

## CHAPTER 11

### SUBSTITUTE FAMILIES. I : ADOPTION

“The central paradox of work for deprived children is that there are thousands of childless homes crying out for children and hundreds of Homes filled with children in need of family life.” This situation, graphically described in the annual report of the Children’s Officer of an English borough,<sup>47</sup> obtains in many Western countries. Yet very little serious study has been given to the problems of adoption, and it is only gradually becoming recognized as a process requiring scientific understanding and professional skill. Too often the baby’s future is the concern only of a well-meaning amateur or of a health visitor trained to consider no more than physical hygiene. Once again scientific studies of the subject are conspicuous by their scarcity.

The process of adoption concerns three sets of people—the mother, the baby (almost always illegitimate), and the prospective adopters. There is skilled work to be done with each. First, help must be given to the mother to enable her to reach a realistic decision ; this requires skill in making a relationship of mutual confidence with her, in understanding her personality and her social situation, and in helping her face unpalatable facts in a constructive way. Secondly, there must be an ability to assess the potentialities of the baby—no easy task and one about which there are many ungrounded assumptions. Finally, there must be an ability to predict how a couple will care for children, often in the absence of any direct demonstration of their capacities, and to help them in the initial adjustments. These are formidable tasks. Furthermore, they must be discharged reasonably quickly since all with experience are agreed that the baby should be adopted as early in his life as possible.

The evidence given in Part I of this report points unmistakably to its being in the interests of the adopted baby’s mental health for him to be adopted soon after birth. No other arrangement permits continuity of mothering and most other arrangements fail even to ensure its adequacy. If the baby remains with his mother, it is not unlikely that she will neglect and reject him. The work of Rheingold and Levy has shown that if he is parked temporarily in a nursery or group foster-home his development will often suffer in some degree (see page 368). Nothing is more tragic than good adoptive parents who accept for adoption a child whose early experiences have led to disturbed personality development which nothing

they can now do will rectify. Very early adoption is thus clearly in the interests also of the adoptive parents. Moreover, the nearer to birth that they have had him the more will they feel the baby to be their own and the easier will it be for them to identify themselves with his personality. Favourable relationships will then have the best chance to develop.

The arguments against very early adoption are three in number :

- (a) it requires what might be a precipitate decision by the mother
- (b) the baby cannot be breast fed
- (c) there is less opportunity to assess the baby's potential development.

Of these the first argument is the most weighty. It is clearly of the greatest importance not only that the right decision should be reached by the mother but that it should be reached by her in a way which leaves her convinced that she has decided wisely. This may take time, though, as Rome has shown, no good comes from prolonging the period of indecision indefinitely. If the mother has sought care reasonably early it should be possible for the experienced case-worker to help her reach a realistic decision either before the baby is born or soon after, since most of the factors which matter (e.g., stability of personality, realism towards the problem, and attitude towards the putative father) will be evident in her life before the birth of the baby. If all of these are adverse the baby's birth will not change them, and the likelihood is small of the mother making a success of looking after the child. More knowledge, skill, and realism on the part of case-workers could undoubtedly lead to wise and emotionally satisfactory decisions being reached fairly early in a large proportion of cases.

Moreover, it is in the mother's interest to make the decision to keep or part with her baby early rather than late. Unless it is reasonably clear that she will be able to care for the child, it is no kindness to permit her to become attached to him ; parting is then all the more heart-breaking. Some unmarried mothers decide, after reflection, that they would prefer not to see their baby, a decision which should be respected. Rigid policies that all unmarried mothers must care for their babies for three or six months and must breast feed them can have no place in a service designed to help illegitimate babies and their unmarried mothers to live happy and useful lives.

It is, of course, only when a baby is likely to be breast fed that the interruption of breast feeding is an argument against early adoption, since if the mother is averse to such feeding or if the baby is to be deposited in a nursery or foster-home the matter becomes irrelevant. If early adoption does in fact mean depriving a baby of breast-feeding it is, of course, a serious matter. Even so, to reach the correct decision regarding the best age for the child to be adopted requires the weighing of one set of medical

disadvantages against another and only far more research than has been done into the adverse effects of each can permit the decision to be realistic. Meanwhile, it is unwise to assume that breast-feeding and later adoption is better for the baby's future welfare than early adoption and affectionate artificial feeding.

