Reflecting on Race and Family Identity: Therapy with a Multiracial Adoptive Family

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Although transracial adoptions are controversial, they continue to occur and to be controversial. This article illustrates a postmodern family therapy approach to work with families who adopt transracially. In the case illustrated, the racial identity of the family is placed in the foreground, and a dialogue is initiated about the significance of race and racism in the struggles of the adolescent client and in the adjustment and cohesion of the family as a whole. Guidelines are offered for therapists working with multiracial family issues.

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Transracial adoption, particularly in the case of Black adoptees, has been the subject of intense disagreement over the past 20 years. In 1972, the National Association of Black Social Workers (NABSW), concerned that adoption agencies were not working hard enough to find homes in the Black community for Black infants and children in need of adoption, took a firm stand against the adoption of Black children into White families. In the wake of the NABSW position, the Child Welfare League of America revamped their 1968 policy, which was based on the idea that “racial background in itself should not determine the selection of a home for a child” (cited in Brodzinsky & Schechter, 1990, p. 189). The new policy, written in 1973, stated: “Children in need of adoption have a right to be placed into a family that reflects their ethnic or cultural heritage.” A qualifier was added to the effect that “children should not have their adoptions denied or significantly delayed, however, when adoptive parents of other ethnic or cultural groups

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are available” (cited in Brodzinsky & Schechter, 1990, p. 190).

From the early 1960s through the mid-1970s the number of transracial Black-White placements grew (Silverman & Feigelman, 1990). Although the numbers of such adoptions then began to decline, Black-White transracial adoptions are still a visible phenomenon in the United States today. According to Barth (1995), 8% of all adoptions are transracial or transethnic and 1% represent adoptions of Black children by White parents.

Although disagreements about its advisability persist, some argue that the number of these adoptions will continue to grow (Jones, 1993). The most significant decrease in children available for adoption has occurred among healthy White infants. An increase in international adoptions of Hispanic children and Asian children, particularly Korean children, makes up somewhat for the shortage of White children, but there are still many Black infants and children in need of adoption. Given that the vast majority of couples waiting to adopt are White, and at least 50% of adoptable children are Black, there is good reason to believe that there will be an increase in White families adopting Black children. Agencies such as the Committee to End Racism in the Child Welfare System and the National Council on Adoption are arguing that “taboos against race-mixing have kept thousands of black children in foster care, even while white parents on waiting lists are willing to adopt them” (New Republic, 1994). Barth (1995) argued that, in fact, “the burden of proof is shifting to the opponents of greater flexibility in placement” (p. 55).

Given the existence of transracial adoption, there are many unanswered questions about what can be done to facilitate the adjustment of the parents and children involved. In this article, I do not take a position on transracial adoption. Instead, I illustrate the clinical use of a postmodern family therapy approach that makes race, racism, and family identity central themes in therapeutic dialogues with transracial, adoptive families, specifically Black children adopted into White families. The approach honors ideas that have sprung from the work of postmodern family therapists (Andersen, 1987; Anderson & Goolishian, 1988; Hoffman, 1993; White & Epstein, 1990), which can be helpful in fostering the development of family cohesion, multicultural perspectives, and antiracist strategies in therapeutic work with White families who have adopted Black children.

**WHITE PARENTS ADOPTING BLACK CHILDREN**

Prior to the 1970s, Black children were among the large group of children who were deemed unadoptable for reasons of racial background, age, or disability (Hartman, 1979). With those children, accommodations were often made so that less adequate parents were sometimes deemed acceptable. Hartman asserted: “If hard-to-place children tend to be harder to raise on the basis that they are struggling with some special status, handicap, or problem it seems ironic that they are placed with couples who, perhaps, have fewer resources” (p. 22). Illustrating an example of problematic motivation, Hartman described the following situation:

One white family that had expressed an interest in adopting a child of mixed racial heritage was discovered to be quite distant from their families of origin, both of which lived in the same county in the rural south. When the worker inquired about the extended family’s reaction to their adoption plans, the potential adoptive couple assured the worker that the extended family did not know about this nor did they plan to
tell them until the adoption was completed. On examination it became clear that the extended family would be angry and disapprove. It began to seem that at least part of the couple's motivation was related to their effort to rebel and separate from their families of origin. (p. 55)

Today, Black–White transracial adoptions occur in the context of the decreasing number of children eligible for adoption, and the increase in couples seeking to adopt. Decreases in available children are a consequence of the availability of various means of birth control, the legalization of abortion, and the increased number of unmarried women who are choosing to keep and raise their children. Delayed marriage, increased infertility rates, and the possibility in some states of lesbian adoptions are among the factors contributing to the increasing numbers of couples who want to adopt.

