

Special Characteristics of Adopted Children and Adoptive Parents as Seen in a Psychiatric Practice*

LILLIAN C. LINDEMANN AND VIRGINIA A. SAUNDERS

*Division of Child Psychiatry,
Medical College of Virginia,
Richmond, 23219*

Introduction

Adoption and the adjustment and emotional development of adopted children have been of continuing interest to those in the psychiatric field for some time (Lawton and Gross, 1964). Many studies and reports reflect an apparently high incidence of adopted children being referred for psychiatric study and treatment (Schechter, 1960; Toussieng, 1962; Goodman, Silberstein and Mandell, 1963). There is almost as voluminous a literature criticizing the statistical analyses and conclusions of these papers, though the titles do not always suggest that this is a major element in the discussion (Kirk, Jonassohn and Fish, 1966; Reece and Levin, 1968; Offord, Aponte and Cross, 1969).

A number of articles deal with presenting symptomatology in an attempt to explore some distinct personality adaptation that would characterize the adopted child and his problem (Offord, Aponte and Cross, 1969; Borgotta and Fanschel, 1965). Other papers discuss the psychodynamics they feel to be characteristic of the adopted child (Lawton and Gross, 1964; Schechter, et al, 1964; Wolff, 1969; Schechter, 1967). In addition to articles in medical journals and textbooks, books and monographs dealing specifically with adoption and its impact have been written, chiefly to reassure those in adoption work and agencies that their work is useful and effective (McWhinnie, 1967; Kellmer-Pringle, 1967; Kadushin, 1967; Illingsworth, 1969).

* Presented at the Eighth Annual Spring Forum for Child Psychiatry, May 29, 1970, sponsored by the Virginia Treatment Center for Children and the Division of Child Psychiatry of the Medical College of Virginia.

The purpose of this paper is to present our experience with adopted children in a private child psychiatric practice over a 42 month period. Recognizing that there are many selective factors such as economic status, sociocultural attitudes and levels of education affecting the pattern of families seeking private psychiatric care, we hope that our experience will be of interest and of value. Our report comes ten years after that of Dr. Schechter (1960) which provoked so many subsequent studies and discussions. We have found one other reference to experience with adopted children in a private practice (Jameson, 1967) as distinguished from a psychiatric hospital or outpatient psychiatric clinic experience with extrafamilial adoptions.

Practice Setting

Ours is a private practice limited to children and adolescents, involving the "team approach." An evaluation almost invariably consists of an interview with both parents, in which an extensive statement of the problem is elicited with both the psychiatrist and the psychiatric social worker present. The parents present and describe the symptoms in their own terms. Critical areas in the child's development such as toilet training and entrance into school are also covered. The child is undergoing psychological testing while the parent or parents are being seen. The usual battery of tests includes the WISC (or WAIS when indicated), Rorschach, Bender-Gestalt and/or Kendall-Graham, D.A.P., T.A.T. and, in the case of adolescents, a Sentence Completion Test. The child is then seen by the psychiatrist for a 50 minute session either in the playroom or in the office as determined by the child's age and/or choice.

ADOPTED CHILDREN AND ADOPTIVE PARENTS

The parents give the psychiatric social worker a detailed history of the child's early growth and development, medical history, habits and responses to training and schooling. In addition, the psychiatric social worker focuses on the marital history, family interactions and relationships, and the nature and personality characteristics of the parents and siblings. When possible, time permitting, the early histories of both parents are obtained as well.

There is then a staff conference to determine the degree and nature of the problem and develop a treatment or referral plan. The parents return for an interpretive interview. This is usually a joint effort of the psychiatrist and the psychiatric social worker (Saunders and Lindemann, 1966) or, as in some instances, involves all three members of the team. It has been our usual procedure to offer an interpretive interview to patients at the adolescent level and, in most instances, they avail themselves of the opportunity.

In 42 months, a total of 281 children and their families underwent total evaluations. In that same period, 128 children and/or their families were entered into treatment. Of the total number evaluated, 34 children were extrafamilial adoptions. This figure represents 12 percent of all evaluations. Of these 34 adopted children, 22 entered into therapy with us. This represents 17.2 percent of our treatment cases. Of the remaining 12, we know of four who went into treatment elsewhere upon our recommendation or referral. This compares closely to the figures presented by Schechter in his 1960 paper and Jameson in a 1966 report. We were struck, as they were, by this apparently high proportion of adopted children, and it led us to study the nature and characteristics of our cases. Of the 22 cases there were two families who presented two adopted children for treatment. Thus, we studied 22 children and 20 sets of parents; 12 children were prepubertal, six in early puberty and four in mid-to-late adolescence. There were 12 males and ten females. Nine had been adopted prior to three months of age; six between three months and one year and five had been adopted after the first year but prior to the third year of life. The two remaining cases were adopted between the fourth and sixth year of life.

