Adoptees have been found to demonstrate more behavioural issues than biological children. Initial research considered adoption in itself to be a risk factor. However, recent research disputes this assumption and is geared towards examining factors and processes contributing to psychological issues in adoptees. In this regard, this paper proposes a psychological formulation linking being adopted to demonstrated problem behaviours; based on case reports of three adolescents. Introducing the concept of ‘good-fit parenting’, the formulation proposes that problem behaviours in adoptees are mediated by an insecure attachment style; with contributions from parenting behaviours and adoptee's stage of development. This formulation enhances the scope of mental health service provision and research in adoption.

**Keywords:** Adoption, problem behaviour, psychosocial formulation

**INTRODUCTION**

Even for the hardiest of persons, the knowledge that one was adopted can be destabilizing. Findings are relatively consistent that adoptees demonstrate more behavioural issues and utilization of mental health services than biological children.\(^1\)\(^-\)\(^3\)

Recent studies have sought to examine underlying factors and processes associated with reported problems in adoptees\(^1\). In this regard, attachment theory has been urged to be considered as a plausible explanatory framework.\(^1\)\(^,\)\(^4\)\(^-\)\(^5\)

It has been suggested that children adopted before 6 months of age were likely to be inoculated from the negative psychological impact of adoption, as attachment bonds were yet to be cemented. However, studies have found that adopted adolescents in comparison to their non-adopted peers were more likely to have an externalizing disorder, despite their being adopted in infancy.\(^6\)

When empirical studies do not suffice to understand a phenomenon, qualitative research facilitates deeper understanding through narrative exploration. Case studies are preliminary endeavours in this direction. This paper seeks to offer a hypothesis linking adoption to problem behaviours noted in adoptees, from the framework of attachment theory, by examining clinical histories of three adopted adolescents, seen in a psychiatric speciality hospital.

**CASE REPORTS**

Three adolescents, from upper socioeconomic backgrounds, were brought for psychiatric consultation by their adoptive parents. The demographic details and presenting problems of all three adolescents are shown in table 1.

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**How to Cite the Article:**

Table 1: Demographic details and presenting problems of adolescents

<table>
<thead>
<tr>
<th>Name*</th>
<th>Age (in years)/Sex</th>
<th>Education (Grade completed)</th>
<th>Presenting Problems</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nathan</td>
<td>15/Male</td>
<td>9</td>
<td>- Anger outbursts with parents</td>
<td>Two years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Lying and stealing at home</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Use of cigarettes and cannabis</td>
<td></td>
</tr>
<tr>
<td>Sarah</td>
<td>16/Female</td>
<td>11</td>
<td>- Frequent quarrels with parents</td>
<td>Two years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Issues in romantic relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Decline in academic performance</td>
<td></td>
</tr>
<tr>
<td>Arthur</td>
<td>17/Male</td>
<td>12</td>
<td>- Disobedience at school</td>
<td>Four years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Poor academic performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Poor communication with parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Aggressive behaviour</td>
<td></td>
</tr>
</tbody>
</table>

*Names changed to ensure confidentiality.

Nathan

**Family background:** Nathan was adopted at birth. He was disclosed regarding his being adopted in childhood. The current family setup was nuclear. Both adoptive parents were employed as managers in a company. There was history of significant marital discord between his adoptive.

**Personal background:** Nathan’s developmental milestones were attained within expected ages. Description of temperament was suggestive of being difficult. As a child, he received treatment from a local psychiatrist for possible hyperactivity. Due to difficulties in coping with regular schooling, Nathan was enrolled in an open school in the past four years. He was good in mathematics, playing the guitar, and rock-climbing.

**History of present problems:** There were frequent arguments between Nathan and his parents over the previous two years. He was reported to be easily angered, even over trivial issues. He began lying and stealing small amounts of money from home. His aggression, lying, and stealing were limited to the home setting. Nathan began using cigarettes and increased consumption from one cigarette to current use of 10 to 12 cigarettes per day. He also began smoking cannabis in the form of joints. Nathan liked spending time with his friends.

Sarah

**Family background:** Sarah was adopted 13 days post-birth from an orphanage. Her adoption was disclosed to her in childhood. The family setup was nuclear. Her adoptive father was a faculty member at a reputed university, and adoptive mother was a homemaker. With regard to parenting, the father was expressed as being easy-going, while mother was authoritative.

**Personal background:** Sarah’s developmental milestones were attained within expected ages. Description of temperament was suggestive of being difficult. She was a high-performer academically, except in the last few years, since the onset of her reported problem behaviours.