White families adopting Black children, like all potential adoptive parents, have a wide variety of motivations for adoption. Although many if not most such families may be driven by altruistic motivations and may be relatively free of racial prejudice, all such adoptions take place in a society in which racism is endemic. In fact, based on my clinical practice, I would assert that the larger social narratives that continue to subjugate and oppress Black people in this society cannot help but form part of the adoptive family story. This larger social discourse of inferiority, often reflected in the extended family and in the local community, can trigger unconscious prejudices and racist responses from adoptive parents, feelings that clash with their positive progressive values and love for the adopted child.

These factors illustrate the complicated context of interracial adoption. They raise questions about the nature of the environment in which adoptive Black children are reared and the family's preparedness for dealing with racism and racial stigma. Certainly the current social context is characterized by racist ideas and behaviors that have clung intrinsically to our national character and government policies for over 200 years. All of these issues factor into the difficulty and complexity of interracial adoption. Even with the best of intentions, white parents are often unprepared for racist attitudes and behavior in the community and how these forces may affect their children and their family (Kallgren & Caudill, 1993; Mullender, 1990; Zuniga, 1991).

RACIAL IDENTITY AND MULTICULTURAL/MULTIRACIAL FAMILIES

Erikson (1963) brought the question of identity to center stage in American psychological discourse. In his developmental paradigm, "The Eight Stages of Man," he stated that puberty ushered in the developmental task of identity versus role confusion. According to Erikson, ego identity develops from childhood identifications, individual endowment, and the opportunities offered by various social roles and is defined as "the accrued confidence that the inner sameness and continuity prepared in the past are matched by the sameness and continuity of one's meaning for others" (1963, p. 261).

These and other theoretical developments have had a significant impact on studies of adjustment in adoption (Hoopes, 1990; Tec & Gordon, 1967; Tousseing, 1962). If identity develops out of early identifications with the parents, what happens in the case of adopted children? With whom do they identify? If they are separated from biological parents at birth, is the important process of early identi-
fication interrupted? Because successful resolution of identity is based on resolution of the preceding developmental crises, is trust versus mistrust, the earliest developmental phase, full of too many complications and contradictions to be successfully resolved by children whose parents “give them up” for adoption? What about inner sameness and continuity in children adopted transracially? Hoopes (1990) wrote that “identity formation and adoption are two complex experiences with multiple interlocking family and social inputs” (p. 165), but also asserted that “families who encourage open discussion of the facts tend to produce more secure, identity-solid adolescents” (p. 164).

What about the development of Black identity? Cross (1991) reviewed scores of Black identity studies conducted between 1936 and 1985 in which the premise has been that, for Blacks, a positive Black identity and a positive feeling towards Blackness and the Black community is essential for a secure and positive personal identity. Through a complex and scholarly analysis of the results of these studies and the social history of their implications, Cross asserted that Black reference group identity and personal identity (personality) do not exist in a positive linear relationship. It is possible, in Cross’s view, to have a mentally healthy personality without being Black-identified, and it is possible to be Black-identified without having a mentally healthy personality.

What Cross (1991) did assert, however, is that Black identity can serve several important functions. A positive Black identity can inspire “the celebration of Blackness, the press to solve Black problems and the desire to promulgate Black culture and history” (p. 217), and it can form the basis of a constructive multicultural perspective. Most important for our concerns regarding transracial adoption, Black identity, according to Cross, “provides a psychological buffer when a person encounters racist circumstances” (p. 215).

