



The emotional experience of being internationally adopted: A qualitative study with Nepalese children adopted in Spain

International Social Work

2017, Vol. 60(5) 1141–1153

© The Author(s) 2016

Reprints and permissions:

sagepub.co.uk/journalsPermissions.nav

DOI: 10.1177/0020872816662511

journals.sagepub.com/home/isw



Elisabeth Ballús

Universitat Ramón Llull, Spain

Carles Pérez-Téstor

Universitat Ramón Llull, Spain

Abstract

Research in inter-country adoption is usually focused on being able to determine whether adopted children have more or fewer behavioral problems than non-adopted children. However, there is not enough to enable us to understand the feelings and bonds of the often complex life situations of being an internationally adopted child. This qualitative study with Nepalese child adoptees in Spain explores their inner world with projective methods. The results show that assessment with projective methods reveals dynamics and feelings experienced by adopted children. This can be a useful tool to better understand their psychological needs and properly design professional interventions.

Keywords

Assessment, being adopted, children, inter-country adoption, projective methods

Introduction

The high rate of international adoptions in the last century by Western countries is shaping a new family model and therefore a new social reality. Moreover, widespread adoption by Spanish citizens has become a relatively new and quickly growing trend. During the first decade of the 21st century, Spain has become the country with the second highest number of adoptions in the world after the United States. Between 1998 and 2004, the number of inter-country adoptions worldwide increased by 42 percent, with Spain experiencing a rise of 273 percent (Selman, 2009).

According to the Commission on the Practical Operation of the Hague Convention 29 May 1993 on the Protection of Children and Cooperation in Inter-country Adoption, in 2008 statistics for the five countries that receive the most adopted children (Canada, France, Italy, Spain, and the United States) show that in total numbers, less than one-third of adopted children in the 10 major

Corresponding author:

Elisabeth Ballús, Universitat Ramón Llull, Facultat de Psicologia, Ciències de l'Educació i l'Esport Blanquerna, C. Cister 34, 08022 Barcelona, Spain.

Email: elisabetbb@blanquerna.url.edu

countries of origin went through the Hague process. There were a total of 22,883 inter-country adoptions, with 6686 cases in compliance with the Convention and 16,197 non-Convention cases. These data suggest that an ever-increasing number of inter-country adoptions are not being done according to the Convention standards (Boechat and Fuentes, 2010). In their study of what they call the *gray zones of inter-country adoptions*, the authors identified bad practices and misconduct in several countries.

For many years, research on inter-country adoption (Palacios, 2007) has mainly focused on being able to determine whether the adopted children have more or fewer behavioral problems than non-adopted children. Generally speaking, these have been macro studies using screening techniques like Achenbach's Child Behavior Checklist (CBCL), but we know very little about the feelings of the adopted children. Moreover, this new family structure – couples with adopted children and with or without biological children – is often complex and comes with new needs, and therefore requires a new kind of theoretical and empirical research. The literature reviews have mentioned that the reality of international adoptees is characterized by having many simultaneous losses, both affective and cultural. The role played by feelings of loss and mourning for the biological parents in the psychological adjustment of these adoptees is stressed (Brinich, 1995; Brodzinsky and Schechter, 1990; Brodzinsky, Schechter and Hening, 1992; Pivnick, 2010). Furthermore, most of these children adopted from abroad are transracial adoptees; accordingly, they do not share a cultural and ethnic identity with their adoptive families. They may also experience feelings of loss of their birth cultural heritage, and this may have implications on the construction and integration of their bicultural identity (Ferrari et al., 2015; Harf et al., 2015; Juffer and Tieman, 2009). However, research studies on international adoption have pointed to pre-adoption factors that may affect the emotional development of adopted children. The age at placement can be a protective or risk factor in the psychological adjustment of adopted minors (Erich and Leung, 2002; Howe, 1997; Howe, Shemmings, and Feast, 2001). The qualities of an adopted child's pre-placement care generally show a division between those who were adopted as babies (six months and younger) and those who were adopted as older children. In the case of children adopted as babies, these risks are relatively low (Hodges et al., 2003; Van den Dries et al., 2009). Children adopted at older ages generally experience adverse care experiences prior to their placement (institutionalization, neglect, more loss situations, etc.). All of these factors increase the risk of insecure attachment and behavior problems (Hodges et al., 2003; Howe, 2005; MacLean, 2003).

The aim of this study was to understand how adopted children have lived the experience of being adopted. Our research questions focused on assessing the child's inner world and understanding the feelings and bonds of their particular life situations. We also evaluated their ability to adapt to the new setting (Competences and Behavior problems). The inner world of adopted children was analyzed with the projective method, Corman's Patte Noire (PN) test, and the Child Behavior Checklist/4–18 (CBCL; T. Achenbach) to evaluate the competences and adaptive functions, with the intention of answering three questions: First, is the age of placement a factor that influences emotional development? Second, how do the adopted children experience the loss of their biological parents? And third, would projective methods provide more access to the emotional experience of adopted children?

