The fate of the adopted child

SULA WOLFF

From the Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh

Problems of adoption research

Until quite recently adoption was considered to be such a delicate social transaction that outcome studies were attempted only on self-selected subjects. McWhinnie (1967), for example, studied adults whom she recruited by asking general practitioners to canvas patients known by them to have been adopted. Clearly, not all adults on these doctors' lists had revealed their adoptive status and certainly only a proportion of these in fact agreed to take part in McWhinnie's study. The finding that only 21 of the 58 people studied were well or fairly well adjusted at the time of follow-up *may* reflect the adverse effects of growing up adopted. It is more likely, however, to be a measure of the personality difficulties of that special group of adopted people who were well known to their doctors because of frequent surgery attendances, who chose to reveal their adoptive status to their physician, and who, finally, were so involved still with this aspect of their lives as to volunteer to participate in adoption research. Studies of selected samples of adopted people, e.g. comparisons between adopted and nonadopted attenders at child psychiatric clinics (Borgatta and Fanshel, 1965), or in psychiatric inpatient units for children and adults (Simon and Senturia, 1966), or studies of adopted people who chose to look up their birth certificates in order to trace their true parents (Triseliotis, 1973), provide information only about selected aspects of adoption, failing to give an overall picture of outcome.

In Norway, where much personal information is available for statistical purposes on a national basis, it was found that people adopted in the late 1930s had had no more mental hospital admissions or criminal convictions 25 years later than the general population (Bratfos, Eitinger, and Tau, 1968). Perhaps as a result of changing public attitudes and also of the impetus to adoption research by research workers who are themselves adoptive parents a number of personal follow-up studies of unselected adoptions have now been done. Adoptive parents,

far from shying away from such ventures, in fact revealed themselves as willing and interested research subjects.

Other difficulties in the interpretation and usefulness of the results of adoption research then became apparent. These are twofold. First, as with all long-term longitudinal studies, the factors found to determine outcome of adoption in people who are now adults relate only to the circumstances which existed when these particular people were children. Public attitudes to illegitimacy, family size, one-parent families, and to adoption are changing. The choice of whether or not to place a baby for adoption may be determined by quite different considerations now than 30 years ago. The selection of adoptive children and of adoptive parents, the quality of infant care before adoption, and the procedures used in the adoption process may have changed radically in three decades. Studies of the outcome of adoptions that took place in the 1940s are unlikely to be really helpful in our decision making now. In contrast, outcome studies in childhood have a great deal more to offer in terms of practical relevance, despite the fact that the ultimate future of the children studied remains uncharted.

A second difficulty in the interpretation of the findings of adoption research is that comparisons of adopted children with other children cannot control for the initial processes of selection, that is, the self-selection of mothers who offer their babies for adoption and the selection of babies by adoption societies. This is the chief difficulty in interpreting the results of the British Child Development study which is a source of much information about the future of illegitimate children (Crellin, Kellmer-Pringle, and West, 1971; Seglow, Kellmer-Pringle, and Wedge, 1972).

The questions we would really like answered are the following. First, when a mother has an illegitimate baby is it better for the baby to be adopted than for the mother to assume its care? That is, is adoption better or worse than other forms

of child care for the illegitimate? Secondly, there is a group of questions relating to the adoption process itself. Is there an optimal time for adoption? Do the circumstances of pre-adoption care matter? What features in the baby and in the prospective adopters make for success? What procedures in the adoption process itself promote or hinder a good outcome?

Emotional and educational adjustment of adopted children

The suggestion that adopted children as a group may be more disturbed psychiatrically than other children came from the findings in Britain and America that among child guidance clinic attenders many more children are adopted (between 5 and 13%) than in the population at large (generally between 1 and 2%) (Borgatta and Fanshel, 1965; Triseliotis, 1970; Bohman, 1970). It was not surprising to find an excess of emotional disorder in a group of children of families who have had to face a number of exceptional stresses. The parents have had to come to terms with their infertility; they have had to endure an often arduous evaluation procedure; and they have had to cope with the difficult task of disclosing to their child his adoptive status. Adopted children have had to accommodate to the idea of two sets of parents, one of whom gave them up, and to uncertainties about their origins and identities which may never be resolved. Both parents and children have had to adapt to their minority status in society.