It is, of course, perceived damage to Black identity and healthy personality development that has fueled much of the opposition to transracial (White family/Black child) adoption. In examining studies on the effects of transracial adoption, Cross (1991) noted that there are contradictory findings. Heacock and Cunningham (1977, cited in Cross, 1991) found, for example, that Black children who were raised in White families had a tendency to view Blackness more negatively than those who had been raised in Black families. Shireman and Johnson (1986, cited in Cross, 1991), on the other hand, found that Black children adopted by Black or White families had the same proportion of problems related to racial identity.

In sum, Cross (1991) maintained that there are many ways to be Black and many ways to develop a positive identity. Citing the diversity of possible reference group orientations (religious, sexual preference, professional), Cross maintained that there is a “spectrum of identities” (p. 37) possible for Black people. He concluded that the research findings do not clearly support the opposition to transracial adoptions, and more studies are needed to identify those factors that may allow differentiation between more and less successful adoptions.

McGoldrick, Pearce, and Giordano (1982) brought a family perspective to issues of identity, and an ethnic and racial identity perspective to the family therapy discourse. Discussing ethnic and racial identity, they wrote:

If people are secure in their identity, then they can act with greater freedom, flexibility, and openness to others of different cultural backgrounds. However, if people receive negative or distorted images of their ethnic background or learn values from the larger
society that conflict with those of their family, [they] often develop a sense of inferiority and self-hate that can lead to aggressive behavior and discrimination toward other ethnic groups. (p. 5)

Stressing the crucial role of the family, they described ethnicity as

a sense of commonality transmitted over generations by the family and reinforced by the surrounding community. It is more than race, religion or national and geographic origin. . . . It involves conscious and unconscious processes that fulfill a deep psychological need for identity and historical continuity [italics added]. (p. 4)

It is family, then, over the course of generations, which, in McGoldrick et al.’s view, provides a historically situated sense of identity.

Children in transracial adoptions are not raised by biological parents who can pass on the family’s historical, ethnic, and national origin. The experience of racial discrimination, if understood at all, is often understood in only a limited way by White Americans. Therefore, what of Black children adopted into White families? How do they come to security in their identities? What is their identity? How do they deal with the negative messages about their racial identities promulgated in the larger society? What are the messages about Blacks that they either hear or intuit in their own family? If they do develop a sense of inferiority, how does that make its appearance in their relationship to their family members or in the wider network of church, school, and community relations?

In the case of interracial adoption, White families may have little sense of how to provide a historically situated sense of identity. In Working with Adoptive Families Beyond Placement, Hartman (1984) asked: “Will the family have a powerful need to make the child like them or will they be able to allow the child to be who he [sic] is and expand the definitions of the family to include this different person” (p. 67)? This question is of crucial importance when the adoption is transracial.

POSTMODERN FAMILY INTERVENTION

Postmodernism in family therapy is reflected in the many movements away from interventionist strategies toward approaches characterized by collaboration, conversation, and dialogue between therapist and family (Olson, 1995). Postmodern thinkers agree that there is no ultimate or final TRUTH independent of language; rather, there are many variations of reality and truth and multiple perspectives for any experience. The same events may be described in many ways: problem saturated and constraining or problem solving and optimistic (White & Epston, 1990). From a postmodern perspective, there is no single definition of family or family normality. Families come in many forms, and an adoptive family, for instance, is no less legitimate or any less real than a family with only biological children or no children at all. Although families have traditionally been thought to consist of people of the same racial and ethnic heritage, families that include a mix of individuals of different races and ethnicities are also families, as real and as true as any other family. White families, in their choice to adopt transracially, may have already embraced the idea that there is more than one legitimate way to create family, but there are still few narratives to describe the lives of families that are racially different.
Conversating, a familiar colloquialism for many Blacks (a word less widely known than the now nearly universal term, rapping), resonates with postmodern ideas. In fact, conversating is what postmodern family therapy is about. From the reflecting formats of Norway’s Andersen (1987) to the public conversations of the Family Therapy Institute of Cambridge to the innovative questioning and double description of White and Epstein (1990) in Australia and back again to the work of Hoffman (1993) in New England, conversation is the central therapeutic metaphor. And, as is widely known, Black culture is a culture of oral tradition in which storytelling, rapping, conversating, signifying, and spinning tales abound. It is these traditions that inform my own work.