Method

A qualitative methodological design was used for our study, according to the goals, because it allowed us to analyze the individual experience of each subject. This method concentrates on lived experience, which takes place in particular contexts, so events and phenomena cannot be adequately understood if they are separated from these contexts (Sandin, 2003). The categorization

process in the analysis of qualitative data plays a crucial role. This method was also considered as a relevant methodology due to the way in which it analyzes human interactions (Anguera, 2008).

Participants

Our study was conducted with a sample of 10 children – 5 girls and 5 boys – aged 6–12 years who belong to a children's group for international adoption in Spain, all of whose home country is Nepal. The average age was 10.36 years at the time of the study, and the mean age at time of adoption was 38.5 months (from 8 months to 5.8 years). The mean time of institutionalization was 12.83 months (four subjects were never institutionalized). The inclusion criteria for the children were not only their age, but also two years had to have elapsed since the time of the adoption. The criterion for exclusion was children who suffer from serious mental disorders. For the families, the inclusion criterion was that they have no biological children, only adopted children. The reason we excluded families with biological children is because having biological children could hinder our study since feelings of jealousy and rivalry between the adoptive and biological children may arise. The adoption process becomes slightly more complicated when there is a biological child (Mirabent and Ricart, 2005), and this may therefore have affected what we set out to measure.

Little is known about these children's birth families. In European countries other than Great Britain, including Spain, there is virtually no information on the biological family in the vast majority of cases of international adoption. No contact was maintained with the biological family. This is a process that terminates with the adoption, making it a closed adoption system.

We only had information on the biological families from the Adoptive Parents Interview, and this information was provided to them at the orphanage in their adopted child's home country. From these data, we could highlight the pre-adoptive features of our sample of adopted children arranged by home country factors (Table 1). The first is the economic precariousness that Nepal was experiencing during the period when these children were adopted (between 2000 and 2003) and its direct repercussions, including a low life expectancy rate, which led some of these families to give up the younger children for adoption. According to figures from United Nations Children's Emergency Fund (UNICEF) in 2005, 55 percent of the people of Nepal lived below the international poverty threshold. We should stress the fact that in 7 of the 10 cases in our sample, an added reason why the children were given up for adoption was the death of a parent – in four cases, the death of the father and in three, the mother. The other three cases were solely for economic reasons, and one of these was also due to gender prejudices. In the case of a father's death, in our sample, the widow had to abandon her children in order to remarry. The new husband did not accept another man's children (in three cases). The second pre-adoptive feature is that all of the subjects in the sample left behind some nuclear family members of their biological family in their homeland, and most of them – 6 out of 10 – still have most of the family, father or mother, and siblings. In these cases, the adopted children in our study were the only family members given up for adoption. All of them except one are the youngest children in the family. It is worth noting that at the time of the study, Nepal was considered one of the countries in the so-called *gray zones* of inter-country adoptions (Boechat and Fuentes, 2010).

Measures

Semi-structured Adoptive Parents Interview. This interview was devised specifically to collect data and information related to pre-placement and post-placement history. We chose a semi-structured interview because we needed flexibility within a clinical epistemological framework so that the parents could share the most meaningful aspects of their experiences, yet for our research we

Table 1. Pre-adoptive characteristics of adopted children

	Participants									
	S.1	S.2	S.3	S.4	S.5	S.6	S.7	S.8	S.9	S.10
Children's current age (years)	10.5	10	7	12	11.4	8.10	11.9	11.5	12.9	9.11
Age at adoption (months)	27.5	48	27	9	41	8	65	46	69	45
Pre-adoption residence										
Time with biological family (months)	27.5	31	27	9	20	0	65	32	61	36
Time institutionalized (months)	0	17	0	0	21	8	0	14	8	9
Number of institutions	0	1	0	0	2	2	0	1	1	2
Nuclear family living in Nepal										
Mother	1	0	1	1	1	0	1	1	0	1
Father	1	1	1	1	0	1	0	0	1	0
Siblings	2	3	3	2	0	0	5	0	2	0
Siblings given up for adoption	0	0	0	0	2	0	0	2	0	2
Reasons to give up for adoption										
Mother's death	0	1	0	0	0	1	0	0	1	0
Father's death	0	0	0	0	1	0	1	1	0	1
Only economic	1	0	1	1	0	0	0	0	0	0
Classifications of pre-placement care (Howe, 1997)										
(1) Baby adoption	0	0	0	0	0	0	0	0	0	0
(2) Good start/late adoption	1	0	1	1	0	0	1	1	1	1
(3) Poor start/late adoption	0	1	0	0	1	1	0	0	0	0

needed to have information on certain points. The interview consisted of 30 items and was organized into seven sections: *pre-placement* and *post-placement experiences*, *behavior*, *affective relationships*, *developmental aspects*, *school performance*, and *parent-child dialogue on adoption*.

Classification of pre-placement care. Three types of adoption might be recognized, each associated with a particular kind of pre-placement care: (1) *Baby adoption*, in which children were placed before the age of six months with no adverse care prior to being placed; (2) *Good start/late adoption*, in which children experienced non-adverse care for their first year of life or until the time of placement, but prior to being finally separated from their biological parents these children experienced adverse care, usually in the form of rejection and/or neglect; (3) *Poor start/late adoption*, in which children experienced adverse care during their first year of life and/or until the time of placement, whichever was longer (Howe, 1997).