Possible genetic or other constitutional disadvantages of children placed for adoption were at one time not thought to prejudice outcome, since it has been found repeatedly (e.g. by Skeels and Harms, 1948) that the socially and culturally advantageous environment provided by adoptive parents engenders intellectual capacities in adopted children resembling more those of their adoptive than of their true parents. That the intellectual ability of adopted children does not quite match that of nonadopted children reared under similarly favourable conditions, and that intellectual or, more accurately, educational acceleration can occur at some cost will be discussed below.

Despite the known stresses of adopted children and their parents, one could not be sure whether the high proportion of adopted children among psychiatric clinic attenders reflected a true excess of pathology or indicated rather the greater uncertainty of adoptive parents or their more ready recourse to helping agencies, since all these parents had already experienced a social work contact.

Three major studies have clarified this issue. Helen Witmer and her associates in Florida (1963) compared 484 adopted children with an equal number of nonadopted. Only a very slight difference in emotional adjustment was found between the two groups, and this was entirely due to an excess of psychiatric disorder among children placed in their adoptive homes after the age of 1 month, especially if adoption had been preceded by a period of institutional care or by multiple placements. Overall, 80% of adoptions were entirely satisfactory.

Michael Bohman (1970) studied 168 10- and 11-year-old children in Stockholm placed through the main public adoption agency with nonrelatives. He compared these children and their families with a representative sample of Stockholm schoolchildren of the same age studied a few years earlier by using the same methods and questionnaires. Bohman's main findings were that as a group adopted children, especially boys, displayed more nervous disorders such as restlessness, poor concentration, and conflict with peers, but had no excess of antisocial behaviour. While adoptive parents reported few behaviour problems, teachers assessed more adopted children, especially boys, as maladjusted than controls (22% of adopted compared with 12% of control boys). Difficulties with reading and writing were commoner among the adopted of both sexes than among the controls, and were related to pre- and perinatal complications. Though problem children were over-represented in the adopted group, only 2 cases of markedly severe behaviour disorder were found.

These results need to be viewed in relation to the environment provided for the children by their adoptive parents. Socially and materially these families were superior to those in the control group, and in addition adoptive parents expressed more positive attitudes than other parents to a variety of aspects of their lives. On the other hand, just as in the control group, 1 child in 6 had already lost one of his parents through death or divorce during the first 10 years of his life. Clearly, the screening procedures of potential adopters had not succeeded in ensuring a particularly secure family life for the adopted child.

The National Child Development Study of a representative sample of British children born in one week of 1958 allowed comparative studies of a number of special groups of children, among them the illegitimate and the adopted. The findings published so far relate to outcome of these children at the age of 7 years (Crellin *et al.*, 1971; Seglow *et al.*, 1972). Comparisons between adopted children and controls from the rest of the national sample

gave results very similar to Bohman's (1970). Using the Bristol social adjustment guides as an index of maladjustment identified at school, 16% of 7-year-old adopted children were maladjusted, compared with 13% of legitimate controls. This slight excess of maladjustment in adopted children was confined to boys (23% maladjusted adopted compared with 17% controls) and to children raised in middle class families (19% of adopted children in families of Social Class I, II, and III nonmanual were maladjusted compared with 7% of legitimate controls raised in families of similar social class).

As far as intelligence and school performance were concerned, tests of ability did not differentiate between adopted and nonadopted legitimate children, and adopted children were better readers than the nonadopted. However, these results related only to the groups as a whole when social class was not controlled for. Adopted children were much more often raised in small, middle class families, and when compared with nonadopted children from similarly favourable backgrounds, the abilities of adopted children were slightly inferior, though their reading skills were the same as those of the controls. Adopted children functioned a little more poorly arithmetically than controls, even when social class effects were not controlled. In both adopted and control groups boys and low birth-weight children were inferior educationally.

