

Reclaiming Lineage: Experiences of Pregnancy and Childbirth for Asian American Adopted Adults

Oh Myo Kim, Lillian Jiwoo Hexter, Emma Yangren Donnelly, and Yuka Hayashi

Department of Counseling, Developmental, and Educational Psychology, Lynch School of Education and Human Development, Boston College

Though often framed as an intervention, adoption inherently involves an attachment rupture and loss of birth family. For adoptees, significant life events, including pregnancy and childbirth, may raise issues around their own birth story, relinquishment, and relationship (or lack of relationship) with birth family. This study is a qualitative analysis of 41 interviews of Asian American adoptees who have experienced pregnancy and childbirth. Using a grounded theory methodology, the core concept that emerged in this study centered around the theme of adoptees raising their own biological children as a form of reclamation of family, lineage, and genetic connection. The disruption of lineage between birth family and adoptee impacted not only the adoptee, but also the adoptee's relationship with their future child(ren). The three main themes included: (1) grief and loss, (2) attachment and adoption trauma, and (3) genetic-relative family health history. Each theme was represented in the relationships between birth family and adoptee and the relationship between adoptee and child.

What is the public significance of this article?

There are very few studies that have examined the impact of pregnancy and childbirth for adopted individuals, many of whom are meeting their first biological relative with the birth of their child. For international Asian American adoptees, there are multiple layers of loss involved with one's relinquishment and adoption, including loss of birth family, country, and birth culture. This study is one of the first to document the experiences of Asian American adoptees who have given birth.

Keywords: Asian American adoptees, adoption, pregnancy and childbirth, adoption trauma

It is common to hear adopted individuals talk about a desire to see themselves reflected in someone else—which parent passed down the shape of their nose, the sound of their laugh, or a particular personality quirk? Many adoptees go their whole lives without knowing someone who is genetically related to them, unless they were raised in an open adoption or have reunited with their birth family later in life. Though the rise of social media and DNA testing has increased adoptees' ability to potentially seek out birth family, it is unfortunately not an option for many adoptees who either do not have records regarding their relinquishment or are hindered by laws that prevent them from accessing those records. However, there is another way that adoptees find genetic connection: through birthing their own biological offspring. Pregnancy and childbirth are undoubtedly powerful experiences for both adopted and nonadopted individuals. New parents recount the awe they feel when holding their child in their arms for the first time—but what if that baby in

your arms was the first person in your entire life that you were biologically related to? This is the experience for many adopted individuals who begin building their own families.

Many adoptees from countries such as Korea, China, and India have reached adulthood and have created families of their own. Nevertheless, much of the existing research on adoptees has focused on outcomes in infancy and childhood; the unique experiences of adult adoptees have not been thoroughly studied. The present study seeks to better understand the experience of pregnancy and childbirth for Asian American adopted adults. The authors focused on three distinct periods of time: the time leading up to pregnancy (i.e., the decision and process around bearing biological children), the experience of being pregnant, and the experience of giving birth. In particular, the authors sought to explore how being adopted and lacking genetic family impact the experience of giving birth to one's own biological child.

This article was published Online First September 19, 2024.

Oh Myo Kim  <https://orcid.org/0000-0002-9931-8718>

The authors have no known conflicts of interest to disclose. This study was supported by a grant from the Office of the Vice Provost for Research, Boston College awarded to Oh Myo Kim.

Oh Myo Kim played a lead role in conceptualization, data curation, formal analysis, funding acquisition, writing—original draft, and writing—review and editing. Lillian Jiwoo Hexter played a supporting role in conceptualization, data curation, formal analysis, writing—original draft, and writing—review and editing.

Emma Yangren Donnelly played a supporting role in conceptualization, data curation, formal analysis, writing—original draft, and writing—review and editing. Yuka Hayashi played a supporting role in formal analysis, writing—original draft, and writing—review and editing.

Correspondence concerning this article should be addressed to Oh Myo Kim, Department of Counseling, Developmental, and Educational Psychology, Lynch School of Education and Human Development, Boston College, 140 Commonwealth Avenue, Chestnut Hill, MA 02467, United States. Email: kimrt@bc.edu

Researching this distinct population contributes to our understanding of family, biological connection, and culture. This study explores the specific intersection of pregnancy and childbirth for transracially and internationally adopted Asian American adults. This is the only study to explore the unique experience of pregnancy and childbirth with Asian American adoptees. The findings will provide insight for psychologists, genetic counselors, social workers, mental health counselors, and medical professionals who provide essential care for this population.

A Brief Overview of Transracial and Transnational Adoption

Due to the significant number of Asian adoptees in the United States, this study specifically sought to understand the experiences of pregnancy and childbirth of adults who had been adopted from Asian countries. South Korea was the first large-scale intercountry adoption into the United States. According to the South Korean Ministry of Health and Welfare (M. Kim, 2013), there have been approximately 110,000 Korean children adopted to the United States since the end of the Korean War in the 1950s. Korean adoption to the United States peaked in the mid-1980's, putting a majority of the cohort of Korean adoptees in their 30s–40s, a time of life in which many have started families. As the number of available Korean infants coming into the United States declined, the number of babies from China continued to rise. Originating in the 1950s and 1960s with the Hong Kong Project, Chinese adoption practices began to gain recognition and popularity in the late 1980s due to China's infamous One Child Policy (Choy, 2017). Between 1999 and 2022, there were approximately 83,000 Chinese children adopted to the United States (U.S. Department of State, 2022). Chinese adoption became a desirable option for many adopting parents due to fewer age restrictions and the ability to adopt as a single parent. International adoption from India, like China, was a way to address overpopulation within the sending country. India began sending babies and children abroad in the 1970s and saw a peak in the 1980s, much like South Korea, sending over 15,000 children abroad. Children were sent to the United States, Sweden, France, and the Netherlands. Many of those adopted to the United States were raised in Indian American families (Selman, 2020). For further reading on the history of adoption from Asia to the United States, we recommend Oh (2015) and Selman (2020).

Critical Adoption Studies

In many academic disciplines, particularly the medical and social sciences, the dominant narrative of adoption is one of salvation, love, and permanency provided to children born into families who cannot care for them. Adoption is the intervention. From this perspective, the new adoptive family offers healing from the adverse or traumatic experiences that occurred prior to placement (van Ijzendoorn & Juffer, 2006). Though researchers (Brodzinsky et al., 2022) acknowledge there may be challenges for adopted individuals and that trauma is a "common experience in the lives of adopted children and youth," researchers claim that adoption itself is not a traumatic experience (p. 9).

As a counter to this narrative, critical adoption studies view adoption as a trauma that has a lifelong impact on adopted individuals, regardless of the adversity experienced before being placed with an adoptive family (Homans et al., 2018). It examines the underlying

power inherent in adoption when it comes to whose voices are most privileged. Critical adoption studies push back on the dominant savior narrative of adoption and instead shed light on the economics of adoption and how a supply of adoptees was created in order to meet the demand of white¹ families in western countries (A. Y. Kim & Lee, 2020; McKee, 2016). Researchers strive to better understand the experiences of adult adoptees who are living with the impact of adoption and early separation trauma. Using a critical adoption studies lens, this study views adoption as a lifelong process that impacts major life events, particularly pregnancy and childbirth.

Pregnancy and Childbirth

For almost everyone who experiences it, pregnancy and childbirth are life-changing events. While research both in the United States and abroad has examined the experience of pregnancy and childbirth, there is surprisingly little research about this topic within the field of psychology. Much of the existing research on pregnancy and childbirth originates from health care fields, or anthropology and sociology, and are primarily conducted in Europe and Canada. This research focuses on the phenomenological lived experiences of women during pregnancy and childbirth and examines their psychological or social identity changes. Prior to this study, there is only one study that focuses specifically on the experience of motherhood for Korean adoptees (Day et al., 2015) and another that examines motherhood for domestic same-race adoptees in Australia (Elizabeth Conrick, 2020).

Previous research on pregnancy has found that women experience both positive and negative aspects of childbirth, with diverse feelings of joy, anxiety, and suffering (Bondas & Eriksson, 2001; Sapountzi-Krepia et al., 2011; Wigert et al., 2019). Existing research has also explored maternal hopes and desires during pregnancy, such as the desire for a healthy baby and future family connection, as well as the impact of health care providers on the mothers' experiences (Bondas & Eriksson, 2001; Sapountzi-Krepia et al., 2011). Faced with uncertainties, lack of control, and fear of pain and injuries, women desire support that can meet their existential concerns (Wigert et al., 2019).

Another area of research has examined how women create representations of pregnancy and how it has impacted their identity. Women's longitudinal perception of their pregnancy was influenced by social contexts such as their own mother's experience of pregnancy (Gagnon, 2021). Identifying as a mother also created a shared bond with other mothers, and mothers who had childbirth experiences that were more difficult and painful felt more bonded to each other (Tasuji et al., 2020). This perceived sharedness of a childbirth experience is important in developing both one's identity as a mother and connections with other mothers.