**History of present problems:** In the last two years, before the consultation, Sarah changed two schools. This was brought forth by her refusing to attend school, due to reportedly being teased by male classmates who were jealous of her romantic involvement with another classmate. In the last two years, she had two romantic relationships. A marked decline in academic performance and excessive time spent in the company of her current boyfriend worried Sarah’s parents. They began monitoring her activities, social media accounts, and correspondence with friends. There were frequent arguments between Sarah and her parents, whom she perceived as controlling. On one instance, Sarah ran away from home. Her current support system was her friends and boyfriend. However, she expressed her boyfriend to be possessive, and one occasion, etched his name on her hand with a knife, to demonstrate her love for him.

Arthur

**Family background:** Arthur was adopted 15 days post-birth. His biological father was his paternal uncle. At the time of adoption, his adoptive parents had a 9-year-old biological daughter. Due to infertility issues, Arthur was adopted, as his adoptive parents wanted...
another child. It was a joint family; Arthur lived with his adoptive parents, older sister, and his uncle’s family (not his biological father).

His adoptive father was a businessman, while his mother was a homemaker. Both parents were short-tempered, however, the father was also punitive. At the time of consultation, Arthur did not get along well with any of his family members. His interaction with them was limited.

**Personal background:** Arthur’s developmental milestones were attained within expected ages. He was temperamentally difficult. Although academically bright and social, teachers at school frequently complained that he disturbed other students. He was detained in grade 7 and suspended thrice in grade 10 following disruptive behaviours. He changed school in grade 10, as he was having some academic difficulties.

**History of present problems:** Arthur inadvertently came across his adoption papers at the age of 13 years, whilst cleaning a cupboard. He expressed being sad and angry that his parents had not informed him of his adoption. Upon his request, and unaware of his discovery of his adoption, Arthur’s adoptive parents sent him on vacation to his biological parents’ house. While initially, Arthur was keen to stay with them, discussions with his friends and biological brother (erstwhile cousin) convinced him to return home to his adoptive parents. Subsequently, he discussed the same with his adoptive parents and was reassured. However, his anger towards them persisted, and he became demanding and verbally aggressive towards them. He threatened to kill his adoptive mother. On one occasion, he hit the house-help in anger. His academic performance declined, and he wanted to pursue studies via distance education. He expressed that his friends and girlfriend were supportive and he enjoyed spending time with his pets.

**PSYCHOLOGICAL FORMULATION**

Nathan, Sarah, and Arthur demonstrate externalizing spectrum problem behaviours. Their temperament being difficult could in itself be an explanatory factor. Given the literature on adoption and its association with externalizing behaviours, this could also be a stand-alone explanatory factor. However, there is one pertinent aspect to note in the case histories – the marked aggression directed towards adoptive parents. Thus parents, or specifically the quality of the relationship between parent and child, maybe a contributory factor in all three adopted adolescents displaying problem behaviours.

We propose that the link between adoption and externalizing behaviours is mediated by an insecure attachment style and the development of this attachment style is promoted by parenting behaviours. The emergence of difficulties in adopted children is determined by tasks specific to the stage of development, in this case, adolescence (figure 1).

**Figure 1: Explanatory model linking adoption to problem behaviours**

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Adoption ———— Insecure attachment ———— Emotional/behavioural problems

Parenting

Good-fit parenting

Individuation
(Adolescent onset)

Developmental
Task
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The attachment styles of all three adolescents appear to be insecure, as elucidated in the case histories. Insecure attachment styles are associated with issues in self-worth and poor capacities for self-regulation of emotions and behaviours. The case histories of Nathan, Sarah, and Arthur reflect these difficulties. Nathan was easily angered and engaged in self-damaging behaviours (smoking nicotine and cannabis). Sarah had issues with classmates, ran away from home, and engaged in self-harm behaviour (cutting). Arthur was aggressive and assaultive. All these suggest a diminished capacity for emotional and behavioural regulation and poor self-worth, as noted in the self-sabotaging behaviours.

Amalgamating the concepts of ‘good-enough mother’ and ‘person-environment fit’, we propose the concept of ‘good-fit parenting’. ‘Good-enough mother’, proposed by Donald Winnicott, describes a mother who provides for her child’s needs while facilitating capacities for self-regulation, by not being over-indulgent in need gratification. Person-environment fit, a common term in occupational settings, defines the degree of match between an individual and his/her environment. Drawing from these two concepts, we propose that good-fit parenting is when parenting behaviours match the child’s temperament, towards facilitating capacities self-regulation. We suggest that the absence of good-fit parenting contributed to the development of an insecure attachment style for the three adolescents.