A definite hazard for adopted children has been delineated by these studies. Because adoptive parents are most often middle class people with superior intellectual endowment, and the children offered for adoption have just average intellectual potentials, a proportion of adopted children will, despite the cultural advantages of their environment, prove academically 'disappointing' to their parents and hence to themselves. They are likely to suffer from excessive educational pressures. One measure of this is their accelerated reading skill, while their mathematical skills remain the same. It is possible, too, that their failure to match up to their parents' and their own educational aspirations contributes to their greater maladjustment. Boys are especially at risk both because they more often have constitutional learning difficulties, but also because they are likely to have focused on them greater educational expectations.

These hazards, revealed when adopted children are compared with nonadopted legitimate children, fade away when instead the adopted are compared with nonadopted illegitimates. Crellin and her co-workers (1971) looked at the fate by the age of 7 years of 504 surviving illegitimate children in the National Child Development Study. The authors

are able to make comparisons between 160 of these children who were adopted, the 344 remaining children who were not adopted, and the legitimately born children of the total cohort.

The whole group of illegitimate children compared unfavourably with the legitimates in having a greater proportion of very young mothers, in more often being first born, in having poorer obstetric care and lower birthweight. The social background from which their mothers came was, however, the same as for the mothers of legitimate children. (It is of interest that at the age of 7 two-fifths of the nonadopted illegitimate children were in fact living with both their own parents, one-fifth were with their own mother and stepfather (more rarely with their own father and stepmother), and only 1 in 7 lived with their mother in the absence of other relatives.

Comparisons of the children's physical development at 7 years showed that the adopted children were the tallest, but that there were no differences between the three groups in the frequency of physical defects, in vision and hearing, in hospital admissions for accidents, and in age at walking and talking. Nonadopted illegitimate children spoke less well and illegitimate children, both adopted and nonadopted, were more often clumsy and restless, presumably as a result of their greater obstetric difficulties.

The social circumstances under which the children grew up, whether the measure was the parents' social class, the quality of housing, mobility, crowding, or finance, was greatly inferior for nonadopted illegitimate children and significantly superior for the adopted compared with the legitimates. A similar gradient was found when the three groups were compared (without controlling for social class) on measures of behaviour and adjustment, and ability and attainment. Adopted children were superior to the legitimates and these in turn to the illegitimate, nonadopted group.

We know, as indicated above, that when social class factors are controlled, the adopted fare not better but slightly less well than the nonadopted in similar middle class homes, especially the boys. On the other hand, the National Child Development Study shows that the fate of illegitimate adopted children is vastly better than that of those not adopted. Sadly there is a major defect in the way this study has been reported. No information whatever is provided on the preplacement differences between those illegitimate children given up for adoption and those kept by their mothers. We do not know how much the more favourable outcome of adopted illegitimates is due to their more

favourable family environment and how much to the selection processes initially involved. It may well be that the constitutionally better endowed, more intelligent mothers of illegitimate children opted for adoption and that adoption societies selected the healthier babies who had been exposed to fewer obstetric hazards. To advocate adoption for all illegitimates would not ensure a similarly favourable adoption outcome for all, though it is still likely to be vastly better than exposure to all the social, cultural, and emotional privations known to be in store for illegitimate children who are not adopted. One finding made very clear is that the social support available from the community and from professionals for mothers of illegitimate children, even in this permissive age when prejudice has decreased and the social work profession is being strengthened, is still less than adequate.

The studies cited permit some quite definite conclusions for those concerned with the care of mothers of illegitimate children. In our present state of knowledge the responsible action is to facilitate rather than hinder the adoption of illegitimate children. The fate of nonadopted illegitimates is poor. The outcome of adopted children is only slightly less good than that of natural children, though it may deteriorate somewhat if self-selection of mothers and selection by adoption agencies of babies became less stringent. On the other hand, it will be argued, there is room for improving the outcome of adoption by the even better selection of adoptive parents, and this may redress the balance.