There is a subset of research exploring the experiences of Asian American women and other women of color, in regard to pregnancy and childbirth. Themes that emerged from these studies typically centered around language; acculturation; cultural perinatal traditions; intergenerational conflict; and access to resources specific to racial, ethnic, or linguistic communities (Nguyen et al., 2023; Yuen et al., 2024). Some themes focusing on racism (e.g., model minority myth) or gendered stereotypes may be relevant to adoptee populations (Du & Steinberg, 2023; Yuen et al., 2024). However, because most

¹ Consistent with The Associated Press, this paper lowercases the term "white" when describing a racial group.

Asian American transracial adoptees are raised in white, English-speaking American families, they do not face the same issues commonly experienced by nonadopted Asian or Asian American individuals. As a result, the existing pregnancy and childbirth literature about Asians and Asian Americans does not reflect the identities or experiences of our participants.

Research on the specific intersection of adoptee identity and the experience of pregnancy and childbirth is almost completely nonexistent, with the exception of the two studies previously mentioned. The first study, conducted by Day et al. (2015), explored the effects of becoming a mother on the development of ethnic and racial identity in Korean adoptees. Another study, by Elizabeth Conrick (2020), asked participants who were same-race domestic adoptees in Australia what it meant to parent their own children as an adoptee. While both studies touched on the intersection of pregnancy, birth, and parenting as an adoptee, the first also included participants who had not yet actually had children, and the second was unable to capture the experience of any transracial adoptees. Findings from both studies indicated that becoming a mother affected participants' self-concepts and identities. Many participants felt that being adopted impacted their experience of being a parent (Day et al., 2015; Elizabeth Conrick, 2020).

Aside from these few articles at the intersection of pregnancy and adoption, there are also works by adopted individuals that explore their experiences of pregnancy and childbirth. Although not empirically based studies, these memoirs and autobiographical writings from members of the community are valuable contributions to the literature. One of the few pieces of writing that encapsulates the intersection of pregnancy and adoption issues is Sjöblom's (2019) graphic novel memoir *Palimpsest: Documents from a Korean Adoption*. In the opening pages of *Palimpsest*, Sjöblom reflects on how becoming pregnant and giving birth to her first child sparked the realization that, as an adoptee, she often forgets that she was birthed from another person. Throughout her pregnancy, she begins wondering what her own birth mother experienced while pregnant. She recounts nightmares in which her son is taken away from her and adopted into a new family. For Sjöblom, pregnancy and childbirth were catalysts to exploring and unearthing her origin story and seeking out answers about her birth family.

Similarly, the 2012 anthology of essays, *Parenting As Adoptees*, highlights the stories of 14 adoptees and their experiences through parenthood. Though this was not qualitatively coded, there were common themes among the writings. Many adoptees wrote about the fear of losing their baby or the baby being taken away after birth and the discomfort of talking about pregnancy and parenting with adoptive mothers who had never given birth. Adoptees also discussed the questions that arose about their birth mother's pregnancy experience and the intergenerational impact of adoption and loss on both the adoptee and the adoptee's own children.

Method

Researchers followed the guidelines outlined in Charmaz (2014) to code the participants' interviews from a constructivist grounded theory lens. Grounded theory is an inductive approach that helps the researcher build an explanatory theory based on themes derived from close interpretations of real-life experiences of the participants (Anells, 1996). Grounded theory is also constructivist in ontology, epistemology, axiology, rhetorical structure, and methodology, because

it does not assume a single objective reality and postulates that researchers and participants coconstruct meaning through interactive dialogue and interpretation (Ponterotto, 2005). Since there is no empirical research on how Asian American adoptees experience pregnancy and childbirth, the grounded theory approach allowed the researchers to develop emerging theories about how participants created meaning from their experiences.

Interview questions focused on the following areas: (a) participants' adoption story and description of their adoptive family, (b) their experience leading up to pregnancy, (c) their experience during pregnancy, and (d) their experience during childbirth and immediately after birth. Researchers followed up by asking whether the participants' adoptive identity impacted their thoughts, feelings, decisions, and relationships with their adoptive family, partner, birth family (if applicable), and health care providers during this time.

Participants

Participants were recruited online. In order to meet the inclusion criteria, individuals must be aged 18–65 years old and identify as Asian American and internationally adopted. They must also have given birth to a child within the past 10 years so that they were within a similar cohort and could easily access memories of the birth. There were over 70 recruitment responses, and 42 individuals consented to participate in the study. One participant was removed from the data set after the interview due to giving birth more than 10 years ago.

The final sample consisted of 41 transracial international adoptees (34 Korean American, three Chinese American, and four Indian American adoptees) who had given birth within the past 10 years. All were raised by adoptive parents who identified as white. This study included 39 female, and two nonbinary individuals ($M_{\text{age}} = 37.97$ years, $SD = 5.03$ years, range = 26–50). The average age at adoption was 9.25 months ($SD = 13.74$, range = 2.5–84), and more than half of the participants were not in contact with their birth family ($N = 22$). All but one participant was currently living in the United States, with 34.1% of them living in the Northeast, 4.8% in the Southeast, 36.5% in the West, and 21.9% in the Midwest. The majority of participants had white partners ($N = 30$) and some had Asian partners ($N = 6$). As per the inclusion criteria, all participants had biological children; two of them also had adopted children and one had stepchildren. Appendix table lists the full participants (all names are pseudonyms).

Procedure

Participants were recruited online through social media (e.g., Facebook), Asian American adoptee listservs (e.g., Chinese Adoptee Alliance), and Asian American adoptee organizations (e.g., Also Known As, AK Connection Minnesota, Boston Korean Adoptees Inc., China's Children International). Recruitment took place from the fall of 2022 through winter of 2023. Interested participants were directed to an electronic consent form which informed participants about the background of the study, procedures, benefits, and potential risks. All forms of communication including the consent, survey, and interview were conducted in English. All participants received a \$25 Amazon gift card for their participation.

After obtaining consent, eligible participants were invited to an online semistructured interview. Interviews occurred in the winter of 2023. Participants completed a Qualtrics survey that asked about basic demographic as well as adoption-specific information. Participants

were assigned a randomized four-digit ID number that researchers used throughout the process of data collection, transcription, and coding. Interviews were transcribed in the spring of 2023.

Data analysis was conducted using grounded theory and a constructivist lens in accordance with Charmaz (2014). After interviews were transcribed and checked for accuracy, they were analyzed line by line. All authors were part of the coding team, and interviews were analyzed thoroughly through an iterative process of coding and consensus in three parts: open coding, axial coding, and selective coding (Fassinger, 2005). Coding took place during the summer of 2023. To ensure quality, the coding team met weekly to discuss any issues while coding independently. Every transcript was independently coded by two people, and if there was a disagreement between the coders, the transcript was brought to the weekly meetings, so the four researchers could discuss the individual codes to reach consensus. After achieving saturation and consensus for all initial codes, researchers discussed broader connective categories. Finally, the authors developed three major categories and one emerging theory.

Researchers engaged in various reflexivity strategies such as memo writing and ongoing discussions about positionality. This was to strengthen the integrity of the research and ensure that the perspectives and experiences of the participants were adequately represented (Finlay, 2002). The research team consisted of two Korean American adoptees, one Chinese American adoptee, and one Asian international student. The principal investigator and first author is a Korean American adoptee with two biological children. The remaining authors are not parents. Utilizing these reflexivity strategies helped the researchers examine how their identities and experiences may have affected interviewing or analysis. Our diverse backgrounds, including adoptees and nonadoptees, as well as a parent and not parents, contributed to the analysis of this study. Reflecting on our experiences with adoption and parenthood, as well as our own expectations about possible future parenthood, raised emotions of hope, fear, and sadness. We discussed questions around the meaning of biology for adoptees, particularly in light of the predominant narrative that love is more important than biology. The authors who hoped to become parents one day expressed fear at the possibility of not being able to biologically conceive or birth a child and what that would mean for them. All the authors expressed some level of sadness around the loss and grief expressed in the interviews as participants recounted longing for what was lost in their experiences being relinquished and adopted to a new country. As authors, it is our hope to provide empirical evidence validating the experiences of Asian American adoptee parents as they navigate pregnancy and birth.

Sources of Data

Data were collected from two sources: the Zoom interview conducted by either the principal investigator (first author) or a mental health counseling graduate student (second author) and demographic data collected via Qualtrics. Interviewers used a semistructured, open-ended format to allow an in-depth understanding of the participants' experience and to build rapport between the researcher and the participants. Interview questions were created through conversations with members of the coding team, a review of the literature, and personal experiences with the phenomenon. The researchers sought feedback on the interview questions from other Asian American adoptees who had experienced pregnancy, and the interviewers

practiced the interview with volunteers. The questions were adapted based on feedback and practice interviews. With the consent of the participants, all interviews were recorded and transcribed. All four authors transcribed the interviews ($M = 50.72$ min), checked for accuracy, and corrected any errors from the transcriptions. All responses were de-identified and transferred to the encrypted university database.