In my practice over the last 10 years, I have seen more than a score of families consisting of White parents and their Black or biracial adopted children. The vast majority of these children have been girls, and most of the families have had other children, some biological, some adopted.

In the pages that follow I will describe an approach I have found useful in working with these families. The approach places the racial identity of the family in the forefront, and initiates a dialogue about the significance of race in the struggles of the developing adolescent (who is the identified client), and in the adjustment and cohesion of the family as a whole.

My approach is to use conversation, questions, and reflections to bring the issue of race to the center of the family’s dialogue about the identified client. The goal of the approach is to expand the discussion of race to include the whole family. This approach is important because the issue of race must be a relevant factor in the development of a multiracial family in the United States at this time. Through talking, constructing thoughtful questions, and sharing ideas, the family can be engaged in co-constructing the meaning of these issues in the life of their family and its members. The history of the idea to adopt a Black child, the history of the experience of difference for the child and for the family, the coevolving identity development of the adolescent and the family, and the acknowledgement of the centrality of race are all seen as central to the amelioration of the family’s distress.

CASE ILLUSTRATION

Presenting Problem

Mrs. Evelyn Miller, Darlene’s mother, called for an appointment saying that she was looking for a Black therapist to work with her 15-year-old adopted daughter who was Black. During the initial phone contact, I asked how she thought a Black therapist might be helpful. Mrs. Miller responded that in the past year or two Darlene seemed to be having “real problems coming to terms with herself. . . . We thought it would be good for her to have a therapist who could also serve as a positive role model.” These comments raised questions for me about whether Darlene had any other Black role models in her life and about her parents’ thoughts on what a Black role model could provide that they could not. I would take this up with them later in therapy.

Darlene’s mother wanted me to see her daughter for individual sessions—as if to stress that this was Darlene’s problem—not a family problem. She added that Darlene also had problems at school: Despite the fact that Darlene was being tutored, she exerted little effort, missed class, and was frequently late for school.
Mrs. Miller went on to volunteer that, "Darlene's tuned out because she can't compete with her siblings, but she never asks for help." I took the opportunity to suggest that the family seemed very important to the solution of Darlene's difficulties and asked her to bring in the whole family for our first meeting. Mrs. Miller said she would "round everyone up."

**Case Formulation**

Based on our telephone discussion, I knew that both racial issues and adoption were central to Evelyn's ideas about Darlene. I also believed that, given Evelyn's location of the problem solidly in Darlene, which could only make Darlene feel blamed and more outside the family circle, a family approach would be most helpful. I agreed with the idea that Black role models would very likely be useful to Darlene, but I did not see this as a substitute for the models her parents should be able to provide. My own observation and clinical experience suggested strongly that successful child development in families where there were different races and cultures occurred most often when the parents took part in the racial and cultural identity development of their children, and even "coevolved" with them a new racial identity for the family as a whole. I planned to assess the validity of these insights in my work with the Millers.

**Course of Treatment**

The family came together after much struggle over schedules. Darlene's father, George, was a professor of computer science and he and his wife Evelyn, a high school English teacher, had two other children, James, 17, a senior in high school and Emily, age 8. The contrast in appearances was immediately noticeable. Darlene had medium brown skin and her hair was in braids with extensions, whereas the rest of the family was fair with freckles and blond hair. Their dress was different too. Darlene had the pressed jeans and unlaced sneakers so characteristic of Black youth at that time, whereas the rest of the family dressed in attire that befitted the casual, almost hippy nature of the college community where they lived. I got a sense early on of how this family looked to the world and, indeed, Darlene said tearfully many session later that one of the problems was "how people look at us. When our family is together, like in the mall, everyone stares."

I opened the session by saying that although Mrs. Miller and I had spoken on the phone, I thought it would be helpful to talk about why they had come. Mrs. Miller began.