Decision to place a child for adoption

It is known that at the time of labour about two-thirds of mothers of illegitimate children have decided on whether or not to offer the baby for adoption (Triseliotis and Hall, 1971; Yelloly, 1965). Doubt occurs mainly after a decision to offer the child for adoption, very rarely indeed after a decision to keep the baby. If babies whose mothers opted for adoption are not immediately placed in adoptive homes but are placed instead in short-term foster homes, a proportion of mothers begin to waver in their decision. Direct placements from maternity units lead to fewer recalls (Home Office and Scottish Education Department, 1972). Triseliotis and Hall's study, 'Giving consent to adoption' (1971), showed that the finality of a permanent placement is reassuring to the mother that her decision was right. Moreover, maternity units compelling all mothers to see and feed their babies, foster attachment to the child on the mother's part which is likely to shake

her resolve to have the baby adopted and will make the giving-up process very painful indeed.

Determinants of successful adoption

Within-group comparisons of adopted children reveal the determinants of a successful outcome.

Factors in the child.

Age at placement. All studies, except one rather poor retrospective study where inadequate adoption records were matched against outcome measures untested for reliability or validity (Jaffee and Fanshel, 1970), show that the later adjustment of adopted children and the satisfactions of their adoptive parents are better when placement is early rather than late. Humphrey and Ounsted (1963) showed that fewer children were disturbed if placed at under rather than over 6 months of age, and Witmer and her colleagues (1963) found that even children placed at under 1 month fared better. This last finding may be due to the greater arousal of parental attachment by the very young baby, since from the point of view of the baby's social development a continuous attachment figure becomes necessary only after 6 months of age (Schaffer, 1971). Maternal responses on the part of adoptive mothers may be more adequate if they get a neonate rather than an older baby. Babies form smooth attachments to their future mothers so long as placement occurs at or before 6 months.

Matching the baby to his adoptive home. Rutter (1970) has argued conclusively that predictions of future intellect and temperament cannot be made on the basis of infant examinations within the first 6 months of life. Even if we knew how to match child and parents optimally for nonintellectual qualities of personality, we could not do so. Vital aspects of intelligence, language for example, develop only during the second year of life and early motor skills are not predictive of later abilities in other spheres. Predictions of later intelligence are better if based on the intelligence of the natural parents, and good intellectual development is safeguarded by early placement and the avoidance of preplacement institutional care. All that can be done in infancy is to ensure the absence of disease likely to impair future functioning. Absence of physical disease and early placement are the best safeguards for the satisfactory development of the adopted child.

Moreover, many adoptive parents are prepared these days to care for a handicapped, illegitimate child and the outlook for such a child, adopted, is

likely to be a great deal better than the alternatives that are open. Handicaps in children placed for adoption include physical disease and evidence of a hereditary predisposition to develop a physical or psychiatric illness. It need hardly be stressed that only a minority of psychiatric illnesses have a genetic basis (alcoholism and psychopathy do *not*) and that there is specific knowledge as to the risk to the offspring of having, for example, a schizophrenic or a manic-depressive parent. Other handicapping conditions include being offered for adoption beyond the stage of infancy or after a period of institutional care and, in the western world, having an ethnic background different from that of the adoptive parents. None of these 'handicaps' when fully explained to prospective adopters are now considered a bar to adoption (Home Office and Scottish Education Department, 1972). The task is no longer to pass a baby as fit for adoption by anyone, but to detect handicaps that might call for very specially selected adoptive parents.

Factors in the adoptive parents. Most studies have found no connexion between the later emotional adjustment of adoptive children and such external attributes of their adoptive parents as their socioeconomic background or education (Witmer *et al.*, 1963), though for intellectual and educational progress these factors are important.

There is no reason to believe that the qualities necessary to become a successful adoptive parent are any different from those needed by ordinary parents. Studies of children reared by their own parents have shown repeatedly what qualities of parents and of family life give rise to psychiatric disorder in the offspring both during childhood and in later life.

Family disruption, especially by divorce or separation, but also through death, is highly associated with psychiatric morbidity in the offspring.

Chronic parental ill health, physical, or especially psychiatric, contributes in a major way to psychiatric disorder in the children, *parental personality disorder*, especially sociopathy, being the most pathogenic.