Results

The core concept that emerged in this study centered around the theme of adopted persons raising their own biological children as a form of reclamation of family, lineage, and genetic connection. The disruption of lineage between birth family and adoptee impacts not only the adoptee but the adoptee's relationship with their future child(ren).

There were three main themes: (1) grief and loss (2) attachment and adoption trauma, and (3) genetic-relative family health history (GRFHx). Expanding on the underlying concept of lineage, each theme represents the relationship between birth family and adoptee and the relationship between adoptee and child. These two sides are connected, and often, it was the experience of pregnancy and birth of the child that impacted the adoptee's understanding of the relationship with the birth family.

Theme 1: Grief and Loss

The first theme describes the feelings of grief and loss associated with the loss of birth family, birth culture, and identity (see Figure 1). In every adoption, there are multiple layers of loss associated with the abandonment or relinquishment by birth family, and in the case of international adoption, there are layers of loss associated with birth country, language, and culture. This was the second most common theme, with 707 references across all interviews. For many participants, this fear of loss was related to possible miscarriage or infant loss. Some participants spoke about the feeling of not deserving biological connection with family, while others were afraid that their child would somehow be separated or taken from them.

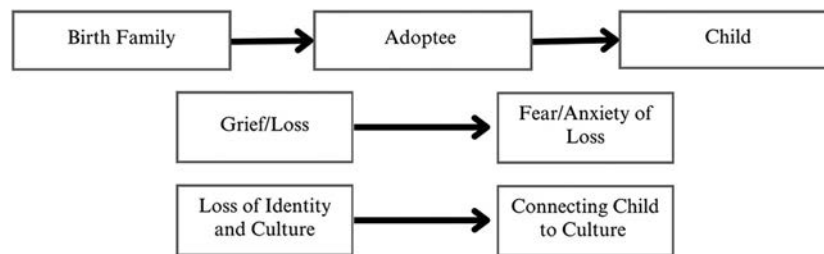
Ava, a 35-year-old Korean adoptee, drew on a popular stereotype of the good and grateful adoptee that had to earn a biological family.

I didn't want to tell anybody I was pregnant. I didn't put it on social media. I kinda had a feeling like maybe I'm not supposed to be able to have this. Like maybe I haven't been good enough or grateful enough to merit having a happy biological family. So it's interesting that you've heard this from other people because I kind of just thought it was like me ... but it was, it was really hard to shake. And it really made it hard to enjoy the experience [of being pregnant]. (Ava)

Ava later discussed that this feeling of being undeserving of biological kinship was tied to a fear of future loss of baby. When the interviewer mentioned that this was a topic common to other participants, Ava noted that, all this time, she thought it was something unique to her experience. For adoptees who do not have connection to other adoptees who have given birth, many of their pregnancy experiences feel like isolated fears or anxieties that they alone endure.

This idea of not knowing any experience other than being separated from biological family was expounded upon by Evelyn, a 35-year-old Korean adoptee. She spoke about a feeling of "dread" that was related to her own separation from her birth mother.

Figure 1
Theme 1: Grief & Loss



It just felt so inexplicable, or just like, why would I have such an intense feeling of dread or fear. ... I felt it on, like a cellular level ... it just felt like, Oh, I've experienced a separation between my first home ... my biological mother. And so if that's been my experience, I don't know another, I don't know another experience or another way. (Evelyn)

Even though Evelyn called this feeling of dread "inexplicable," she was able to identify that her only experience with birth and motherhood was her own experience of being permanently separated from her biological mother. Many participants echoed both Ava's and Evelyn's experience of a fear that was "hard to shake" or felt on a "cellular level." Many participants had a difficult time rationally explaining why they had this fear, particularly when medical staff and their partners/family continued to reassure them that everything was fine.

Another manifestation of this anxiety and fear of loss was around the fear that your child may be taken away immediately after birth. Participants discussed fears that their baby may be kidnapped or taken or that they felt a sense of dread when separated from their baby even when they knew that the baby was being taken by a nurse for medical reasons. Others discussed not wanting to let the baby go to the nursery to sleep, even though they needed rest. Rebecca, a 34-year-old Korean adoptee, described telling her partner to follow their baby.

My worst fear wasn't like dying in childbirth, it was that someone was going to take my kid at the hospital. I turned to my husband and I was just like, follow that baby. I was scared that someone's going to take our baby away. Whatever happens you better follow her. Don't let her out of your sight. ... I swear to God, if my baby gets switched, I'm going to lose it. And I need, I want some level of evidence tracked. Yeah, from person to person, I need you to be that connection so that I know that she was never out of your sight, or I'm not going to trust that it's my baby. And he's just like, Oh, I love you. You're fine. Good job. (Rebecca)

Rebecca told her husband to "be that connection" so he is physically with their baby daughter even when she could not be there. Though participants often felt confused about this fear or its intensity, adoption involves the physical separation of a baby from the mother and the placement with another family. Thus, it makes sense that many adoptees have fears about their own baby being taken away.

The second subtheme focuses on the loss of culture or cultural identity due to international adoption and, then, attempts to create a connection to one's culture for their child. While some participants felt very connected to their Asian cultural heritage before giving birth, others were still in the beginning stages of exploring that side of their identity. Many participants noted that they wanted to give their child something they may not have had growing up. Some

common cultural experiences centered around ceremonies (e.g., the Korean first birthday *doljabi*), food, language, and names.

A common topic in this theme of loss of cultural connection centered around names. For Evelyn, whose child had a typically white European American last name, giving him a Korean first name signified his connection to Korea. Similar to other participants, Evelyn stated that she felt like an imposter when trying to advocate for these cultural aspects.

There was a part of naming him that felt really important to me. ... I felt strongly that I wanted his first name to have some indication of his Koreanness. But then I also felt kind of like an imposter where I was like, I was raised in a white family. I don't speak Korean. So the naming, we looked through a lot of Korean boy names and things ... it was really important to me that his name would be something that he would be able to someday ... be able to connect to his half Koreanness. (Evelyn)

Emily, a 39-year-old Korean adoptee, similarly felt strongly that she wanted her baby's name to be Korean in order to signify his Korean culture and identity. She discussed how her name was taken from her and that she had no agency or choice in that decision. Emily did not want her child to "pass" as white.

Other things in terms of my adopted identity. ... It was a big thing I knew even before we were pregnant, that I wanted the baby's name to be Korean. I felt strongly that my name was taken away from me without my consent. And also having a half white baby, I didn't want our child to default into whiteness through assimilation. I wanted them to have a Korean name so that they couldn't pass as white. (Emily)

Evelyn and Emily knew that their children would have a white European American last name and that their children may phenotypically appear white. They both wanted their child's first name to indicate or signify their Korean identity so that it did not get lost. For participants, the ability to choose a name with a connection to their cultural heritage represented a reclaiming of their Asian identity or signified their child's Asian identity.

Charlotte, a 39-year old Indian adoptee, talked about the desire to incorporate her own Indian culture through naming and food. She also explored her children's multiracial identities and experiences with discrimination.

I always thought I would have a daughter [and give her] my name or maybe incorporate it, but it never fit. And so it's always been ... kind of this in between. I look Indian, but I'm raised white. I wanted my daughters to have that Indian connection. My daughter's technically white passing for Americans, like totally looks white. My youngest ... we had Indian food, and she loved it. And she keeps asking for it. Whereas

I didn't grow up really having Indian food. You just didn't do much of it, you know, and I didn't really care for it then. So I really want them to have that. I want them to have that pride in it.

So my daughter has seen kids be treated horribly because they're people of color, or even like Indian jokes, like of the Quickie Mart. And I'll tell her, that's not okay. Like, this is half you. And I want her to understand that connection and have her see that. (Charlotte)

Charlotte acknowledged that while she did not have a connection to Indian culture growing up, it was something that she wanted to instill in her daughters; however, she wrestled with the in-betweenness of looking Indian but being "raised white" and her biracial daughter appearing or "passing" as white but being raised eating Indian food. For Charlotte, this connection to cultural identity went beyond food or cultural experiences: She also wanted her daughters to understand the impact of racial discrimination. Even after Charlotte acknowledged that her children phenotypically appear white, she wanted them to understand that they are connected to other Indian Americans.