Nine of the 22 cases were the first child of the family, ten were second children, and one was a third child and was adopted after the age of four years. There were two "only" children.

In two families, the adopted child was preceded by a natural child. In four families, natural children were born to the family following the adoption of the patient.

Psychological Test Findings

Psychological testing indicated that four children

functioned in the superior range, six in the bright normal range, ten in the average range and two at the dull level. Both children at the dull level were also showing signs of minimal brain dysfunction. One child in the average range showed evidence of brain damage which was known to be related to trauma from a head injury. With the exception of five cases (two average, two dull and one bright child) all the patients reflected a higher potential than the range at which they were operating. Anxiety was felt to be the factor that was affecting their intellectual function.

Presenting symptoms, as offered by the parents, have been of concern to authors on this subject (Offord, Aponte and Cross, 1969; Borgotta and Fanschel, 1965; Wolff, 1969). There is frequent reference in the literature to overt aggression, sexual acting out and other forms of antisocial behavior, though Schechter in his 1960 paper stated that the symptoms were nonspecific when compared with those of non-adopted children receiving psychiatric attention. We are in agreement with Schechter.

Problems Noted

In our series, the predominant problem being expressed by the parents was underachieving in school, mentioned as a primary symptom in 12 cases; or school behavior problems, mentioned as the primary symptom in seven cases. Frequently, psychiatric referral had been recommended or demanded by the school system—public, parochial or private. Other symptoms mentioned ranged from overt "school phobic" behavior to suicidal threats, impulsiveness, immature behavior or lying and stealing. In only one case was bizarre behavior presented as the complaint and this child was found to be quite clearly brain damaged. In no instance was any psychopathic or truly delinquent behavior reported.

Diagnostic Categories

Psychiatric diagnostic categories seemed to fall into clusters also. There were 11 cases that showed marked anxiety neuroses. Four fell into the personality trait disturbance category. The behavior of three children placed them in the unsocialized aggressive reactions of childhood classification, and two were clearly brain damaged as a major diagnostic finding. The validity of diagnostic categories is frequently challenged, especially when working with emotionally disturbed children. It has been our experience that we wish to find the most descriptive but the least noxious terminology with reference to future stigmatization of the young patients; therefore, diagnostic nomenclature rarely gives a true picture of the psychodynamics within any particular given child. We did not feel that our adopted patients were more emotion-

ally ill or differed significantly in presenting symptomatology than a control group of patients matched as closely as possible for sex, age and family constellation.

Anxiety Trigger

It was of interest to us that the symptoms were related to anxiety. The anxiety was pervasive and gradual in onset. There was frequently a trigger situation which increased the anxiety to the symptom producing level. This was most frequently an environmental change such as entrance into school, changing schools as from grade school to junior high or going away to boarding school, a family change of residence, or the introduction of a new sibling altering the family constellation and balance. In some instances, a clear-cut traumatic episode such as a sexual incident, bodily injury or a death in the primary family unit was the traumatic factor.

The chief source of anxiety was abandonment fears, frequently reflected as unconsciously determined *separation anxiety*. These fears were present in 19 of the 22 cases. They were found to be expressed in the projective test material as well as in the symbolic play of the younger children. Though frequently the abandonment fears were handled by defense mechanisms of repression or denial (Freud, 1946), there were a number of cases in which these fears were a consciously expressed concern. The patients asked open questions about position in the family, pointing out that the parents were not their "real mother and father," and questioned the nature, character and whereabouts of the biological parents. There was frequent conscious concern about loss of the adoptive parents and there seemed to be more overt anxiety related to loss of collateral relatives or close family friends through death than in a control group of nonadopted patients. (Anxiety related to loss was present in the control group but at a more unconscious level.) There was a high incidence of symptomatic behavior such as running away, rebellious, defiant behavior in school, or ritualistic or obsessional behavior manifesting itself whenever the parents were absent from home together.

Another predominant theme which was usually consciously experienced and verbalized by the patients was a deep sense of inadequacy and inability to meet parental expectations. Guilt feelings were marked with regard to school nonachievement.

Special Problems in Adolescents

Identity crisis was present in all the pubertal and adolescent patients. The question of "Who am I; What am I; Where did I come from?" was expressed in 13 of the 22 patients. Since this question is common in most adolescents, we feel the significance of this in our adopted patients lies in its greater intensity, conscious expression, and the reality of the questions for the adoptee.