On the basis of his/her placement care experience, each participant in our sample was placed into one of the three categories mentioned above (and in Table 1).

Child Behavior Checklist/4-18. We used the Spanish adaptation of the CBCL (Achenbach, 1991) drawn up by M. Forns and J. Abad (University of Barcelona). It is addressed to parents as they are the ones who have to answer the questions about their child. The CBCL enables us to obtain standardized information on a wide range of competences and adaptive functions in children and adolescents. It provides different levels of information: *Competences*, *Behavior problems* (grouped into eight syndromes), *Internalization*, and *Externalization*. The first level refers to *Competences*; it enables us to assess the quantity and quality of the child's activity, both socially and at school. It

consists of 20 items. The second level is a 118-item list of *Behavior problems*. It actually has 113 items, but item 56 is divided into six different choices in an attempt to better define it. These items are scored from 0 to 3 according to how often they appear. The results are tallied using different scales based on sex and age group. A factorial analysis yields scores on eight factors, which represent the most common problems or syndromes: *isolation, somatic complaints, anxious/depressive, social problems, thinking problems, attention/hyperactivity problems, delinquent behavior, and aggressive behavior*. What is more, based on some of these, secondary factors are extracted that shape the structure of *Internalization (isolation, somatic complaints, anxious/depressive)* and *Externalization (delinquent behavior, aggressive behavior)*.

Corman's PN test. *Corman's PN test* was applied to all the subjects (Corman, 1989). This is a thematic-projective test: a storytelling test through the character of the little pig Patte Noire, used in children's clinical assessment. It can be considered a European version of the Blacky Pictures Test (Blum, 1950). The PN test is designed to elicit themes related to the child's perceptions of the relationships between parents and children, and siblings. Also, it is a non-threatening projective technique to obtain unconscious material, which may not be expressed in a direct interview (Stovall and Craig, 1990), as with other projective thematic techniques (Thematic Apperception Test [TAT], Children's Apperception Test [CAT], etc.). The stories are invented by the subject and reflect their predominant unconscious concerns. We also noted that a single subject might allude to more than one topic. To paraphrase Sharon Rae Jenkins (2014), the great strength of storytelling as a clinical assessment technique has always been the depth and richness of information that the stories provide about the storyteller. The test was administered according to Corman's (1989) criteria in two main parts: Story and Identifications. (1) *Story*. We started with the frontispiece plate to introduce the children to the main characters of the test. It presents a family structure of the little pig Patte Noire (with a black patch) and two other white piglets of the same size and two adult pigs, one male and one female also with a black patch. The subject has to assign a sex, age, and relationship to each of them. The children tended to react very well to the test and identified with the little pig Patte Noire. The children were then shown all the illustrations in the test (17 plus an experimental one) and were asked to look at them as long as they needed and to choose only the ones that they liked so that they could tell a story about them. There were no limits to the number of pictures they could choose. (2) *Identifications*. The children were then shown the illustrations again, and one by one, regardless of the story they told, we asked them to look at them and tell us which ones she or he liked or didn't like and with which of the characters she or he would like to identify (different members of Patte Noire's family or other characters according to the illustration). They could also identify with 'No One'.

Coding of data. This study groups the stories told by the children into 20 response categories, which were checked by four judges who verified their content validity. The average agreement rate varied from 0.62 to 1.00.

The stories were evaluated using the categories developed by Yarnoz (1993) to assess the children's perceptions of the paternal and maternal images category, and given the absence of categories to evaluate the perception of a fraternal image, we added a category from the study by Ballús, Casas, Virgili and Pérez-Testor (2015). Yarnoz's (1993) study groups the stories told by the children into 20 response categories, which were checked by four judges who verified their content validity. The average agreement rate varied from 0.62 to 1.00. A factorial analysis yielded scores on eight factors, and the resulting validity of the construct in the eight factors explained 63.5 percent of the variance. On the other hand, in the study by Ballús et al., (2015) to assess the triangular relationships, the answers were classified based on 28 items and grouped into four response categories, then

subjected to expert agreement to verify content validity. The average rate of agreement ranged between 0.60 and 1.00. As confirmation of the reliability, Cronbach's alpha was, in general, between 0.56 and 0.74.

Therefore, the categories used to evaluate the stories were the eight factors from factorial analysis by Yarnoz (1993), each with its respective subthemes: *Frustrating mother (loss; mother attacked; father seen as mother)*; *Protective mother/father (protective mother; protective father)*; *Oral relationship (oral relationship with mother; oral relationship with mother in the presence of others)*; *Authority (maternal authority; paternal authority)*; *Parental Aggression (aggressive father; aggressive mother)*; *Replacement mother/father (replacement mother; maternal relationship with third; other paternal or maternal figure)*; *Pleasant relationship with mother/father (mother's pleasant relationship in the presence of others; father's pleasant relationship)*; *Aggression to parents*. Finally, the last category to evaluate the perception of a fraternal image (Ballús et al., 2015) was *Sibling rivalry*.