Theme 2: Attachment and Adoption Trauma

The second theme focuses on the impact of adoption on relationships and attachment, with particular emphasis on the impact of adoption trauma and the break in attachment between adoptee and birth parents (See Figure 2). This particular theme was coded 1,010 times throughout all interviews, with the individual subcode, "thinking about birth mother during or after pregnancy" as the highest count (106) of all the subcodes. All participants mentioned their birth mother and birth family in some way, with some participants having searched for birth family, some participants having reunited with birth family, and others never thinking about birth family until they were pregnant themselves. For Silvia, a 39-year-old Korean adoptee, pregnancy evoked a yearning for connection to her birth mother for the first time.

It was really hard to be pregnant. I felt from the moment I found out I was pregnant. And, you know, we decided we wanted to continue with the pregnancy. I remember I went running, and I just started crying, like just crying out and like, tears and just asking for my birth mom to be with me. Like, I just wanted her to be with me. And I didn't have anyone to rely on to tell me what to do. ... And I just felt so lonely. And like all I wanted was my birth mom. And I'd never felt connected to my birth mom before. And that was the first time that I felt that connection. (Silvia)

This yearning for connection to one's birth mother was experienced by many participants when they felt the physical impact of pregnancy.

Though all the participants cognitively knew that their birth mother carried them throughout pregnancy, it was only carrying their own baby that they understood this connection on a physical, visceral level. This increased sense of connection also highlighted the physical separation between adoptee and birth mother.

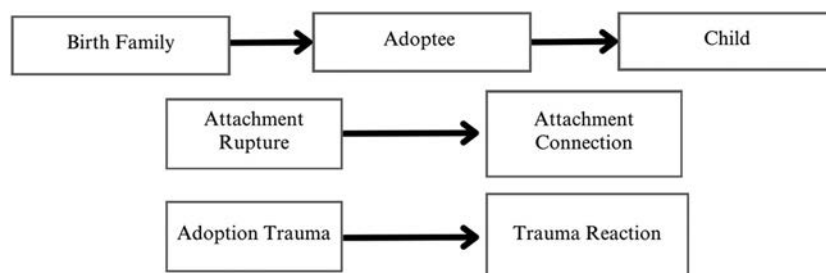
The awareness of the depth of this connection was also related to the increased awareness of the attachment rupture that happened when they were separated from their birth mother/family. In a conversation with her husband, Ava discussed an adopted child's "arrival day," or problematically known as "gotcha day," when a child is adopted and meets their adoptive family. She imagined what it would be like for her own son to be separated from them and adopted into a new family. Ava articulated the dichotomy of adoption, that this is the happiest day for an adoptive parent but also a traumatic experience for the child.

I said to my husband, [our son] would not be okay. And my husband was like, yeah, he would eventually be okay. [I responded] but there would always be a piece of him that was missing. I look at him now ... it's the happiest day of some person's life and [adoptive parents are] saying, this is our gotcha day and this and that and isn't it wonderful? And they change your name and they do all this stuff. And it's like, he knows what his name is, obviously. Yeah, he knows where his nose is and where his ears are. ... You know, somebody is taking some child out of Korea right now, changing their name, and acting like their life began that day. And this is a fully fledged little person. So I think about that a lot now that he's 18 months of age, because just how cruel and super traumatic it is for these kids, right? (Ava)

Though her husband reassured her that their son would eventually "be okay" if he was adopted, Ava asserted that there will always be something missing. Similarly to Ava, many participants came to the realization of how aware and cognizant their baby was at the age that the adoptee was adopted. Silvia, a 39-year-old Korean adoptee, recalled that observing her daughter at 6 months old "broke [her] heart" because she realized how much her daughter understood and recognized her and her husband at that age. When speaking of her daughter she stated there "would be no way she wouldn't have a hard time at that age going to an entirely new country and family." This connection between self-as-baby and their own child highlighted how difficult it must have been for the participants themselves as babies to be sent on a plane and placed into a new environment and family.

With pregnancy and birth, there was also an increased awareness that adoptees were doing something that was markedly different from their birth parents: They were able to keep and raise their child.

Figure 2
Theme 2: Attachment & Adoption Trauma



This awareness of being able to do something that their own birth mothers could not do also extended to the realization that they were doing something that, for some participants, their adoptive mother could not as well. For many participants, the reason their parents chose to adopt was due to infertility and difficulties conceiving. Emily discussed how she understands the privilege she had to be able to biologically birth a baby and also keep and raise that baby.

My Korean mother was able to have children in the way that my U.S. mom couldn't, but then she couldn't keep me. So I was doing something that each of my moms couldn't do. I was that embodiment. And so I felt the weight of that and the privilege. (Emily)

Emily was the bridge between her birth mother and adoptive mother, though she felt "the weight" of being that bridge. Privilege, and the weight of that privilege, was a topic raised by many participants. They acknowledged the very different context and environment of their pregnancies compared to their birth mothers', and this contrast was often paired with a desire to do things better, to give their child something that they did not have. Sadie, a 44-year-old Korean adoptee, called the decision to keep and raise her baby a "cycle break" because she did not have to make "hard choices."

I kind of reflect on it as having this dual experience, like I was sort of walking in the past with my Korean mom, while having my own pregnancy experience. And for me, it felt very healing because I knew the end result was like, it was a bit of a cycle break, right? Like, I didn't have to make hard choices, I wasn't going to relinquish my child and you know, so that was. ... For me, that was a really powerful experience to be able to think I was doing something that she couldn't or didn't want to do. (Sadie)

For some participants like Sadie, the act of raising their own child is an act of reclamation and can serve as a source of healing. Sadie felt she was walking alongside her birth mother while pregnant, but their paths diverged after her child was born. She was able to break the cycle of separation and adoption. For many of our participants, the keeping of their children was an act of generational reclamation of lineage.

Though the concept of adoption as trauma is still debated within the social and medical sciences, 29 participants specifically named adoption trauma or the traumatic experiences related to adoption. These participants did not simply talk about the trauma of separation from their birth mother, but they also talked about the trauma of going to a new country—oftentimes with a stranger on a plane—and the lack of familiar language, food, and faces that they were used to. Claire, a 44-year-old Korean adoptee, imagined the shock to her system to go to a different country as a 2-year-old.

Yeah I just remember thinking, how helpless they were, and how would they communicate with someone in a different country? And what a shock to their system that would have been to be taken away from someone familiar to them. Yeah, it was very heavy. And then it was kind of like, I was very impressed with myself. That I survived that I guess. (Claire)

Later in the interview, Claire said she was "very obviously traumatized," and when the interviewer asked why she would say that, Claire stated that "you can even see it in the pictures, it's just that I'm very sad." Claire adds that she feels she "carried that sadness around for a long time." Another participant, Michelle, a 33-year-old Korean adoptee, recalled the time she came across a small shirt she wore when she came over to the United States.

Can you imagine sending this little human who can fit in a little shirt, like, on a plane to a completely different country, all alone with strangers. I think about that a lot, even as he gets older. I can't imagine him being apart from me now. It's just wild, because you just see how much they need you and how much they know that they're secure and safe. And their understanding of that, from the moment they're born. You know, it's just totally glossed over when people talk about adoption ... imagine giving birth to your child, and then them just leaving you. Like they never get to connect with you. They never get to breastfeed with you, they never get to hear your voice outside of the womb and it's just wild that people can't make that connection. (Michelle)

Michelle and Claire discussed both the separation from birth family and the act of adoption as a traumatic experience. Michelle kept repeating that it was "wild" that people could not understand how difficult that experience would be for a child. Another participant, Denise, a 39-year-old Korean adoptee, remembered being in a social work class and learning about trauma and adoption and being so surprised that she never thought about it. She recalled thinking, "of course it's a trauma" and that "now there's that book, like the *Primal Wound*," but she never thought about adoption as trauma because it was never talked about in that way.

The trauma of adoption also impacted adoptees immediately after giving birth. Isabella, a 39-year-old Indian adoptee, describes the "acute fear of loss" she experienced in the early months after her son was born. She stated that the cause was "100% because of adoption loss and trauma" even though she was adopted at 3 months old.

I'm really realizing a birth mom and her baby are truly connected. I needed him to nurse on me so that my uterus could go back to its place in my body and he needed to nurse off me for sustenance. So there were all of these ways that I was like, Oh, my god, mothers and their babies are inextricably linked and tied to each other. They're basically one for a really long time. And we disrupt that. Adoption disrupts that ... the fear of loss would have been there anyway. And now I feel like I have an even deeper understanding of why, because infants are so, so in their bodies. They expect their mothers scent, they expect their tastes, they expect their warmth, they expect their heartbeat, they expect, you know, everything. (Isabella)

Isabella discussed all the ways she learned how our bodies are made to sustain a newborn baby, and similar to other participants, she later wondered about what that would be like for the birth mother to not have the baby there. Similarly, she wondered what it would be like for the baby to be suddenly taken away from the birth mother and placed with completely new tastes and scents, and so forth and how that would impact the baby. This symbiotic relationship was profoundly emphasized in the months after her own experience of giving birth. Yuna, a 39-year-old Korean adoptee, also spoke about this time period as a particularly difficult one for her, as she went from "a high" to a real low thinking about her own adoption.

