Relatedly, as foster care roles increase—in part due to the ongoing opioid epidemic in the U.S. (Ghertner et al., 2018; Quast et al., 2018) and possibly due to new regional restrictions on abortion too (Adkins et al., 2024; see also Bitler & Zavodny, 2004 for historical data comparison)—there is a profound need for increased ACO in foster and kinship placements (Jones et al., 2020). Pre-pandemic, over half of all adoptions were from foster care in the U.S. (National Council for Adoption, 2022). Research into this particular population could go a long way to bringing awareness to their specific needs.

Comparably, and in order to not overlook the regularly underserved member group of the adoption triad, efforts to guide birth parents and their family members in communication could ease the unrecognized grief and shame of this population. Future research should examine ACO experiences among birth families and assess needed support. Anecdotal evidence from the PI's own adoption/foster therapy clinical work indicates limited to no support or guidance for this triad member group, beyond that provided

through the goodwill of a private agency. Such support might increase the adoption openness that Brodzinsky (2005) called for among all triad members.

The implications of this study are not, however, limited to those with direct contact with adoptive families. Calls from adoptive families regarding societal stigmas should also be heeded (Baden, 2016). Adoptive families have existed in since the dawn of time, and in the increasingly diversity-conscious Western society, it is only fitting that media moguls shed outdated narratives of the adoptive family as second-best, non-normative, and, thus requiring secrecy and less ACO (Hollingsworth, 2002; Riggs, 2011; see also Chung, 2016). Such a concerted effort across media platforms would allow adoptive families to don a normative stance and discard perceptions that drive the restriction of adoption communication. Indeed, such action by both the media and in society would go a long way in removing the "role handicap" still experienced by parents today (Kirk, 1964, p. 129). For example, presenting attuned ACO experiences in media portrayals—rather than emotionally fraught and secretive (e.g., *The Christmas Prince*, Schultz & Zamm, 2017)—would enable parents and children, including perhaps even birth parents, to observe and explore a different model and narrative of adoption communication. This detailed portrait of the complexity and humanity of adoption communication with a sample of American families raising early adolescents adopted prior to age three serves as a launching point for a new depiction of adoption communication, one that is real and human rather than outdated and imperialistic in its undertones.

Conclusion

Early adolescence is a key period for cognitive and emotional development. During this age and stage, the process of adoption communication within the family moves beyond telling to one of increased intrapersonal and interpersonal experiences even when there is not a lot of verbal dialogue occurring. This study is among the first of its kind to examine the phenomenon of ACO as faced by mothers with their early adolescent children. By stepping into the mothers' lived experiences, a rich picture is revealed of this complex process. In turn, this research identifies a way forward for further research, clinical practice, and adoption advocacy, while providing these mothers with a voice for their struggles when they feel "no one understands."

Notes

1. Despite the nascent prevalence of alternative terms (e.g., first parent, first family) the terms birth mother, father and/or family were used throughout in a nod to the participants in this study who used this term almost exclusively.
2. We chose to capitalize minority racial/ethnic identities (e.g., Black) and lowercase white. We do this to respectfully honor the shared sense of identity and community, in-

cluding discrimination experiences, of such groups, and in recognition of the fact the word white does not (Crenshaw, 1991).

3. As several families had more than one adoptive child living in the home which did not fit the criteria of early adolescence care was made to only code segments of text pertaining to the early adolescent adoptive child adopted prior to age three. In addition, care was made to not code segments of reminiscent text regarding early adoption communication experiences that occurred early in the adoptive experience, (e.g., tales of how they first told their child they were adopted).

4. The terms "parent" or "mother," "maternal" or "parental," and "parent and child" are used to refer to adoptive parent and adoptive child unless otherwise stated (e.g., "birth parent") not as a way of privileging this relationship but rather to conserve verbiage.

5. Cognizant of the guidelines established in Lo et al. (2019), identifying pronouns have been changed to the gender neutral *they*, *them*, *theirs* to add an additional layer of anonymity to these reported results.

6. All children reported on by their mothers were adopted before the age of 3.

7. This discussion around identity development was elicited without any prompting from the investigator.

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Appendix A

Focus group guide

Hello and welcome to our session. My name is Jane Samuel and I am a graduate student at the University of Kentucky.

I want to start by thanking you all for taking the time to join us for our discussion on adoption communication. We appreciate you making the time to come today. The purpose of this focus group is to share ideas to help us develop a better understanding of parents' experiences with communicating with their adoptive children about their adoption. This experience may include actual situations of dialogue with the child, as well as parents' thoughts and feelings about communicating with their child, and finally parents' perceptions of what children are experiencing, feeling or desiring.