The third argument against early adoption—that there is less opportunity to assess the baby's potential development—is commonly used by psychologists but is the weakest of the three. It rests on the assumption that the various tests of development available in the first year of life have predictive value for the child's later mental development. In an exhaustive inquiry Bayley<sup>11</sup> has shown that this assumption is not justified. She shows that the correlation of test performance at nine months of age with that at four years is zero and that "scores made before eighteen months are completely useless in the prediction of school-age abilities". This same conclusion is reached by Michaels & Brenner<sup>103</sup> in one of the comparatively few pieces of systematic research on adoption. They carried out a follow-up of 50 adopted children when they were four years of age or over both to discover what proportion had proved successful and what were the most reliable criteria for making predictions. They conclude rather sadly that "the psychologist's findings, in this and other studies, suggest that the case-worker's tendency to assume that infant tests provide a safe index of potential development is not warranted".<sup>m</sup> Not only is this so but, as has been seen, there is a very serious danger that keeping a baby in a nursery awaiting adoption in the belief that in a few more months an accurate prediction can be made will itself produce retardation, which is then taken as evidence that the baby is inherently backward. Hence there develops the paradoxical situation in which misguided caution in arranging adoption creates a baby which at first appears, and ultimately becomes, unfitted for it.

Probably the best guide to potential intelligence is the intelligence of the parents, though for many reasons this can be no more than a very rough guide and adoptive parents like natural parents must be prepared to take a normal biological risk.

It will be seen, therefore, that the arguments against early adoption are far less strong than they appear at first sight. On psychiatric and social grounds adoption in the first two months should become the rule, though some flexibility will always be necessary to permit mothers to work their way to a satisfactory decision. If during the waiting period the baby is not cared for by his mother it is preferable for him to be cared for in a temporary foster-home rather than in an institutional nursery.

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<sup>m</sup> The failure of infant tests to predict the future does not of course rob them of their value as an index of present development, a value which may be compared to that of the weight-chart which, irrespective of any predictive value it may have for the infant's future physique, remains a valuable guide to his physical progress during infancy.

To dub a baby unfit for adoption is usually to condemn him to a deprived childhood and an unhappy life. Few are qualified to reach this decision and the grounds on which it is commonly reached today in Western countries are more often well-meaning than well-informed. For instance, many adoption agencies place an absolute bar on the children of incestuous relationships, however good the stock. Naive theories of genetics may also lead to a child being blackballed for such reasons as having a sibling mentally defective or a parent suffering from mental illness. In the days when it was the accepted psychiatric view that all mental illness was hereditary this may have been a reasonable policy. Now that this is no longer so it is unreasonable, except in those cases where the incidence of mental defect or illness in the family is clearly much above the average. It has already been remarked that mental tests have no predictive value in the first 18 months of life, so that some retardation, even in the absence of deprivation, need not be taken seriously unless it is very marked. Finally, the widespread assumption that children with certain physical handicaps are unfit for adoption is ungrounded, as Wolkonir<sup>155</sup> has shown in his interesting paper "The unadoptable baby achieves adoption".

Three principles thus emerge from discussion of a baby's suitability for adoption :

(a) that an assessment of the child's genetic potentialities requires the opinion of a person with training in human genetics and that in no case should an adverse decision be reached without the opinion of a competent person ;

(b) that psychologists should be thoroughly familiar with the predictive value of their tests and with the effects of deprivation, illness, and other environmental factors on test performance ;

(c) that even if the child's state, or prognoses about his future, are not wholly favourable an attempt should still be made to see whether there may be adoptive parents who, after being given full knowledge of the facts, are prepared in a realistic mood to accept him.