We found that in five out of the ten pubertal and adolescent patients in treatment, there was some identification at an unconscious level with a parent pregnant out of wedlock. This included both males and females and was viewed as non-ego-syntonic by the patients. Schechter (1964) reports one case with such dynamics. We consider this to have been fantasy material since the patients did not have access to information regarding their biological parents. It also reflects, however, their increasing sophistication and exposure to peers who were experiencing illegitimate pregnancy, with each patient being aware of the great likelihood of his own illegitimate conception because he was adopted. One patient, a male, 16 years old, who was referred to a male psychiatrist and is not included in the 22 patients of our study, was most rejecting and unaccepting of himself during the psychiatric examination because he recognized that he might be the product of an illegitimate conception. This realization was the trigger that provoked intense anxiety and led him to request psychiatric help.

The conscious and unconscious self-disparagement that we found in our adolescents frequently led them to develop a peer group from a socioeconomic and cultural level below that of their families. This dynamic is manifested in many nonadopted adolescents who suffer from deep feelings of inadequacy. In the adoptee's situation it plays into some of the dynamics present in the adoptive parents, creating an especially intense emotional "reverberating circuit."

Younger adopted patients showed emotional immaturity and dependency. They were materialistic and clung intensely to material objects. They identified strongly with animal pets, and events occurring to the pets seemed to carry marked emotional significance. We did not find a comparable phenomenon in our control group though there were instances of marked involvement with pets. For the adoptee, the pet is another adopted member of the family with whom he identifies but not a rival as is the case with another adopted sibling.

Characteristics of Parents

In our study of 20 sets of adoptive parents, we found a number of distinguishing characteristics when they were compared with a control group of non-adoptive parents. This includes age at the time of becoming parents. Adoptive parents in our group were, on the average, ten years older than the non-adoptive parents upon obtaining their first child. This is similar to findings reported by Kadushin (1966). We further found that, in general, adoptive parents had been married at least five to ten years before the introduction of a child; whereas, nonadoptive parents tended to have their first child within the first five years of marriage.

In exploring the reasons for childlessness leading

to adoption, no medical cause had been found in 12 of the 20 families; of the known causes, only three were related to the father.

The motivation for adoption seemed to fall into two major categories: first, the genuine desire to have children; and second, the desire to fulfill social roles and cultural expectations. Lesser factors were the desire to be charitable, to provide a companion for a natural child, and to cement a failing marriage. We viewed these latter three factors with concern; for motivation, in general, is considered an important factor by all who have studied adoptive families. It does indeed influence parental attitudes toward the child and does determine the degree to which the child is considered a true member of the family.

There was a more intense need for adoption in the mothers than in the fathers. Theories related to inter and intra psychic factors producing this need have been presented in the literature (Schechter, 1967).

As compared with the control group, our adoptive parents appeared to have a slightly higher estimated intelligence, a somewhat higher actual educational experience in both the mothers and fathers, and a generally higher socioeconomic level than nonadoptive parents seeking psychiatric help—even for a private practice.

Vulnerability of Parents

We found no specific distinguishing personality factors with one exception: adoptive parents have all the hopes, expectations, worries and concerns of nonadoptive parents, but they seem to have them to a greater degree of intensity. In our study of 20 sets of adoptive parents in treatment, as compared to a control group, we found that adoptive parents do seem to feel a heavy sense of obligation to the child entrusted, by petition, to their care. We found this overdetermined sense of duty, which does contribute to rearing difficulties, to be the only truly significant difference between the two groups in terms of parent-child interaction which could be related directly to the adoption experience. We have labeled this phenomena *higher vulnerability level (HVL)*. While HVL presents itself in various forms, it appears more well defined in adoptive mothers. It is also seen in relation to several other characteristics which, while present in the control group and related to factors other than the adoption experience, appear to have an enhanced impact in the adoptive family situation.

Tendencies enhanced by HVL include overindulgence. There is a flavor of a need to please the child or in some way to compensate for the child's deprivation of natural parents. There is a need to treat the child as "special"—the Chosen-Child Syndrome (Schechter, 1960)—which tends to "isolate" the child within the family setting. This was found to be

especially true in families where a natural child was present. Adoptive families displayed marked vigilance and overprotectiveness in order to secure their position as good parents. They tended to suppress the expression of their legitimate and realistic negative feelings, particularly anger, lest they be viewed by the child and society as rejecting. At the same time, they overreacted to the rejecting expressions of hatred and anger hurled at them by their adopted child. We found it of considerable interest that in those families with natural children as well as an adopted child, expressions of anger and rejection from the natural child were more readily tolerated.

We found, as is cited in the literature, that a substantial number of our adoptive parents did tend to consider consciously the ever-present "ghost" of heredity and promptly relate misbehavior or any failure to meet parental expectations as evidence of the child's in-born inadequacy (Reese and Levin, 1968).