**Mother:** Darlene's in and out of latent hostility. She closes herself off from us.

**Father:** Yes, but it's worse than just closing off. It's like having a nonpaying renter in the house.

This alerted me quickly and once again to the questions of membership, adoption, race, and identity. The father's brief statement, in particular, suggested that he did not experience Darlene as part of the family. I was very direct with my reflection.

**Therapist:** So you feel like Darlene is not part of the family?

**Mother:** To us she is or she was, but now she's alienated herself. All she's concerned about is her appearance. It's like an obsession with her. She seems to
need to look handbox perfect. And her friends! She hangs out with all these people from the city. Why can’t she have friends from this town?

Therapist: Well there are some ways in which Darlene is different. She’s adopted. She’s African-American. I’m wondering how you decided to adopt and how you came to adopt a Black child?

At first the parents said that race was not important to them, they just wanted to adopt a child. Several weeks later, when I met with George and Evelyn alone, however, we talked more about their decision. They were married in 1970 after having been involved in the civil rights and antiwar movements of the ‘60s. They said they wanted to adopt a “victimized child,” one that had been hurt by racism. For them, that meant any “third-world child” and when they heard about Darlene, who was then 2 months old, they decided to adopt her. They had a few Black acquaintances, but little close involvement or history with Black people. They gave little thought to the issues and received little or no counsel on them from the adoption agency.

When I met with Darlene alone she talked more about the decision as well. Darlene said she wished her parents hadn’t adopted her.

Darlene: The adopted thing is hard. The racial thing is really hard. I don’t like being stared at. I hate this town. It’s racist and there are hardly any people of color here.

As we talked, Darlene told of an incident where some college students drove by her on the street and shouted “nigger” from their car while she was standing in front of the pizzeria with her friends. When I asked if she had discussed this with her parents, she shrugged her shoulders hopelessly and said no.

Darlene: These kinds of things happen all the time in this town. There’s nothing anybody can do. Anyway, they don’t understand and we don’t really get along.

Although Darlene denied having problems around race at home, it was clear that confronting racism was a big part of her life and it was not something that she felt she could get support with at home. Along with the difficulty of being a teenager and dealing with parents were added the interesting issues of adoption and racial difference.

Her friends from the city were Black teenagers with whom she identified. Many of them were older, particularly the boys, and I believe they served as her unconscious, informally established role models. She also had a fairly close relationship with a Black guidance counselor at school. When I spoke to this counselor, who was part of her school support system, she commented that Darlene had “adoption and racial identity problems.” In her experience, she added, “These kinds of difficulties are common in White families who adopt Black children.”

In our next family session I suggested that we talk about what it meant to be a racially different family, because all of us had discussed these issues in our separate sessions. I asked the parents to begin by talking more about their reasons for adopting Darlene.

Mother: Darlene, we wanted to adopt a Black child because we wanted to help out. There were lots of Black children who were in need of adoption and we
were active in the civil rights movement. We wanted to continue to make a contribution.

DARLENE: I'm not a contribution! I'm me! I didn't ask you to adopt me.

FATHER: I know, Darlene, but we're just talking about how we felt before we adopted you. We had been very active in the civil rights movement. We believed that Black people . . .

DARLENE: (Interrupting angrily) I don't care about that, I . . . (she began to cry)

THERAPIST: (To parents) I think Darlene's been going through a lot that it would be helpful for you to know about.

Darlene's response to what her parents experienced as feelings of altruism were difficult, but understandable. With a great deal of difficulty she spoke about some of her experiences. Her older brother, James, also helped her out by talking about the high school and some of the negative attitudes and the tension between White and Black students. In the course of several sessions I spoke with the family about how, over time, race had become an unspoken issue in the family. When Darlene was in elementary school, the racial slights had been more obvious. Evelyn recalled that one little White girl had referred to Darlene, who was slightly overweight as a child, as a “brown cow.” She talked about the prejudice of some of the towns they had lived in when her husband had been a young untenured professor. The parents also acknowledged the support they had felt in one college community where the Black students took a real interest in Darlene when she was about 4 years old. They braided her hair, played with her, and were “positive role models” for her.