Identifications. For the purpose of this study, the assessment focused on two main identifications: the little pig Patte Noire and No One. To identify with Patte Noire, the protagonist who takes action, is to be able to take on the situations depicted; and by contrast, to identify with No One is part of the defense mechanism of denial or refusal to take action. The total number of these identifications, Patte Noire and No One, was evaluated following Corman's (1989) criteria. Quantifying the identifications allows us to ascertain the child's ability to accept the different topics shown in the pictures. The normal average identification with Patte Noire is six or seven or more, indicating good self-capacity to identify the situations depicted. Four or more identifications with No One suggests a dominant theme of anxiety that does not allow the subject to identify the themes.

Procedure

The adoptive children were contacted through two agencies in Barcelona that specialize in adoptions from Nepal (CEAI Balbalika and Association of Friends of Nepal). All the families in the sample are Spanish. The tests were applied to the children and the family in their homes. First, the adoptive parents were interviewed. The interviews were registered using an audio recorder and then transcribed. Then we administered Corman's PN test to the child in a separate room. In the case of older children, the parents had previously asked for their children's agreement to collaborate in the study. The children's complete account was registered in the protocol while carefully watching their general behavior and affective reactions. The test was administered in a single session.

Results

Classification of pre-placement care

Outcomes show differences between the participants (Howe, 1997). As shown in Table 1, none of the subjects were classified in the first type of adoption, (1) *Baby adoptions (0–6 months)*. Conversely, seven subjects were classified in the second type of adoption, (2) *Good start/late adoptions*, in which children experience non-adverse care during their first year of life or up until the time of placement. Good-quality early care appears to be a protective factor (Howe, 1997). The rest of the sample, three subjects, were classified in the third type of adoption, (3) *Poor start/late adoption*, in which children experience adverse care during their first year of life or up until the time of placement. Two of them, subjects 5 and 6, had been in two different centers and had consequently undergone more changes in caregivers.

Table 2. Results of the Child Behavior Checklist/4–18 (CBCL, Achenbach, 1991)

	Subjects									
	S.1	S.2	S.3	S.4	S.5	S.6	S.7	S.8	S.9	S.10
Competences scale	53	50	47	46	34	44	39	52	40	52
Activity	51	55	45	42	48	36	35	55	42	40
Social	55	45	54	47	37	52	42	43	33	37
School	33	55	51	52	25	53	55	53	53	55
Internalization scale	52	52	51	31	48	66	55	49	45	46
Externalization scale	32	54	42	51	46	35	46	46	47	52
Behavior problems										
Isolation	53	53	53	50	53	64	<i>61</i>	54	55	50
Anxious/depressive	52	54	50	50	50	64	50	50	50	50
Attention problems	58	58	70	51	54	<i>60</i>	54	63	50	57
Delinquent behavior	50	62	50	50	50	50	50	50	50	50
Social problems	50	52	52	50	50	50	52	<i>60</i>	50	50
Somatic complaints	54	50	54	50	50	56	<i>61</i>	50	50	56

Clinical scores are indicated in bold and borderline clinical scores in italics.

Competences score – Normal range: T-scores higher than 35; borderline clinical: T-scores between 30 and 33; clinical: t-scores under 30.

Behavior problems – Normal range: T-scores under 60; borderline clinical: T-scores between 60 and 63; clinical: T-scores higher than 63.

Child Behavior Questionnaire/4–18

In the results (Table 2) we can see that the global scores on both Competences and Behavior problems fall within the normal range, despite the fact that there are individual cases with scores that show borderline clinical and clinical scores in two participants (subject 5 and subject 6) (CBCL; Achenbach, 1991).

The scores on Competences are within the normal range: T-scores higher than 35, normal; T-scores between 30 and 33, borderline clinical; and T-scores under 30, clinical. The results of Competences, distributed by sex, show that the boys’ scores are significantly higher than those of the girls in school competences: boys (\bar{X} : 53.4), girls (\bar{X} : 43.2). Conversely, the girls’ score is slightly higher than the boys’ on activities: girls (\bar{X} : 48.6) and boys (\bar{X} : 41.4). We should note that in this School Competences scale, subject 1 earned a score within the clinical margin (T: 33) and subject 5 earned a clinical score (T: 25). The overall scores on Behavior problems are also within the normal range: T-scores (totals) under 60, normal; between 60 and 63, borderline clinical; T-scores higher than 63, clinical. With regard to Internalization and Externalization, and comparing the results between the sexes, we can see that the boys have higher scores on the Internalization scale. On the contrary, on the Externalization sub-scale the scores are virtually the same for the boys (\bar{X} : 45.2) and the girls (\bar{X} : 45).

The average scores on Behavior problem syndromes also fall within the normal range. The problems with the higher scores closer to the borderline range are related to attention in both sexes, although they are slightly higher in the girls (\bar{X} : 58.2) than in the boys (\bar{X} : 56.8). The boys also have higher scores on the Isolation syndrome (\bar{X} : 56.8) and Somatic complaints (\bar{X} : 54.6). In the remaining syndrome scores there are no significant differences between boys and girls. On this Internalization scale, we noted that subject 6 earned a score within the clinical margin (T: 66) and on the two syndromes making it up as well: Isolation (T: 64) and Anxious/depressive (T: 64).