Adoptive parents overlook the fact that though they may provide love, nurture, environmental security and sound rearing, their child may always have moments of loneliness when he, from time to time, must deal with the initial abandonment by the biological parents. These moments leave adoptive parents with intense feelings of helplessness not precisely similar to the feelings of helplessness confronted by natural parents.

We noted an extremely high level of expectations in the parents with regard to the child's behavior and performance. They wanted a "good" child who performed well, as a confirmation of their stability and success as parents. Though this same phenomenon is present in natural parents, it is not so consciously expressed nor its frustration so consciously discomfiting as in the adoptive parent—especially the adoptive mother.

It has been suggested by Kadushin (1966) that the sensitivity of adoptive parents influences the willingness to seek professional counsel. This may be related to the initial adoption experience, ie, they sought help to obtain a child; therefore, the experience of seeking assistance is a familiar one. Thus, while the negative aspects of HVL are present, one exceedingly positive aspect may also be related to it. That is, due to the presence of HVL, there seems to be greater investment in the therapeutic process on the part of adoptive parents, again, particularly adoptive mothers. Their very eagerness to do the right thing for the best interest of their child tends to contribute towards workability, movement and speed of progress in therapy.

Summary

We have presented those characteristics of 22 adopted children and 20 sets of adoptive parents viewed as special by a team of child psychiatrists

and a psychiatric social worker in a private setting. Material derived from psychological test protocols was included in the study. No attempt has been made to statistically validate the findings and the presentation has been descriptive.

The reality of an abandonment experience would appear to be a major element in the anxiety experienced by the adopted child. This source of anxiety is the one element that distinguishes the emotionally disturbed adopted child from the emotionally disturbed nonadopted child.

We did not find adopted children in our practice to be more severely emotionally disturbed than the control group of nonadopted children.

Adoptive parents tended to have a higher vulnerability level (HVL) to the stress of child rearing which was reflected in overdetermined reactions to the life experiences of their child; but this rendered them sensitive and invested subjects for psychotherapeutic intervention.

References

- Borgotta EF, Fanschel D:** Behavioral Characteristics of Children Known to Out-Patient Clinics. Child Welfare League of America, 1965
- Chappelear EM, Fried JE:** Helping adopting couples come to grips with their new parental roles. Children 14: 223, 1967
- Freud A:** The Ego and the Mechanisms of Defense. New York, International Universities Press, 1946
- Goodman JD, Silberstein RM, Mandell W:** Adopted children brought to child psychiatric clinic. Arch Gen Psychiat (Chicago) 9: 451, 1963
- Illingworth RS:** Assessment for adoption: A follow-up study. Acta Paediat Scand 58: 33, 1969
- Jameson GK:** Psychiatric disorder in adopted children in Texas. Texas Med 63: 83, 1967
- Kadushin A:** Adoptive parenthood: A hazardous adventure? J Social Work 11: 30, 1966
- Kadushin A:** A follow-up study of children adopted when older: Criteria of success. Amer J Orthopsychiat 37: 530, 1967
- Kellmer Pringle ML:** Adoption—Facts and Fallacies. Longmans, 1967
- Kirk HD, Jonassohn K, Fish AD:** Are adopted children especially vulnerable to stress? Arch Gen Psychiat (Chicago) 14: 291, 1966
- Lawton JJ Jr, Gross SZ:** Review of psychiatric literature on adopted children. Arch Gen Psychiat (Chicago) 11: 635, 1964
- McWhinnie AM:** Adopted Children: How They Grow Up. Routledge and Kegan Paul, 1967
- Offord DR, Aponte JF, Cross LA:** Presenting symptomatology of adopted children. Arch Gen Psychiat (Chicago) 20: 110, 1969
- Reece SA, Leven B:** Psychiatric disturbances in adopted children: A descriptive study. Social Work 13: 101, 1968
- Saunders VA, Lindemann LC:** The interpretation of diagnostic findings and recommendation to parents: A multi-discipline approach. Mental Health in Virginia 16: 19, 1966
- Schechter MD:** Observations on adopted children. Arch Gen Psychiat (Chicago) 3: 21, 1960
- Schechter MD:** Observations on Adopted Children. Arch Gen Psychiat (Chicago) 10: 109, 1964
- Schechter MD:** Psychoanalytic theory as it relates to adoption. J Amer Psychoanal Ass 15: 695, 1967
- Toussieng PW:** Thoughts regarding the etiology of psychological difficulties in adopted children. Child Welfare 41: 59, 1962
- Wolff S:** Children Under Stress. London, The Penguin Press, 1969, 105–111