You know, I felt like it was like Christmas morning for a while, I was totally on a high for a few days. And then very quickly thereafter, I was like, rocked to my core, with kind of the pain and the trauma of my adoption, thinking about if she was taken away from me, like how intense that would have been, and my body started freaking out, hemorrhaged. Had to go back to the hospital. And then yeah, like, milk was pouring out of me, it was like, I was a total mess. (Yuna)

Many women experience extreme shifts of emotions after pregnancy as there are so many hormonal, bodily, and psychological changes that have happened in a short amount of time. For adoptees, there is

an added layer involving the complex emotions of adoption trauma, including wondering about the separation from birth mother and imagining themselves as a baby going to a new country and family.

Within the context of pregnancy and birth for adoptees, the trauma of separation from their birth mother may manifest in a number of different reactions. One of the more common reactions for participants in this study was the desire to have a “perfect” pregnancy or birth. Though seemingly a positive desire, trying to be an unattainably perfect mother places unnecessary stress and pressure on the adoptee mother. Participants stated that they wanted to give their own child the best start possible, in some ways compensating for their own difficult start in life. Explicitly, they wanted to give their child something that they themselves did not have with their birth mom. Overlapping with Theme 1’s *fear and anxiety of future loss*, Madeline, a 37-year-old Korean adoptee, expressed this desire to do things perfectly and feared that something terrible would happen if she made a mistake.

I remember being horribly afraid of doing something wrong. ... I think I kind of wanted to have a perfect pregnancy. And I don’t know if that’s related to being adopted, or if that’s just something that pregnant people feel but the feeling of not wanting to do anything wrong, not wanting make any mistakes, and definitely a feeling of being worried that I wasn’t going to be able to carry the pregnancy to term or something bad would happen. (Madeline)

This subtheme goes beyond a desire to establish a secure relationship or attachment connection with their child, and it expounds upon the first theme’s concept of being deserving of motherhood or biological kinship. Similar to Madeline, participants wondered how much of their reactions and feelings were a “typical pregnancy response” and how much were related to their experience as an adoptee. This self-doubting of whether something was related to adoption or not, and therefore testing the legitimacy of “normal” feelings and reactions, was seen in all three themes.

Another manifestation of this desire for a perfect or better attachment connection was evident in the many participants who discussed their determination to breastfeed their infant even at the cost of their own physical well-being. For 19 participants, breastfeeding and the desire to breastfeed was specifically mentioned in regard to bonding with their newborn child. Though this desire is common among new mothers, participants in this study connected breastfeeding to fostering an attachment connection that they never had (or assumed they did not have) due to the separation from their biological mother at or shortly after birth. Silvia discussed how difficult it was for her to breastfeed but how committed she was to continue even as her baby lost weight. She wondered, “Was that a problem for my birth mom? Is that maybe why she kept me for seven weeks but couldn’t keep me longer? Like, maybe she couldn’t feed me, right?” For Yuna, it was connected to the idea of being the best mother possible. She believed breastfeeding was the best way to foster that connection with her child. Yuna said that she “walked through hell fire to nurse my child” and even refused any medication. Even though it was “never comfortable” she “desperately wanted that bio connection and to have an experience with her that [she] didn’t have” with her own mother. Yuna, similar to other participants, did a lot of research into pregnancy and childbirth and wanted a birth that did not include medication or intervention as much as possible. In this study, 11 participants explicitly mentioned researching pregnancy and childbirth, and nine participants discussed not wanting to use any medication or intervention during childbirth.

This was representative of the idea that a low-intervention birth is best for fostering an attachment connection between mother and baby (i.e., skin to skin, breastfeeding). Though it may have been painful or difficult, participants mentioned that breastfeeding was an important way to physically connect with their baby.

Theme 3: GRFHx

The third theme focuses on the lack of family and medical history and the rupture of genetic family lineage (see Figure 3). Adoptees are familiar with the experience of going to a doctor and not knowing pertinent GRFHx. During pregnancy, this experience is often amplified due to the increase of doctor appointments and discussions around genetic screening. Michelle, a 33-year-old Korean adoptee, described this experience as potentially triggering, particularly when asked multiple times about medical history.

As adoptees who are going to the doctors, that mystery can bring nervousness. In some ways it can be triggering when your provider continues to forget that you’re adopted. I remember being asked different things throughout pregnancy, like, how much did you weigh when you were born? And I just, like, I don’t know. For people who are adopted it’s not like you hear that story told all the time. ... Just hearing that question again, do you have medical history? Like, I have no idea. (Michelle)

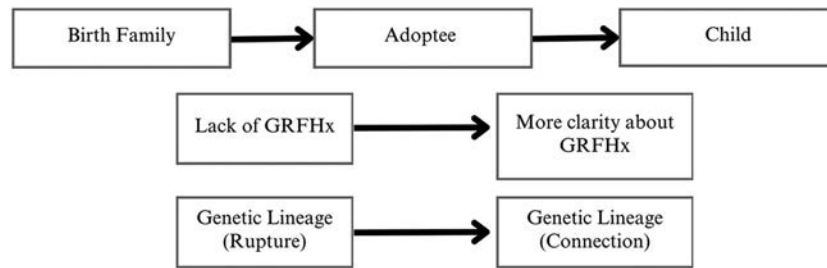
Even for adoptees who are in reunion with their birth family, many do not know their GRFHx. The continual need to assert that they lack this basic information, particularly at a vulnerable time during medical exams, may create feelings of anxiety or inadequacy.

The desire to give birth in order to have a biological or genetic relative, and the fear of not being able to have a biological child, was mentioned by many participants. Celina, a 40-year-old Korean adoptee, discussed how difficult it was for her to try to get pregnant for years. She talked about not wanting to adopt because she “just really wanted to be pregnant, to know what it’s like to have a blood relative.” Madeline, a 37-year-old Korean adoptee, also discussed this fear of “losing the opportunity” to have biological relatives if she did not give birth to a child.

And I think that was also related to this fear of not having biological kin ... not just like losing a pregnancy, but losing the opportunity, the possibility of being genetically related to anyone in the world. I just did DNA testing this year, and I actually found either a second cousin once removed or first cousin twice removed. But I realized that like with finding that person, the amount of people that I was biologically related to who I have not physically birthed into the world, like that infinitely multiplied, right, because like, when you start from zero, anything is infinite. (Madeline)

Madeline’s poetic description of gaining a biological relative through DNA testing highlights the significance of how precious any genetic relative is to an adoptee who does not have any other biological family. Ji-hye, a 41-year-old Korean adoptee, also talked about the fear of not being able to have a biological child and her decision to freeze her eggs a few years earlier. Ji-hye stated that she “just wanted to feel that biological connection to somebody in her life,” and it was so important for her to eventually have that even though she is in reunion with her birth family. As her birth family is not a part of her “day to day life” and she does not know them “to their core,” Ji-hye still had a strong desire to have biological family through a child. Participants discussed this desire with their partners, and in some cases, their partners were confused about why it was so important.

Figure 3
Theme 3: Genetic-Relative Family Health History (GRFHx)



For Victoria, a 37-year-old Korean adoptee, her white partner was initially offended by her desire to have a biological child who would “look Asian.” She was able to articulate to him how important it was for her to be able to have a child and to have “a part” of herself.

I said to my husband, I just want her to look Asian. I feel like he got offended at one point. I don’t know why. But I did say to him, because I was worried about the egg count, because I was already 35 when I got pregnant. And so I said to my husband, I can’t keep waiting. And I remember what changed his mind and us genuinely trying was when [I said], “It means so much to me to have a part of me.” And it was like, boom, he got it. (Victoria)

Related to this desire for a biological child, participants spoke about the power and significance of meeting their first biological relative through the birth of their child. For Amelia, a 37-year-old Korean adoptee, having her own biological children were “the most powerful moments in [her] life.” Amelia felt that her desire to have biological children was “directly correlated to adoption.” It was because she was an adoptee and did not know her birth family, she had “this need to produce a child that looks like [her].” Acknowledging that birthing a baby is typically a profound experience for many people, there is still an additional layer of significance for adoptees who have never met a birth relative. Abigail, a 26-year-old Chinese adoptee, recalled being so tired right after birth that she was too exhausted to feel many emotions. The realization and significance hit her later as she was able to spend more time with her daughter.