Table 3. Results of Corman's Patte Noire (PN) test

	Participants									
	S.1	S.2	S.3	S.4	S.5	S.6	S.7	S.8	S.9	S.10
Story themes										
Frustrating mother										
Loss	0	1	1	1	1	1	1	0	1	0
Protective mother/father										
Protective father	1	0	0	0	0	0	0	0	0	0
Oral relationship										
Oral relationship with mother	0	0	1	0	1	1	1	0	0	0
Replacement mother/father										
Replacement mother	0	1	0	1	0	0	0	0	0	0
Pleasant relationship with father/mother										
Pleasant relationship with father	0	0	0	0	0	0	0	0	1	1
Sibling rivalry	1	0	0	0	0	0	1	0	1	1
Identifications										
PN (average 6/7)	4	10	5	4	1	4	6	4	5	8
No One (average 2/3)	4	1	1	6	8	4	6	7	6	1

Identifications – PN: Normal range: six or seven or more, indicating good self-capacity to assume the situations depicted; No One: four or more identifications suggest a dominant theme of anxiety that does not allow the subject to assume the themes.

Corman's PN test

Results showed (Table 3) that there is a main story theme and two secondary themes: (a) *Frustrating mother: Loss* being the main theme (seven subjects), and (b) *Oral relationship with mother* (four subjects) and (c) *Sibling rivalry* (four subjects) the secondary themes. We should point out that in the stories with themes of Loss, there are also themes related to *Oral relationship with mother*, *Surrogate mother*, and *Sibling rivalry* (Corman, 1989).

With regard to Identifications, we can see (Table 3) that only three subjects (S.2, S.7, and S.10) achieved the average score: normal, six or seven or more identifications with PN, which points to a good self-capacity to assume the situations depicted. The rest of the sample, seven subjects, earned lower than the average – four identifications – meaning that vast majority of the subjects could not assume the themes present in the test. What is more, these seven subjects had higher identifications with No One, an average of six identifications, especially in subject 5 (one identification with 18) and very high with No One (eight identifications). Four or more No One identifications suggest that a dominant theme of anxiety prevents the subject from taking the different topics shown in the pictures (Corman, 1989). These outcomes indicate that the themes depicted by the illustration in the test generated a high level of anxiety in 70 percent of the children in our sample, who are unable to accept these situations.

To close this section, we want to show the overall results of different instruments applied (Table 4) to appreciate the convergence of different tests in the same participant, as is the case of subjects 5 and 6.

Table 4. Global results: CBCL, Corman's Patte Noire, and Howe's classification of pre-placement care

	Subjects									
	S.1	S.2	S.3	S.4	S.5	S.6	S.7	S.8	S.9	S.10
CBCL (Achenbach) ^a										
Competences scale	53	50	47	46	34	44	39	52	40	52
Activity	51	55	45	42	48	36	35	55	42	40
Social	55	45	54	47	37	52	42	43	33	37
School	33	55	51	52	25	53	55	53	53	55
Internalization scale	52	52	51	31	48	66	55	49	45	46
Externalization scale	32	54	42	51	46	35	46	46	47	52
Behavior problems										
Isolation	53	53	53	50	53	64	<i>61</i>	54	55	50
Anxious/depressive	52	54	50	50	50	64	50	50	50	50
Attention problems	58	58	70	51	54	<i>60</i>	54	63	50	57
Delinquent behavior	50	62	50	50	50	50	50	50	50	50
Social problems	50	52	52	50	50	50	52	<i>60</i>	50	50
Somatic complaints	54	50	54	50	50	56	<i>61</i>	50	50	56
Corman's Patte Noire										
Story themes										
Frustrating mother										
Loss	0	1	1	1	1	1	1	0	1	0
Protective mother/father										
Protective father	1	0	0	0	0	0	0	0	0	0
Oral relationship										
Oral relationship mother	0	0	1	0	1	1	1	0	0	0
Replacement mother/father										
Replacement mother	0	1	0	1	0	0	0	0	0	0
Pleasant relationship with father/mother										
Pleasant relationship with father	0	0	0	0	0	0	0	0	1	1
Sibling rivalry	1	0	0	0	0	0	1	0	1	1
Identifications										
PN (average 6/7)	4	10	5	4	1	4	6	4	5	8
No One (average 2/3)	4	1	1	6	8	4	6	7	6	1
Howe's classification										
(1) Baby adoption	0	0	0	0	0	0	0	0	0	0
(2) Good start/late adoption	1	0	1	1	0	0	1	1	1	1
(3) Poor start/late adoption	0	1	0	0	1	1	0	0	0	0

^aClinical scores are indicated in bold and borderline clinical scores in italics.

Discussion

The aim of this research was to understand how adopted children lived the experience of being adopted and assess their internal world. We can answer the first question presented in the introduction: the age of placement is a significant factor that influences the emotional development in our study.