Marital strife, alcoholism, and domestic violence have highly detrimental effects on children (Rutter, 1966; Wolff and Acton, 1968).

For the optimal development of adopted children, adoption agencies need to select adoptive parents who are likely to survive until the child is independent, who do not have serious personality disorders, who are not likely to become chronically

ill physically or psychiatrically, and who are likely to maintain a harmonious married life.

A recent study by Triseliotis (1970) of adoption policy and practice shows that, while the proclaimed policies of adoption agencies would be to select adopters for such characteristics, adoption practice falls far short of these goals. Wide variations between agencies exist in their assessment procedures for prospective parents. Even the medical examinations of such parents are often perfunctory and the methods for assessing psychiatric status, personality, and the quality of the marital relationship are as a rule entirely unspecified. Instead, far less important aspects are universally recorded in the assessment of adopters: their religion, occupation, income, and housing. Better selection of parents for adoption with special regard to the diagnosis of personality disorder, psychiatric illness, the nature of the marital relationship, and the exclusion of serious physical illness can improve further the outlook for the adopted child and can to some extent compensate handicapped children by providing for them an exceptionally good family environment. This assessment cannot be based on intuitive judgements but must be founded on a systematic psychiatric history and a medical examination.

Adoption process. Early placement is now generally regarded as an important contribution to successful adoption, and the Houghton Committee has exerted itself to examine how legal arrangements can be modified to facilitate such early placements (Home Office and Scottish Education Department, 1972).

Many adoption agencies stress that adoptive parents need to be assessed in relation to the quality of family life they are able to establish and to their child-rearing attitudes. Childless couples cannot, of course, be assessed in this latter area. It is clear, however, that a straightforward psychiatric and personality assessment, based on an adequate childhood history of both parents and on a detailed history of the marriage, would help to exclude parents with psychiatric illness and personality problems likely to hinder their future functioning as parents.

The Houghton Committee has also examined how greater security can be provided, both for adoptive parents and for long-term foster parents who wish to adopt their foster child, from the threat that until the adoption is legalized they may lose the child.

An important question exercising adoption case workers greatly is when and how the child should be told of his adoptive status. Triseliotis (1973)

showed that those adults who search for their own parents in later life tended to have experienced relatively unsuccessful adoptions. They had poor relationships with their adoptive parents and were often told about their adoption late or not at all. Those people interested in discovering their origins without feeling a need for reunion with their parents tended to have had happier childhoods and to have experienced greater and earlier frankness about their adoptive status. Yet early telling may merely be an index to satisfactory mothering rather than an essential ingredient of it. In Jaffee and Fanshel's technically not very adequate study (1970), it was found that Roman Catholic adopters, who were least open about the adoption both with the child and with outsiders, had the highest proportion of successful outcomes in later life.

Conclusions

(1) Studies of adopted and nonadopted illegitimate children show that educational failure and psychiatric disorders are far commoner among the nonadopted and that these children continue to be exposed to major social and family stress.

(2) In contrast, when adopted children are compared with children in the general community of similarly favourable social status, they are assessed by their teachers but not their parents as slightly more disturbed, and they perform a little less well intellectually. This is especially so for boys.

(3) There is room for improvement in the adoption process itself. (i) Mothers of illegitimate children will be encouraged to opt for adoption by early direct placements of their child and by not being forced to see and feed their baby if this is not their initial wish. (ii) Babies should not be kept waiting for adoption because of paediatric uncertainty about their health. Early adoption itself promotes a successful outcome and many prospective adopters will accept children if informed frankly about possible health defects and even when definite abnormalities have been found. (iii) The assessment of prospective adoptive parents should include a detailed medical examination and a full psychiatric and marital history.

(4) Adoptive children and their parents are already burdened with a major stress: the anomaly of their relationship. Adoption workers need to ensure that their lives are otherwise exceptionally free from stress. The aim must be to select parents free from identifiable psychiatric illness and personality disorder, who will survive and whose marriage will last until the child is grown up.

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