I remember crying a day or so after she was born, everyone was gone. It was just me and her at the hospital. And I was singing to her. And I was crying because I just couldn’t believe, first off, she’s my daughter, but also I had rested and had some time to come back to reality and realize like, that’s my first blood family member that I know. (Abigail)

The realization that this was her first biological family member came to Abigail after she had time to recover from the exhaustion of pregnancy. Many participants noted this, and some expressed guilt that they did not feel strong emotions during the actual birthing experience or the first time they held the baby at the hospital. Ashley, a 35-year-old Korean adoptee, described how it was “amazing [and] just blew [her mind] to meet her ‘first genetic relative,’” but she was so exhausted after birth that it “didn’t fully kick in until [she] relaxed.” Fourteen participants specifically discussed feeling detached or dissociated either during pregnancy or immediately afterward.

The theme of genetic lineage rupture and genetic lineage connection was beautifully captured by Isabella. She discussed how she would meditate on the lineage of women who came before her and that

“leaning into her Indian heritage” helped to guide her through pregnancy.

I had a lot of ancestral and spiritual experiences with my biological roots. ... I might be the only one that I know in my lineage who’s doing this, but there were women that came before me. That’s why I’m here. And I can harness their strength to get through this pregnancy and that was hugely important to me and really valuable. Really leaning into my Indian heritage and the traditions and the perspectives of my ancestry to help me. You know, pregnancy is not for the faint of heart. I mean, it’s, it’s a marathon. ... And I had this like, vision of me holding my baby, with all of my maternal line like just surrounding me, and each one of them touching each other, and all of them leading to me and touching me. And my adoptive mother wasn’t a part of that. It was about biology. It really was. And she was a part of it in other ways, but, you know, it really was. ... It was really profound for me. (Isabella)

Isabella was able to imagine the many women of her maternal line that had each given birth encouraging her to keep going. She acknowledged that her adoptive mother was a part of her pregnancy and childbirth in other ways but that this was “about biology” and that she was connected with her biological roots.

Another subtheme of genetic lineage focuses on the physical resemblance between adoptee and their child, something that many participants noted they never experienced with their adoptive parents. Meghan, a 36-year-old Korean adoptee, said that she would often look at her own baby pictures and then look at her baby to see the similarities. Other participants noted that they would stare into their baby’s face to see similarities or even look in the mirror at both faces. For Meghan, it was not “so much having someone related to me by blood, it was just being able to see someone that looks like me.” She goes on to say that “the physical representation, the appearance” is “huge” because it’s been missing her whole life. Rose, a 36-year-old Indian adoptee, talked about her excitement to see a physical resemblance between herself and her child, something she never had growing up.

I was so excited to see what my kid looked like because I don’t have that, my family’s all white. My brothers look like my parents. And so I was so excited to see a resemblance. And my firstborn looks exactly like me, so that was something that I got to take joy in and I still do. It sounds trivial to probably anybody else. ... And [husband’s name] and I have also been like, I wonder what your parents looked like? My husband is so supportive. There were times when we were pregnant, where we would just sit and he’s like, I bet you have your mom’s eyes and like your nose is really Indian. I wonder if that’s from your birth dad. And so yeah, I was excited to see what [husband] and I got to create and see how he looks like me. (Rose)

The interviewer followed up by asking how this felt for her to have her husband bring this up. Rose brought up the contrast between this conversation with her husband and the lack of conversations in her adoptive family about this.

I felt so seen, because like, with my parents, I never had permission to explore that. So I had to give myself permission and freedom. And especially, being married with such a committed, understanding, [person who is] committed to see things from where I'm coming from, it was really sweet. I enjoyed it. It made me feel seen and validated that I have a whole family history that I know nothing about, but it's okay to be curious and wonder and, like, dream about. (Rose)

Rose affirmed that she felt "so seen" and was able to give herself permission to "be curious and wonder." She stated that her husband was able to name how parts of her face were probably passed on from her birth mom and birth dad, connecting Rose's physical features to people she had never met.

Discussion

The goal of this study was to explore the experiences of pregnancy and childbirth for Asian American adopted individuals. There is very little data on this topic, and this study utilized a constructivist grounded theory methodology to uncover themes that emerged from the data. The main theme focused on adopted persons raising their own children as a form of reclamation of family, lineage, and genetic connection. There were three main themes: (1) grief and loss, (2) attachment and adoption trauma, and (3) GRFHx. Expanding on the underlying concept of lineage, each theme represents the relationship between birth family and adoptee and the relationship between adoptee and child. These two sides are connected, and often, it was the experience of pregnancy and birth of the child that impacted the adoptee's understanding of the relationship with their birth family. In some cases, the subtheme that developed in the relationship between adoptee and child was an "answer" to or a fulfillment of the loss that emerged in the relationship between birth family and adoptee. For example, though there was a loss of attachment connection between birth family and adoptee, the birth of the child formed a new connection of attachment between adoptee and child. In other subthemes, the tension that emerged between birth family and adoptee manifested into something related to anxiety or a wish fulfillment for the adoptee and their own child. For example, the experience of grief and loss between birth family and adoptee then manifested into fear and anxiety of future loss during the pregnancy and childbirth of the adoptee's own biological child.

While research has shown that adoptees present in psychiatric or mental health settings at a disproportionately higher rate, students in clinical and counseling graduate programs receive little training in the unique challenges and needs of the adoption constellation. According to [McDaniel and Jennings \(1997\)](#), 65% of clinical psychologists are unable to recall any training course that focused on adoption related issues. At the same time, the American Academy of Pediatrics has found approximately 80% of children in foster care present with considerable mental health needs. Despite families with adopted children tending to seek clinical services at significantly higher rates than biological families ([Howard et al., 2004](#); [Vandivere et al., 2009](#)), adoptive parents report that they struggle to access competent postadoption services ([North American Council on Adoptable Children, 2011](#)). It is evident that mental health providers

and social workers need more extensive, higher quality training in working with child and adult adoptees, as well as families formed through adoption.

There are a number of implications and recommendations for counselors and health care providers. While acknowledging the diversity within the Asian American adoptee population, there were common issues that arose for participants. Participants consistently wondered whether or not their feelings and thoughts were valid or related to adoption trauma. This self-doubting of their experiences was seen across all three themes and manifested in a testing of legitimacy of "normal" pregnancy and childbirth feelings and experiences. Many times, someone would assure the adoptee that everything was fine and normal with their pregnancy. While good intentioned, providers working with adoptees should acknowledge, empathize, and legitimize adoptees' experiences, particularly their feelings of fear, anxiety, and grief.

Theme 1: Grief and Loss

Though this study was targeted to an Asian American adoptee population, all the participants were internationally and transracially adopted into a white family. This dynamic includes layers of loss involving birth family, culture, country, and language. In many cases, these adoptions were proxy adoptions in which the adoptee was placed with a volunteer on the plane and did not meet their new adoptive parents until arrival in the United States. Providers should understand that there is loss and grief inherent in the adoption process and that these feelings may rise to the surface during the time leading up to pregnancy, during pregnancy, and in the time after giving birth.

Many participants discussed the fear of loss of the baby/child due to miscarriage or the fear that someone would take their baby immediately after birth. This fear is similar to [Sjöblom's \(2019\)](#) graphic novel memoir when she yells "They're going to take my baby! They're going to take my baby!" as she is giving birth (p. 15). Numerous participants felt their fears were either "crazy" or "irrational" because their medical providers assured them that their pregnancy was healthy and normal. While the current recommendation from the World Health Organization and the American Academy of Pediatrics is to encourage skin-to-skin contact between the mother and infant immediately after birth, there are many medical reasons why the baby and mother need to be separated after birth, particularly in emergency situations. Health care providers should prepare the adoptee about the probability of the baby being taken away immediately after birth and, when possible, let parents know where the baby will be taken. Health care professionals should also acknowledge how scary it may be to have a baby taken away without the explicit consent of a parent immediately after birth. This applies to all birthing individuals but especially for adopted individuals. Providers working with adoptees should also be aware of the possible heightened fear of miscarriage or loss for pregnant adoptees and should help them name and normalize this fear. This knowledge can be shared with support people (e.g., partners, friends, relatives), mental health clinicians, and medical staff.

Another aspect of loss and grief surrounded the loss of culture, language, and nationality through transnational adoption. Participants in this study discussed the desire to provide "roots" for their child through cultural socialization and exposure. One way they did this was through incorporating an Asian name into their own child's

name. This experience of using names to connect to culture mirrors the experience of Asian American adopted adults who reclaim their birth name in some form (Reynolds et al., 2020). In this study by Reynolds et al. (2020), Korean American adoptees felt that reclaiming parts or all of their Korean name was healing and more aligned with their authentic self and identity. Similarly, participants in our study were able to incorporate parts of their Asian names or discussed the importance of giving their child an Asian name in order to reclaim something that was taken from them.