The results of this study indicate that children adopted at an older age have experienced adverse care during their first year of life or up until the time of placement, similar to other studies (Erich and Leung, 2002; Howe, 1997; Howe et al., 2001). Accordingly, our findings also showed that these experiences have affected their emotional development. Two children in our sample – subjects 5 and

6 – were classified in the third type of adoption, *Poor start/late adoption*. They had been in two different centers and had consequently undergone more changes in caregivers: their referents and affective ties have been less clear and stable. In both cases, the outcomes obtained in the CBCL were clinical scores, and in Corman's PN their results showed emotional difficulties. The themes of their stories were loss and a regressive relationship with their mother, and the scores on the Identifications were very low with Patte Noire, particularly in subject 5, as mentioned previously. They were unable to accept the different topics shown in the pictures, displaying a high level of anxiety.

The rest of the sample, seven subjects, were classified with the second type of adoption, *Good start/late adoptions*, in which children experience non-adverse care during their first year of life or up until the time of placement. Early good-quality care appears to be a protective factor (Hodges et al., 2003; Howe, 2005; MacLean, 2003).

Otherwise, in the results of Achenbach's CBCL, all the scores on both Competences and Behavior problems fall within the normal range, except these two subjects mentioned. With regard to Internalization and Externalization, in our overall results we found higher scores in boys than in girls on the internalization sub-scale. With regard to Behavior problems, in our study we found higher scores in attention problems in both sexes, although it was slightly higher for girls. These results dovetail with other studies (Berástegui, 2007) which found that attention problems in adopted girls score highest. Based on the results of our study regarding behavior problems, we can also see that the boys scored higher on the isolation syndrome and somatic complaints. Significant scores were not found in girls in any other syndrome. With regard to the isolation syndrome, our results dovetail with the first study by Verhulst et al. (1992), whose results indicate that boys scored higher on isolation and delinquency and girls on the anxious/depressive syndrome. The study by Dedrick et al. (2008), with children adopted from China, also cites the anxious/depressive syndrome as the one with the highest score in girls and therefore the most significant.

The second question presented in the introduction was 'How do the adopted children experience the loss of their biological parents?' We can answer this question with the outcomes of Corman's PN test. In the themes of the stories, what stand out are stories with themes of Loss, and themes of Loss accompanied by other themes such as *Oral relation with mother* and *Sibling rivalry*. In contrast, we do not find themes with *Pleasant relationship with mother* and only a few with *Pleasant relationship with father*, which would more normally accord with the evolutionary stage of children (6–12 years). These results are quite divergent from other studies with non-adoptive samples (Authors, 2015; Yarnoz, 1993). These findings suggest that feelings of loss of their biological parents are still present despite the amount of time that has elapsed since the adoption (between four and eight years). We should point out that these feelings make it difficult for the children to express their grief over the loss of their biological parents, hindering the development of secure attachments between children and their adoptive parents. The study by Pivnick (2010) suggests that what interferes with mourning in adopted children is that the separation from the birth parent was a traumatic rupture. No loss, such as parents' death or divorce, is comparable to the loss entailed by adoption, which is by far the most complex. It mixes feelings of not being wanted, being rejected, and being abandoned by the biological parents (Brinich, 1995; Brodzinsky and Schechter, 1990; Brodzinsky et al., 1992) and leaves the child with unresolved grief that is difficult to express (Bowlby, 1980; Grinberg and Valcarce, 2006).

As for stories with themes of *Sibling rivalry*, as we mentioned earlier, our sample has unique pre-adoptive characteristics: we should recall that the reason why all the children in the sample were given up for adoption was economic. In six of the cases in the adopted group, the subjects have siblings who still live with both parents or with one of the parents in Nepal. In four of the cases, the children were never institutionalized, and therefore lived with their family until they were adopted. It was the biological family itself that 'handed their child over' to the future adoptive parents, triggering a difficult situation for everyone: the biological and adoptive parents and

especially the adopted child. These data suggest that if the inter-country adoptions are not being done according to the Hague Convention (Boechat and Fuentes, 2010), the children are left unprotected and neglected. These irregular situations may affect the adoption process and the children's emotional development (Drake and Pandey, 1996; Mennen et al., 2010).

The second part of the PN test outcomes is Identifications. The results of Identifications show that the vast majority of the subjects (seven) scored lower than the average identifications with *Patte Noire*, meaning that they could not assume the themes present in the test. In contrast, that seven subjects had higher identifications with *No One* suggests that a dominant theme of anxiety prevents the subject from identifying with the pictures with the defense mechanism of denial. The difficulty that these adopted children showed in identifying with the main character in action in the majority of pictures suggests that these children have suffered from painful, difficult experiences in their first attachment relationships, hindering them from being able to identify with the situations depicted. We want to illustrate these data with the case of two girls in front of two particularly meaningful pictures. The pictures are *Dream about mother*, with the theme of biological mother or adoptive mother, and *Goat*, with the theme of adoptive or foster mother. *Dream about mother* represents *Patte Noire* who is sleeping and dreams about the mother who is watching him or her, and *Goat* represents *Patte Noire* who is suckling a goat who is watching him or her. Subject 4 is a girl aged 12 years who was adopted 9 months ago. She has parents and two brothers living in Nepal; she is the youngest.