As Darlene grew older and entered junior high school, her parents had less involvement with her friends and the school. Also, because they wanted Darlene to feel like their very own daughter, as she grew older, they talked less and less about race. Their distance in time from the civil rights movement, their move from the city where they had had more Black friends and colleagues, and some of the attitudes they felt Blacks in their new home had about White people adopting Black children had all contributed to the growing silence.

Over the course of our work we moved from discussions of the wider social arena to the specifics of family identity. In the final sessions of the therapy, which lasted for 7 months, we began to talk about race and identity in the Miller family. I asked if racial issues were ever a problem inside the family. The parents quickly said no, although George said his parents were “a little prejudiced” and showed it in their preference of James and Emily. Darlene shrugged this discussion off, but went right to the heart of her own feelings by expressing anger and resentment at her parents’ complaints about how much money she spent on her hair.

MOTHER: It costs over a hundred dollars to put in those extensions. I can’t see spending that much money on your hair and I think Darlene should work to pay for some of that.

DARLENE: James doesn’t work to pay for his haircuts. Why should I?

MOTHER: That’s different. It doesn’t cost hundreds of dollars.

DARLENE: (Looking to me for help) They just don’t get it.

THERAPIST: (To Evelyn) Black hairstyles do cost a lot.
MOTHER: She could wear an Afro. They look beautiful and they don’t cost a fortune!

Evelyn’s ideas about hair were dated. Her expectations that her daughter should wear an Afro was conditioned by her days in the civil rights movement. Adult Blacks, even in the ’90s, sometimes wear Afros, but young people rarely do. We talked in a session with Darlene and Evelyn about modern Black hairstyles. Darlene informed Evelyn and me about what was “in” among her peers. I helped out when needed. We talked about wave nouveaux, relaxers, weaves, extensions, and finger waves and I framed these discussions as relevant to Darlene’s racial and cultural identity.

I met with the parents several times alone to tackle the difficult concept of negative ideas about race within the family. Several comments that Darlene’s parents had made needed to be addressed. We explored their motivation for adopting a Black child and I wondered aloud whether paternalism had played a part. Initially on the phone Evelyn had spoken of Darlene’s inability to compete with her siblings. I asked Evelyn and George whether their feelings about Darlene’s academic difficulties had anything to do with race. Although they denied this, we were able to talk about the “rumors of inferiority” that abound with regard to the performance of Blacks and how their views about Darlene’s performance might be experienced by her. We spoke about their attitudes and responses to Darlene’s Black friends from the city and we talked more about hairstyles.

My approach with Evelyn and George was not to confront them with their racism, but to raise questions about where certain ideas and attitudes came from and to explore how their views might be perceived by Darlene. The heart of my approach was to stimulate Darlene’s parents to consider their own attitudes about race and what they might be communicating to Darlene. These discussions encouraged self-reflection, informed them to a greater extent about some of the subtleties of racial stigma and stereotypes, and mobilized them to fight against racism.

As the family talked together about these issues, the discussions became easier. When her parents expressed their anger about the racism Darlene confronted, she felt more understood and supported. Their determination to talk with school personnel about this also helped. The parents understood more of Darlene’s anger and the reasons for her pulling away, and her experiences called up a renewed sense of injustice within them.

Some sessions later we expanded our discussion to the specifics of family identity.

THERAPIST: You know we’ve been talking for several weeks about race and racism. I’m curious. How do you define yourselves as a family?

FATHER: (After a fairly long silence) I don’t think we do really. I’m not sure what you mean.

THERAPIST: Well, some families identify as African American, some as Irish, or Italian. When there’s an adoption, the term “adopting” or “adoptive family” is sometimes used and when I read my psychology literature they often use the term transracial when a family adopts a child of a different race. I wonder how you describe yourselves?
DARLENE: I just say my parents are White. If people see my parents or ask me about that, I just say I’m adopted. People know I’m Black.

We went around the room and I asked each person how they described their family.

JAMES: I don’t say anything really. Everybody at school knows Darlene’s my sister.

EMILY: In school when we have Martin Luther King Day I say my sister’s African American.