Theme 2: Attachment and Adoption Trauma

Participants spoke about their experiences of adoption trauma. Adoption trauma or viewing adoption as trauma has been debated by psychological researchers (Brodzinsky et al., 2022). Loss cannot be separated from adoption. Labeling adoption as trauma, with the understanding that one cannot be adopted unless one has lost a primary caregiver, is a way to validate the complex experiences and feelings that an adoptee will experience throughout their lifespan. In the case of international adoption, the removal of a child from their birth country to be sent to another country with a completely different language, food, and culture is a trauma. Placing a child of color with a white family and not having any other people of color in their school, place of worship, or community is a trauma. Adoption trauma, like all experiences of trauma, should be viewed as multidimensional and complex. It will likely impact adoptees differently at various developmental stages throughout their life. Referencing the ways adopted children have improved physically and psychologically does not discount the traumatic nature of adoption in which a child loses their primary caregiver. The insistence that adoption is not trauma and that adoption is an intervention causes harm to adopted individuals through the narrative that an adoptee must now feel “grateful” to have been adopted.

Part of this theme involves a desire to foster a healthy attachment connection and, in some cases, to be a “good mom” or have a “perfect pregnancy.” In many of these instances, this desire includes an explicit acknowledgement of the attachment rupture between the adoptee and their birth mother. In the book *Parenting as Adoptees*, H. K. Kim (2012), a Korean adoptee psychologist and mother, writes about the way pregnancy and birthing was a way to work out the separation between her and her birth mother. The desire to have a strong attachment connection with the adoptee’s own child is viewed as reparative or corrective, in that the adoptee is able to provide something that their own birth mother could not provide. For some participants, this desire also included feelings of pressure to have a “perfect” pregnancy and enact motherhood in the best way possible. Some participants mentioned the intense desire to breastfeed or the wish not to use any medication so as to have as natural a birth as possible. Providers should be aware of the possible tendency for adoptees to want a “perfect” pregnancy or birthing experience and the potential disappointment if things do not go as planned. Mental health providers are encouraged to help adoptees explore what pregnancy and parenthood represents to them and how to create space for many different types of birth experiences.

Theme 3: GRFHx

There are a number of groups who do not have GRFHx, and visits to the doctor’s office often include an awkward encounter when filling

out forms and not having the necessary information. This can be alleviated by having a box for adopted individuals to check so they can clearly indicate their adoption status. Some adopted individuals do have GRFHx, though many do not. For adoptees seeking to become pregnant or are currently pregnant, this involves many visits to different medical providers. As patients, adoptees are in a vulnerable position, and there is a power dynamic when asked by a doctor why they do not have GRFHx. Some adoptees choose to disclose more information about their background, and others would rather not disclose more than necessary. Providers should ask questions pertinent to treatment but should also demonstrate sensitivity around inquiries that originate from curiosity and not medical necessity. Providers should clearly indicate in the adoptees’ chart that they are adopted so that the adoptee does not have to continually repeat the same information.

Participants in this study discussed the desire to meet someone who is genetically or biologically related to them. Though the importance of genetic familial ties is sometimes minimized, particularly by people who have close genetic familial ties, participants discussed a strong desire to connect with someone who is their genetic family. This desire was even expressed by the few participants who had met their birth family. When discussing this desire, some participants mentioned feeling guilty about wanting this, as if genetic family connection should not be important to them. Providers and family members can offer space and support for adopted individuals to express a range of desires and emotions related to connection with genetic family. This freedom to be curious about genetic or biological family echoes many adoption researchers’ recommendations (O. M. Kim et al., 2012; Von Korff & Grotevant, 2011) for adoptive parents to have more open communication regarding birth family. We continue this recommendation for open communication as adoptees experience pregnancy and childbirth.

There was a wide range of different emotional experiences expressed by participants immediately after childbirth. Some participants felt guilty that they did not have an immediate connection or bond with their child or that it was not a more immediately moving experience. This is similar to adoptee reunions with birth family. In *In Reunion*, Docan-Morgan (2024) wrote about the metaemotional experience that some adoptees experienced during their initial reunion with their birth family due to an expectation that they would feel certain emotions; however, many adoptees did not experience these feelings or did not immediately in the moment of the first reunion. For participants in this study, it was sometimes days or months later that they realized the significance of their child being their first biological relative. Providers working with adoptees should recognize the range of emotions and particularly help to normalize feelings of guilt around not feeling immediate love or happiness or joy after childbirth.

For adoptees who are having difficulty conceiving, providers should be aware of the complex emotions that may come up during this time, including feelings of anxiety, guilt, or grief. Providers should use adoption-sensitive language when suggesting alternative forms of family formation, particularly when suggesting that adoptees consider adoption for themselves. Many participants in this study expressed a strong disinterest in adopting, even if they were experiencing struggles to conceive. Providers should also sensitively discuss the significance of not being able to conceive a child biologically and how the adoptee wants to proceed; when applicable, providers should refer the adoptee to an appropriate adoption-competent mental health clinician. For genetic counselors, training

regarding adoption issues and education about individuals who do not know GRFHx is necessary, as the genetic counselor may be disclosing information that the patient is hearing for the first time about their family medical history.

Limitations and Future Research

There are a number of limitations in this study. Though the call for participation in this study included Asian American adoptees in general, the majority of our participants were Korean American adoptees. This may be due to the cohort age and trends in international adoption, as well as the fact that the first author is a Korean adoptee and is connected to this community. Future studies should explore other groups of adoptees to compare themes across groups. There is also an issue of sampling bias. Almost everyone who participated in this study learned about it through the adoptee community or through family members or friends who are part of a community of Asian American adoptees. Adoptees who are part of adoptee community groups have actively sought out others who view adoption as a salient part of their identity. Therefore, we may have seen a different result if we had a larger and more diverse sample, particularly if there were participants who believed that adoption was not a significant aspect of their identity. This study was also limited to adoptees who had given birth to a child within the last 10 years, limiting this study to a certain cohort of adoptees and not capturing some of the earlier and later waves of Asian American adoptees. If we had expanded this criteria, we may have observed different trends in how participants described their parenting styles, impact of race/ethnicity/culture, and the resources and support that were available to them during pregnancy and childbirth. There were also fathers who wanted to participate in this study, and future research should explore the experience of becoming a father for adoptees, since their experiences may vastly differ from adoptees who identify as mothers. Finally, the majority of participants identified as heterosexual women in partnerships with heterosexual men; only two participants identified as queer. Three fourths of participants' partners identified as white. Future studies could examine more racially diverse parents, as well as adoptees in nonheterosexual relationships.

Conclusion

We would like to conclude this article with a note about healing. Though healing was not the focus of this study, a number of participants discussed healing, coping, therapy, and community. The importance of therapy was mentioned by 14 participants. For the few participants that knew other adoptee mothers, community and support from people with shared experiences was profoundly helpful during or after pregnancy. Two participants mentioned being part of a group of Korean adoptee mothers and how many of them gave birth around the same time. They discussed how helpful and "normalizing" it was to talk to other adoptees about their adoption trauma and its impact on their pregnancy, birth, and parenting. For adoptees who do not have this support, we recommend seeking both in-person and online adult adoptee groups, as well as individual and group therapy with adoption competent therapists. Olivia, a 37-year-old Korean adoptee, articulated the way giving birth was able to help her take steps toward healing and make "a move towards wholeness."

I feel like something has come full circle. And something has healed in me that I didn't realize was wounded. I don't feel that all my problems are

gone and like whatever. I don't feel that way. But there is something that feels ... complete isn't the right word. But ... I've made a move towards wholeness in a way that I wasn't before and I didn't realize it. (Olivia)