In response to the *Dream about Mother* picture, she answered,

... I didn't like it because PN is dreaming that his mother doesn't love him ... Identification: No One.

In response to the *Goat* picture, she answered,

... I liked it because the goat feeds PN because he didn't have food ... Identification: Goat.

Unlike the case of subject 5, the next example is from a girl aged 11 years who was adopted 3.5 years ago. Her father died and her mother remarried. She never asked about her birth mother. She did not like any of the pictures; Her Identifications were with *No One* in both *Dream about Mother* and *Goat*.

In response to the *Goat* picture, she said

... I didn't like it because I believe a pig cannot suck milk from a goat, she should suckle from her mother, not someone else ...

We can see that even though adoption is usually a reparative factor for children (Palacios et al., 2009), being an adopted child can be experienced as not being wanted or adequately loved by their biological parents (Howe, 1997).

Regarding the third and last question presented in the introduction, we can answer that the projective methods provide more access to the emotional experience of adopted children in our study. In the outcomes of this study, we can observe the discrepancy between the results of Achenbach's CBCL and Corman's PN. In the results of CBCL, 80 percent of the subjects earned scores within the normal range, and yet conversely, on the PN test, all the subjects showed greater or lesser emotional difficulties with loss and mourning. It appears that the adopted children make superficial adaptations to the new family setting because they have unresolved grief. These unconscious feelings are difficult to express, but the use of projective techniques may help to do it.

Some limitations of the study should be mentioned. Our study was based on a small sample and was restricted to children adopted from Nepal and to one age group (6–12 years), which limits our ability to generalize, and therefore the results should be interpreted with caution. More studies are required

using much larger samples and with adopted children from different countries of origin in order to check the results. Another limitation is that this study did not address adoptees' identity or the emotional repercussions stemming from the loss of their birth cultural heritage. In the case of cross-cultural studies, further research is necessary to learn more about adopted children's identity development.

Conclusion

An implication of our findings is connected to professional interventions in social work with children and adoptive families. The data presented in this article suggest that assessment with projective methods reveals dynamics and feelings experienced by these children that interfere with their ability to assimilate into a new setting without displays of inattention and symptomatic behavior. The use of these data may help to better understand adopted children's psychological needs and to properly design professional interventions.

Perhaps these insights can be taken into account in pre-adoption and post-adoption support programs with adoptive families in order to facilitate their children's recovery and development. Finally, we hope that this study may show that projective methods can be a useful tool for assessing and improving our knowledge of the inner worlds and perspectives of adopted children.

Acknowledgments

We are grateful for the time and help given by the children and their parents and also for the collaboration of the Spanish international adoption associations from Nepal.

Funding

We would like to thank Universitat Ram3n Llull, which awarded the lead author a research grant that made it possible to write this article.

References

- Achenbach, T.M. (1991) *Manual for the Child Behavior Checklist/4–18 and 1991 Profile*. Burlington: Department of Psychiatry, University of Vermont.
- Anguera, M.T. (2008) 'Evaluaci3n de programas desde la metodolog3a cualitativa', *Acci3n Psicol3gica* 5(2): 87–101.
- Ball3s, E., Casas, M., Virgili, C. and P3rez-T3stor, C. (2015) 'Evaluaci3n de las relaciones triangulares: desarrollo y validaci3n de un instrumento a partir del test proyectivo Pata Negra', *Aloma: Revista de Psicolog3a, Ci3ncies de l'Educaci3 i de l'esport* 33(2), 87–94.
- Ber3stegui, A. (2007) 'La adaptaci3n familiar en adopci3n internacional: el proceso de estr3s y afrontamiento', *Anuario de Psicolog3a* 38(2): 209–24.
- Blum, G. (1950) *The Blacky Pictures. Manual of instructions*. New York: Psychological corporation.
- Boechat, H. and F. Fuentes (2010) 'The Grey Zones of Intercountry Adoption', Special Commission of June 2010 on the Practical Operation of the Hague Convention, Information Document No. 6, pp. 1–11. Available online at: <http://www.iaustralia.org/wp-content/uploads/2012/02/No+6+ISS+Report+on+The+grey+zones+of+Intercountry+Adoption+-Hague+Special+Commission.pdf>
- Bowlby, J. (1980) *Attachment and Loss*, vol. 3. New York: Basic Books.
- Brinich, P.M. (1995) 'Psychoanalytic Perspectives on Adoption and Ambivalence', *Psychoanalytic Psychology* 12(2): 181–99.
- Brodzinsky, D.M. and M.D. Schechter (1990) *The Psychology of Adoption*. New York: Oxford University Press.
- Brodzinsky, D.M., M.D. Schechter and R.M. Hening (1992) *Being Adopted: The Lifelong Search for Self*. New York: Anchor Books.
- Corman, L. (1989) *El Test PN: Manual Primero*. Barcelona: Editorial Herder.
- Dedrick, R., T. Xing Tan and K. Marfo (2008) 'Factor Structure of the Child Behavior Checklist/6–18 in a Sample of Girls Adopted from China', *Psychological Assessment* 20(1): 70–5.