You were invited here today because it is important that we hear from adoptive parents like you. Today we will be discussing your experiences and perceptions. There are no right or wrong answers, only differing perspectives. We are interested in all points of view, so please feel free to share all your thoughts, feelings, beliefs and attitudes, even if those differ from other members of the group. Even if no one else in this room has the same opinion, there may be hundreds or thousands of other people in the adoption community who feel just as you do. Also, we are interested in hearing from all of you. So, if you aren't saying much, I may call on you specifically. Feel free to have a conversation with one another about my questions. My role here is to ask questions, listen, and make sure everyone has a chance to share. My role is not to convince anyone of something in particular or to change anyone's mind. In addition, we are interested in negative comments as well as positive comments so please do not feel the need to filter what you say.

Before we begin, let me share a few ground rules.

1. This research project is protected by confidentiality. That means when I write up or report the information from this study you will not be identified in that process by anyone on the research team. As we are a group here today, I ask that we all respect each member's confidentiality by not sharing what we discuss here with anyone outside the group. We will potentially be on a first name basis and later no names will be attached to comments. If you do not want us or others in the room to know your real name today, you are welcome to use a fake name (a pseudonym) if you do not want to share identifying information.
2. I will be recording the session to ensure that everything that was said is accurately captured. Please speak up and only one person should speak at a time. I don't want to miss any of your comments and if several people speak at once, the recording will get distorted. I may also take notes during our session. This is again to help me capture as much as I can from our conversation here today.
3. Our session will last about 60 to 90 minutes. We will take a five-minute break if it appears, we will be going over the hour mark. If we do break, please hurry back to join the group.
4. If you feel troubled or overwhelmed at any point and would like to end your participation in the focus group, please know that you are free to do so. You may exit quietly and if you wish follow-up with the researcher afterward. A list of resources regarding adoption support as well as a list of therapists familiar with adoptive families' needs will be provided.

Let's find out a little bit about each other by going around the room one at a time. Tell us something about yourself as well as the age(s) of your adoptive child(ren). I will start off. As you know my name is Jane. Something about myself is that I am is what some

might call a "mature, nontraditional student" having returned to graduate school after raising my children. My adoptive child is 16.

Opening Question:

1. Tell us something about yourself as well as the age(s) of your adoptive child(ren).
   Introductory Question:
2. What does it mean to you to communicate about adoption with your child?
- Transition/Prompt Questions:
   ○ How often does this communication occur?
   ○ What does this communication look like?
   ○ Tell me about the timing of this communication.

Key Questions (Include Follow-ups):
3. When you think of communicating with your children about their adoption, what goes through your mind?
4. What feelings or emotions do you experience when you think about this communication?
- Prompt/Follow-up:
   ○ It could be a full range of emotions, or feelings.
   ○ There is no right or wrong feeling or emotion.
5. What effect do these emotions have on your ability to be open with your child about adoption?
6. How do you deal with these emotions?
7. What do you think your children want to know about their adoption status?
8. What feelings do you think your children have about their adoptive status? How do you know what your child's feelings are?

Introduction of Stimulus 1:
1. Adoptive parent monologue (Developmental/ongoing perspective)
   a. What emotions did you experience reading this parent's perspective?
   b. To what extent do you think developmental ages and stages impact adoption communication?
   c. What has been your experience with your child(ren) as they have grown from placement until now?

Introduction of Stimulus 2:
2. Adoptive child monologue (musings and wonderings)
   a. What emotions did you experience reading this?
   b. What do you think about this child's thoughts?
   c. What do you think your child's thoughts are about their birth parents?
   d. How would you know if your child was having these thoughts if they don't verbalize them?

Introduction of Stimulus 3:
3. Adoptive parent monologue (empathy for birth parents' perspective)
   a. What emotions did you experience reading this?
   b. What do you think about this parent's thoughts?
   c. What goes through your mind when you think about your child(ren)'s birth parents?
   d. What emotions do you experience when you think about talking with your child about their birth parents?

Appendix B

Stimuli

Stimulus number 1

I felt like it was really important to say the word [adoption] a lot when he was little so that it would never be unfamiliar. So, we used to talk about it a lot…I was shocked when he turned to me one day and asked me this question as if he had never heard of being adopted. And, umm, I was just stunned. I thought we'd been talking about this so much for years, but I think that you have to realize that when a child matures, his, umm, his perception of it changes entirely…So we kind had to review the whole thing, step by step. [adoptive mother]

Stimulus number 2

In terms of my past, I wonder if my parents were ever married, if I have other siblings or half-siblings, if my birth parents think of me, if they would be proud of what I have achieved in my life, if they would try to take credit for me being who I am today. [adoptive individual]

Stimulus number 3

I find no alternative but to love those they came from….It sounds idealistic and unreal to some to not be threatened by my children's "other parents." And on the day my ten-year-old son said, "I wished I lived with my real mom and never knew you." I had to stop and think and realize his loss of the family he never lived with was so huge I bet he did wish that at that moment….If I was him, I might also. Does that mean he does not love me? No, by his very love for me, he is safe to grieve and share the pain of his loss. [adoptive mother]