The third area in which knowledge and skill is required is in the appraisal of prospective adoptive parents and in helping those who are suitable to adjust happily to the intense emotional experience of adopting a baby. Here there is no place for the amateur, whose only criteria can be outward signs of respectability, or the worker trained only in physical hygiene with the criteria of income, cleanliness, and cubic feet of air space. These criteria have led to irrelevant and fancy standards. The baby's mental health will depend on the emotional relationships he will have the opportunity to develop ; and their prediction requires good knowledge of the psychology of personality and skill in interview techniques. The principles of the work are admirably discussed by Hutchinson,<sup>80</sup> whose book *In quest of foster parents* should be consulted. She emphasizes the cardinal importance

of estimating the real motivation behind the mother's desire to adopt a baby (it being almost always the mother rather than the father who is the architect of the plan). This motivation is often not what it appears to be and its true nature may be largely concealed from the woman herself.

“ That foster parents are often searching for love or more love or a different kind of love is not disqualifying, but it is a significant clue to a richer understanding of them. The crux of the matter lies in the degree of normality and reasonableness of their love-specifications. An adoptive mother may insist, in highly rigid and explicit terms, on the qualifications which she wants and must have in a baby. It must be a girl, of specified colouring, age, intelligence, parental status, nationality and temperament. The striking factor is the tenacity with which she may cling to these specifications even after she learns that, practically speaking, her conditions are unreasonable and a hindrance. A prospective adoptive father may be unwilling to deviate from his determination to have a boy who at all costs will fulfil his own frustrated ambition. Such inflexible and narcissistic requests are in contrast to the requests of the foster parent who can easily consider a reasonable range of children and does not come with terms too preconceived or irrevocable.”

Those adopting these rigid and inflexible attitudes are doing so for reasons connected with their own emotional conflicts deriving from their own childhoods. In such a case the child is needed not for himself but as the solution of a private difficulty in the parents and, as might be expected, more often than not provides no such solution. The woman who has always felt unloved and who seeks love and companionship from the baby will not wish him to grow up, make friends, and marry. The woman who seeks a little girl who will achieve all that she has failed to achieve is likely sooner or later to be disappointed and to turn against her. Many other unsatisfactory motives may underlie the demand for a child. In the same way satisfactory motives may masquerade under exteriors which seem unpromising. The woman with a gauche brusque manner or the easy-going, untidy, and not too clean couple may none the less have warm hearts and prove loving and effective parents. If their motives are right much else can be overlooked.

How is the social worker to discover their true motives? Partly by inquiring how it was that they first thought of adopting a baby and partly by learning more about them as people, especially their capacity to make easy and loving relationships with others. In assessing these, three principal opportunities offer—the way they speak about other people, especially their relatives, the way they treat each other, and the way they treat the social worker. The value of these last two criteria are attested in the follow-up conducted by Michaels & Brenner<sup>103</sup> who conclude: “ the most fruitful area of exploration in these home studies was the marriage; the needs it filled for both partners, and the way they achieved their own satisfactions and met each others' needs within it”. Yet, as Hutchinson has pointed out, this is precisely the area most commonly evaded by the interviewer who, unless thoroughly trained, feels, and is, quite incapable of making

inquiries which are both useful and yet not embarrassing. Michaels & Brenner proceed :

“ The relationship between client and worker also had diagnostic importance. Families who resented the worker’s interest in their intimate lives, or felt that their references, position, or deep need for parenthood entitled them to a child with no questions asked, often were reflecting underlying problems bearing an important relation to parental capacity. Often, too, the families who easily established a relationship with a worker, who recognized the agency’s need to choose good parents for children and admitted to human qualms, problems, and imperfections, were revealing deep assets for parenthood.”

The capacity to face difficulties in a courageous way and to consider soberly how best to meet them is indispensable in adoptive parents for “ the ability to take some risks is essential for adoptive parenthood ” as it is for natural parenthood.

“ The question is not whether we can match their need surely in a child’s infancy ; for we plainly cannot. The question is rather what they would do with disappointment ; and whether they could still function as loving parents, satisfied in their parenthood. There is no such thing, unfortunately, as a ‘ guaranteed adoption ’ ; no children an agency can safely mark ‘ Certified ’. It is vital, therefore, that parents be able to accept a child whether or not he can measure up to their hopes and wishes for him ” (Hutchinson <sup>80</sup>).