- Drake, B. and S. Pandey (1996) 'Understanding the relationship between neighborhood poverty and specific types of child maltreatment', *Child Abuse & Neglect* 20: 1003–18.
- Erich, S. and P. Leung (2002) 'The Impact of Previous Type of Abuse and Sibling Adoption upon Adoptive Families', *Child Abuse & Neglect* 26: 1045–58.
- Ferrari, L., R. Rosnati, C. Manzi and V. Benet-Martínez (2015) 'Ethnic Identity, Bicultural Identity Integration and Psychological Well-being among Transracial Adoptees: A Longitudinal Study', *New Directions for Child and Adolescent Development* 150: 63–76.
- Grinberg, R. and M. Valcarce (2006) 'El duelo y las fantasías de filicidio en la adopción', *Revista de Psicopatología y Salud Mental del niño y adolescente*, Noviembre 8: 45–54.
- Harf, A., S. Skandrani, E. Mazeaud, A. Revah-Levy and M.R. Moro (2015) 'What Pertinence Is There in the Concept of Cultural Identity for Adopted Children?', *Psychiatrie de l'enfant* 58(1): 299–320.
- Hodges, J., M. Steele, S. Hilman, K. Henderson and J. Kaniuk (2003) 'Changes in Attachment Representations over the First Year of Adoptive Placement: Narratives of Maltreated Children', *Clinical Child Psychology and Psychiatry* 8(3): 351–67.
- Howe, D. (1997) 'Parent-reported Problems in 211 Adopted Children: Some Risk and Protective Factors', *Journal of Child Psychology and Psychiatry* 38(4): 401–11.
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. Basingstoke: Palgrave Macmillan.
- Howe, D., D. Shemmings and J. Feast (2001) 'Age at Placement and Adult Adopted People's Experience of Being Adopted', *Child and Family Social Work* 6: 337–49.
- Jenkins, S.R. (2014) 'Thematic Apperceptive Techniques Inform a Science of Individuality', *Rorschachiana: Journal of the International Society for the Rorschach* 35(2): 92–102.
- Juffer, F. and W. Tieman (2009) 'Being Adopted: Internationally Adopted Children's Interest and Feelings', *International Social Work* 52(5): 635–47.
- MacLean, K. (2003) 'The Impact of Institutionalization on Child Development', *Development and Psychopathology* 15: 853–84.
- Mennen, F., K. Kim, J. Sang and P. Trickett (2010) 'Child Neglect: Definition and Identification of Youth's Experiences in Official Reports of Maltreatment', *Child Abuse & Neglect* 34: 647–58.
- Mirabent, V. and E. Ricart (eds) (2005) *Adopción y vínculo familiar*. Barcelona: Paidós-Fundació Vidal y Barraquer.
- Palacios, J. (2007) 'Dossier post-adopción: presentación', *Anuario de Psicología* 38(2): 181–98.
- Palacios, J., M. Román, C. Moreno and E. León (2009) 'Family Context for Emotional Recovery in Internationally Adopted Children', *International Social Work* 52(5): 609–20.
- Pivnick, B.A. (2010) 'Left without a Word: Learning Rhythms, Rhymes and Reasons in Adoption', *Psychoanalytic Inquiry* 30(1): 3–24.
- Sandin, M.^aP. (2003) *Investigación cualitativa en educación: Fundamentos y tradiciones*. Madrid: McGraw Hill.
- Selman, P. (2009) 'The Rise and Fall of Intercountry Adoption in the 21st Century', *International Social Work* 52: 575–94.
- Stovall, G. and R. Craig (1990) 'Mental Representations of Physically and Sexually Abused Latency-aged Females', *Child Abuse & Neglect* 14: 233–42.
- Van den Dries, I., F. Juffer, M.H. Van Ijzendoorn and M. Bakermans-Kranenburg (2009) 'Fostering Security? A Meta-analysis of Attachment in Adopted Children', *Children and Youth Services Review* 31(3): 410–21.
- Verhulst, F., M. Althaus and H.J.M. Verluis Den-Bieman (1992) 'Damaging Backgrounds: Later Adjustment of International Adoptees', *American Academy of Child and Adolescent Psychiatry* 31(3): 518–24.
- Yarnoz, S. (1993) 'Análisis de la estructura factorial del test Pata Negra', *Anales de Psicología* 9(2): 177–86.

Author biographies

Elisabeth Ballús, PhD is a Professor at Universitat Ramon Llull (URL), FPCEE Blanquerna in Barcelona (Spain). She is a Member and Professor at the Catalan Society of Rorschach and Projective Methods, adhered to the International Rorschach Society.

Carles Pérez-Testor, MD, PhD is a Professor at Universitat Ramon Llull (URL), FPCEE Blanquerna in Barcelona (Spain) and Director of "Institut Universitari de Salut Mental Vidal Barraquer" (URL).