Nathan, Sarah, and Arthur – all three were temperamentally difficult, implying prominence of negative emotional states, low frustration tolerance, difficulty in soothing, and poor adaptability. Parents of all three adolescents appear to have had their own personal issues. There was marital discord (Nathan), incompatible parenting behaviours (Sarah) and punitiveness (Arthur). It may be expected that in such a context, parenting would not have been good-fit, as in, parents would not have been able to adequately cater to their children’s temperamental vulnerabilities. Children with difficult temperaments have innately poor capacities to self-regulate. However, if parenting behaviours are appropriate, they may learn and develop these capacities. With parents themselves facing difficulties, it is unlikely that their words and behaviours towards their children would have been a good-fit towards promoting self-regulation. Poor parental sensitivity and responsivity, and impaired capacities for self-regulation set the stage for an insecure attachment style.

The onset of significant problem behaviours in all three cases was in adolescence. A major developmental task of this phase is to develop a sense of personal identity, which rests on individuation from parents. An insecure attachment style impinges on this process of individuation, as one lacks capacities to deal with the emotional exigencies of independent living. In the background of impaired individuation, the process of establishing personal identities is sought through rejecting established identities (as children of their parents), instead of an amalgamation of salient family an individual aspect of self. Thus, aggression was a behavioural manifestation of the rejection, is directed towards parents. Consequently, aspects related to the individual self, such as achieving competence in academic and non-academic pursuits is forgone; noted in the case reports of Nathan, Sarah and Arthur.

DISCUSSION

The psychological formulation proposed in this paper suggests that the link between adoption and behavioural issues is mediated by an insecure attachment style. The development of this attachment style stems from the absence of a good-fit of parenting behaviours to the child’s temperament; while the manifested problem behaviours rest on the pertinent developmental task of the adopted child.

This formulation is a preliminary endeavour to link the premise of attachment theory and problem behaviours amongst adopted children. Case reports have documented that the internal attachment world of adoptees can change since adoption over the course of bonding with adoptive parents. The onus for ensuring adequate bonding rests on adoptive parents, which may be impacted by parents own mental health issues.

In the proposed formulation, conflicts amongst adoptive parents have been suggested as
probable impediments in parents being able to be receptive to their children’s needs. It may be speculated that if parents were provided adequate post-adoption services within an attachment theory framework, parenting practices are likely to have been a good-fit to children’s temperaments. A similar need for post-adoption services for adoptive parents to facilitate adjustment has been suggested by other researchers.\textsuperscript{5,15}

Adolescence is a period of ‘stress and storm’.\textsuperscript{16} While the prevalence of problem behaviours is higher in the adopted population; studies have shown that the majority of adopted adolescents function normatively, with those demonstrating behavioural issues being outliers.\textsuperscript{1,17-18} The adolescent cases presented in this study are likely outliers, being of difficult temperament and adopted into discordant families. Normative teenage rebellion is likely to be enhanced for Nathan, Sarah, and Arthur in the background of a poor relationship with parents and struggles to individuate.

‘While case reports do not suffice as empirical evidence, the depth of the narrative facilitates formulation of hypotheses for empirical evaluation.’ In terms of research, the proposed formulation offers various avenues. There may be a merit for large scale studies on attachment styles of adoptees, qualitative research on problems noted in adoptees across developmental stages, and evaluation parent-child bonding and its association to mental health problems in adoptees. Clinically, a thorough evaluation of inter and intrapersonal factors of the adoptee is warranted before any intervention for reported mental health problems. There is a necessity to address attachment issues, irrespective of the age of the adoptee. As a policy, post-adoption services for both parent and child with a purpose to enhance the quality of bonding are suggested.

The cases presented in this paper may not offer sufficient content of the information for the reader. This may include clinical case history material, standardized assessments, and so forth. The content of the cases presented in this paper was taken retrospectively from the case records; hence limited to the information available in them. Any other requisite information with regard to the cases may be presumed to not have been elicited at the time of case management, and/or not recorded. However, it is hoped that this does not negate the veracity of this manuscript. The authors have sought to provide adequate information to propose a unifying psychological formulation. Empirical studies are required to examine the accuracy of this formulation.

**REFERENCES**


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