References

- Annells, M. (1996). Grounded theory method: Philosophical perspectives, paradigm of inquiry, and postmodernism. *Qualitative Health Research*, 6(3), 379–393. <https://doi.org/10.1177/104973239600600306>
- Bondas, T., & Eriksson, K. (2001). Women's lived experiences of pregnancy: A tapestry of joy and suffering. *Qualitative Health Research*, 11(6), 824–840. <https://doi.org/10.1177/104973201129119415>
- Brodzinsky, D., Gunnar, M., & Palacios, J. (2022). Adoption and trauma: Risks, recovery, and the lived experience of adoption. *Child Abuse & Neglect*, 130(Pt. 2), 105–309. <https://doi.org/10.1016/j.chiabu.2021.105309>
- Charmaz, K. (2014). *Constructing grounded theory* (K. Charmaz, Ed., 2nd ed.). SAGE Publications.
- Choy, C. C. (2017). Chapter two from global families: A history of Asian international adoption in America. *Journal of Transnational American Studies*, 8(1), 47–195. <https://doi.org/10.5070/T881036679>
- Day, S. C., Godon-Decoteau, D., & Suyemoto, K. L. (2015). Effects of becoming a mother on the development of ethnic and racial identities in Korean transnationally and transracially adopted women. *Asian American Journal of Psychology*, 6(4), 359–370. <https://doi.org/10.1037/aap0000028>
- Docan-Morgan, S. J. (2024). *Reunion: Transnational Korean adoptees and the communication of family*. Temple University Press.
- Du, J., & Steinberg, J. R. (2023). Stressful experiences and postpartum depressive symptoms among Asian and Pacific Islander women in the U.S.: The significance of racial discrimination. *Stigma and Health*, 8(1), 102–114. <https://doi.org/10.1037/sah0000371>
- Elizabeth Conrick, J. E. (2020). Being adopted and being a mother. *Adoption & Fostering*, 44(1), 56–74. <https://doi.org/10.1177/0308575920902598>
- Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology*, 52(2), 156–166. <https://doi.org/10.1037/0022-0167.52.2.156>
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12(4), 531–545. <https://doi.org/10.1177/104973202129120052>
- Gagnon, R. (2021). A longitudinal study of women's representations and experiences of pregnancy and childbirth. *Midwifery*, 103, Article 103101. <https://doi.org/10.1016/j.midw.2021.103101>
- Homans, M., Phelan, P., Ellerby, J. M., Walker, E., Balcom, K., Myers, K., Nelson, K. P., Briggs, L., Callahan, C., Peña, R., Wesseling, E., Perreau, B., Curzon, L., Leighton, K., & Yngvesson, B. (2018). Critical adoption studies: Conversation in progress. *Adoption & Culture*, 6(1), 1–49. <https://doi.org/10.1353/ado.2018.0015>
- Howard, J. A., Smith, S. L., & Ryan, S. D. (2004). A comparative study of child welfare adoptions with other types of adopted children and birth children. *Adoption Quarterly*, 7(3), 1–30. https://doi.org/10.1300/J145v07n03_01
- Kim, A. Y., & Lee, R. M. (2020). A critical adoption studies and Asian Americanist integrative perspective on the psychology of Korean adoption. In G. M. Wrobel, E. Helder, & E. Marr (Eds.), *The Routledge handbook of adoption* (pp. 120–134). Routledge. <https://doi.org/10.4324/9780429432040-9>
- Kim, H. K. (2012). Birth cycles. In A. Chau & K. Ost-Vollmers (Eds.), *Parenting as adoptees* (pp. 170–185). CQT Media and Publishing.
- Kim, M. (2013). 연구보고서—발간자료—한국보건사회연구원 [Research Report—Publication Material—orea Institute for Health and Social Affairs]. South Korean Ministry of Health and Welfare. <https://www.kihasa.re.kr/publish/report/view?type=policy&seq=28698>
- Kim, O. M., Reichwald, R., & Lee, R. (2012). Cultural socialization in families with adopted Korean adolescents: A mixed-method, multi-

- informant study. *Journal of Adolescent Research*, 28(1), 69–95. <https://doi.org/10.1177/0743558411432636>
- McDaniel, K., & Jennings, G. (1997). Therapists' choice of treatment for adoptive families. *Journal of Family Psychotherapy*, 8(4), 47–68. https://doi.org/10.1300/J085V08N04_04
- McKee, K. D. (2016). Monetary flows and the movements of children: The transnational adoption industrial complex. *Journal of Korean Studies*, 21(1), 137–178. <https://doi.org/10.1353/jks.2016.0007>
- Nguyen, T., Criss, S., Kim, M., De La Cruz, M., Thai, N., Merchant, J., Hswen, Y., Allen, A. M., Gee, G. C., & Nguyen, Q. C. (2023). Racism during pregnancy and birthing: Experiences from Asian and Pacific Islander, Black, Latina, and Middle Eastern Women. *Journal of Racial and Ethnic Health Disparities*, 10, 3007–3017. <https://doi.org/10.1007/s40615-022-01475-4>
- North American Council on Adoptable Children. (2011). *Post-adoption needs survey offers direction for continued advocacy efforts*. Adoptalk. <https://nacac.org/resource/post-adoption-survey-direction-advocacy-efforts/>
- Oh, A. H. (2015). *To save the children of Korea: The cold war origins of international adoption*. Stanford University Press. <https://doi.org/10.1515/9780804795333>
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126–136. <https://doi.org/10.1037/0022-0167.52.2.126>
- Reynolds, J. D., Ponterotto, J. G., Park-Taylor, J., & Takooshian, H. (2020). Transracial Identities: The meaning of names and the process of name reclamation for Korean American adoptees. *Qualitative Psychology*, 7(1), 78–92. <https://doi.org/10.1037/qup0000115>
- Sapountzi-Krepia, D., Tsaloglidou, A., Psychogiou, M., Lazaridou, C., & Vehviläinen Julkunen, K. (2011). Mothers' experiences of pregnancy, labour and childbirth: A qualitative study in Northern Greece. *International Journal of Nursing Practice*, 17(6), 583–590. <https://doi.org/10.1111/j.1440-172X.2011.01975.x>
- Selman, P. (2020). International adoption from China and India 1992–2018. In J. Gao, R. Baikady, L. Govindappa, & S. L. Cheng (Eds.), *Social welfare in India and China* (pp. 393–415). Palgrave Macmillan. https://doi.org/10.1007/978-981-15-5648-7_22
- Sjöblom, L. W.-R. (2019). *Palimpsest: Documents from a Korean adoption*. Drawn & Quarterly.
- Tasuji, T., Reese, E., van Mulukom, V., & Whitehouse, H. (2020). Band of mothers: Childbirth as a female bonding experience. *PLOS ONE*, 15(10), Article e0240175. <https://doi.org/10.1371/journal.pone.0240175>
- U.S. Department of State. (2022). *Graph illustration and chart of adoption statistics 1999–2022*. Adoption statistics. U.S. Department of State, Bureau of Consular Affairs. https://travel.state.gov/content/travel/en/Intercountry-Adoption/adopt_ref/adoption-statistics-esri.html?wcmode=disabled
- van Ijzendoorn, M. H., & Juffer, F. (2006). The Emanuel Miller Memorial Lecture 2006: Adoption as intervention. Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. *Journal of Child Psychology and Psychiatry*, 47(12), 1228–1245. <https://doi.org/10.1111/j.1469-7610.2006.01675.x>
- Vandivere, S., Malm, K., & Radcliff, L. (2009). *Adoption USA: A chartbook based on the 2007 national survey of adoptive parents*. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Von Korff, L., & Grotevant, H. D. (2011). Contact in adoption and adoptive identity formation: The mediating role of family conversation. *Journal of Family Psychology*, 25(3), 393–401. <https://doi.org/10.1037/a0023388>
- Wigert, H., Nilsson, C., Dencker, A., Begley, C., Jangsten, E., Sparud-Lundin, C., Mollberg, M., & Patel, H. (2019). Women's experiences of fear of childbirth: A metasynthesis of qualitative studies. *International Journal of Qualitative Studies on Health and Well-Being*, 15(1), Article 1704484. <https://doi.org/10.1080/17482631.2019.1704484>
- Yuen, J., Vozar, T., & Elliott, K. (2024). Filling the GAAAPPS: Generating affirming Asian American perinatal psychological services. *Practice Innovations*. Advance online publication. <https://doi.org/10.1037/pri0000244>

(Appendix follows)

Appendix

Participants

Pseudonym	Age	Gender	Country of birth
Emily ^a	39	Female	South Korea
Grace	31	Female	China
Ava ^a	35	Female	South Korea
Ji-hye ^a	41	Female	South Korea
Claire ^a	44	Female	South Korea
Olivia	37	Female	South Korea
Isabella ^a	39	Female	India
Sophia	50	Female	South Korea
Maya	47	Nonbinary	South Korea
Hannah	28	Female	South Korea
Stephanie	38	Female	South Korea
Denise ^a	39	Female	South Korea
Madeline ^a	37	Female	South Korea
Emma	43	Female	South Korea
Rose ^a	36	Female	India
Carol	41	Female	South Korea
Amelia ^a	37	Female	South Korea
Yuna ^a	39	Female	South Korea
Whitney	31	Female	South Korea
Meghan ^a	36	Female	South Korea
Esther	42	Female	South Korea
Silvia ^a	39	Female	South Korea
Alice	43	Female	South Korea
Amy	42	Female	South Korea
Nina	39	Female	South Korea
Teagan	38	Female	South Korea
Celina ^a	40	Female	South Korea
Naomi	41	Female	South Korea
Natalie	33	Female	South Korea
Victoria ^a	37	Female	South Korea
Abigail ^a	26	Female	China
Sasha	42	Female	India
Jia	34	Female	South Korea
Katie	44	Female	South Korea
Ashley ^a	35	Female	South Korea
Sadie ^a	44	Female	South Korea
Michelle ^a	33	Female	South Korea
Rebecca ^a	34	Nonbinary	South Korea
Avery	29	Female	China
Evelyn ^a	35	Female	South Korea
Charlotte ^a	39	Female	India

^a Highlighted in the Results section; all names changed for confidentiality purposes.

Received January 27, 2024
Revision received June 13, 2024
Accepted June 20, 2024 ■