MOTHER: I sometimes say we’re a mixed family.

THERAPIST: (To Evelyn) Well, that is a way of describing the whole family. That’s good. Because I think the whole family has to have an identity of its own. Some families I know describe themselves as multiracial.

I went on to talk with the parents about the Multiracial Family Group, a local group of families of multiple races and cultures that met weekly in town. Some families in the group were multiracial by virtue of an interracial marriage and most of them had biracial children. Some were multiracial because they had adopted a child or children of a different race or culture. The group met often for dinners, picnics, outings, and seminars. They also published a quarterly newsletter.¹ I encouraged the Millers to call one of the contact persons whose names I gave them and speculated that they might find in this group some wonderful role models for their family, not only role models for Darlene, I suggested, but people who would be role models for George and Evelyn and help them in turn to be positive parental role models for Darlene.

I met with the family for three additional sessions and we ended with my letting them know I would be available to meet and talk with them at any time in the future when they found it necessary. All family members felt our talks had been helpful. We ended with the family again exploring their feelings about adoption and about race and racism. The parents understood the source of some of Darlene’s distancing and were mobilized to become active in the school on behalf of their daughter. Darlene, who had always felt supported by her brother, James, at least felt heard by her parents. The most important outcome of our sessions was the beginning of a reestablishment of family cohesion.

Outcome

The family did follow up with the Multiracial Family Group and profited from their involvement. Darlene met other children who were adopted and came from multiracial families, and her parents met other adoptive parents with whom to share their thoughts and feelings. Several of these were White families who had also adopted children of color.

Darlene did contact me some years later to discuss college and whether she would attend a traditionally all-Black college or not. She opted to do so. I was very pleased with her adjustment and optimistic about her college attendance.

¹Newsletters of the Multiracial Family Group of Western Massachusetts, P.O. Box 1216, Amherst, MA 01004-1216.
expected that at some point she would begin to question getting in touch with her birth parents. Although I heard nothing about this, I did hear that she successfully graduated from college and maintained a positive, though somewhat distant, relationship to her parents. Her relationship with her brother and sister remained stronger.

CONCLUSION

Based on this case, it can be seen that, for the Black adopted child, identity issues are extremely complex and both the identity and family-building process is contaminated by racial prejudice and discrimination. Darlene’s identity-making process was aided by the family’s development of a multiracial identity. The family’s identity, in turn, was named and clarified through a series of conversations in which race was the central theme, multiple perspectives were invited, and Black–White dichotomies were avoided.

For therapists working with Black children and adolescents who are adopted by White parents, there are several guidelines I would offer.

• Race and racism are omnipresent in life in the United States. Multiracial families (and most likely all families) avoid this topic at their peril. Encourage families to have open and honest dialogues on these subjects. Assist families so that these dialogues increase their awareness of what their Black children must confront daily and what their own individual responses to these difficulties are.

• Help families to be in touch with other families like themselves. Adopting families, multiracial families, and other families who are different provide role models and friendships that help adoptive multiracial families see themselves as less isolated. The experiences of the family then can become more normalized. Looking only for Black role models for the Black children may increase their sense of difference and can be experienced as distancing by the children.

• Therapists need to remain open-minded about racial identity in these families: They should avoid encouraging youngsters to choose this or that identity. Black youngsters who are adopted into White families may become highly identified as Black; they may identify more with Whiteness; they may identify with both Black and White groups; they may define themselves as mixed. As adopted children they will also make their own unique adaptations to their families.

• In a constructive manner, alert White parents to the ways in which their prejudices and blind spots may interfere with their relationships with their children. Draw upon the adoptive parents’ love for their children and their parental inclination to protect them to mobilize their positive, altruistic energies in the struggle against racism in the interest of their children.

The role of the family therapist is to build on family strengths, to encourage honest and constructive dialogue, and to facilitate change in attitudes and behaviors that inhibit individual growth and family cohesion. Working with transracial adoptive families in this way can increase their successful adaptation in what is still a largely hostile environment.
SELECT REFERENCES/RECOMMENDED READINGS