Flexibility and the capacity to face the truth are clearly also desiderata if the parents are to tell the child of his adoption, a practice which all are agreed is essential since sooner or later the truth will become known. Provided the parents can themselves admit the truth and do not have to cling for personal reasons to the fantasy of having produced the child themselves, there need be no great difficulty in bringing the child up from earliest years in the knowledge that he has been adopted. Complications will arise only if the natural and adoptive parents know each other. Reputable agencies usually preserve absolute secrecy on this matter, and there seems no doubt that this is essential if the adoption is not to be jeopardized.

The intense emotional experience of a parent who adopts a baby is often overlooked. Hutchinson has spoken of the “ excitement, urgency and deep feeling ” which often characterize the adoptive mother’s attitude. To her it means not only taking possession for better or for worse of a human life and with it all that the possession of a baby means to a woman, but it may signify also the final acceptance both for her and her husband of the painful fact that they will never have a baby of their own. These are difficult and conflicting emotions which if not worked through adequately may linger to mar the parents’ feelings for the baby. Once again insight based on knowledge and skill based on training are required. Similarly, knowledge and skill are necessary in the social worker when she has to tell parents that they are not suitable. Naturally, she will try to put it to them in the most palatable form to avoid distressing them more than necessary, but her principal aim must be to help them see the truth for themselves, for unless this can be achieved the prospective parents will not only feel disgruntled, but will persist in their search for a baby to adopt.

Not much is heard of the black market in babies—the process whereby would-be adopters who have been refused by reputable agencies succeed, sometimes by the payment of large sums to third parties, in securing a baby for themselves. In most countries at present this can be done by people whom all would agree are quite unfit to care for a child. It is a social and legal problem which one day will require attention, but it would be foolish to tackle so thorny a problem before the recognized machinery for adoption is in the hands of qualified people who can be relied upon to make realistic assessments of prospective parents. This will take time.

**TABLE XIII. INCIDENCE OF FAVOURABLE ATTITUDES AMONG PARENTS OF ADOPTED CHILDREN AGED FOUR YEARS PLUS (MICHAELS & BRENNER)**

Attitude of parents	Children	
	number	%
Favourable . . . . .	26	52
Fairly favourable. . .	18	36
Unfavourable . . . . .	6	12
Totals . . . . .	50	100

It has already been remarked that prediction of how a baby will develop is an exceedingly difficult task and for this reason the matching of baby and parents is more easily desired than achieved. Moreover, so long as there are queues of parents waiting for a trickle of babies, the parents may feel thankful to get any child. Race and to some extent colouring can be matched fairly easily, and by matching social class the securing of comparable intelligence is the more likely. Until predictions of other characteristics can be validated, time spent on assessing them is largely window-dressing.

Finally, it may be asked what is the proportion of adoptions which are successful? This, of course, is a relative question, the results depending largely on the skill of the agency arranging them. What one needs to know is the proportion of successes when adoption is carried out by skilled workers. No such study seems to be available, even that by Michaels & Brenner being concerned with the outcome of adoptions arranged during a period when the agency was changing from a volunteer to a professional basis. The results of this study are given in table XIII.

Regarding the unsuccessful cases, they note "No child . . . is poorly housed, clothed or fed, or treated cruelly or irresponsibly by adoptive parents. In this sense none of these homes is bad. The six homes considered

unsuccessful are, rather, homes where the child is either rejected, or excessively over-protected and infantilised". In assessing the meaning of these figures variables such as the age at which the children were adopted and the criteria of success used by the investigators must be taken into account. They must be compared, also, with similar assessments of parents caring for their own children. Judged by the latter standard, so far as it is known, the proportion of successful and unsuccessful adoptions does not seem unsatisfactory. This result is in accordance with clinical experience which does not suggest that an undue proportion of adopted children are referred to child-guidance clinics. From these meagre data it may tentatively be inferred that in skilled hands adoption can give a child nearly as good a chance of a happy home life as that of the child brought up in his own home. Even so, the data are deplorably inadequate and if these problems are to be taken seriously will need to be greatly amplified.

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