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ADULTS WHO WERE ADOPTED AS OLDER CHILDREN

The University of North Carolina at Greensboro

PH.D. 1983

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ADULTS WHO WERE ADOPTED

AS OLDER CHILDREN

by

John Young Powell

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro
1983

Approved by



Dissertation Advisor

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

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November 1, 1983
Date of Acceptance by Committee

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Over 100,000 older, handicapped, emotionally disturbed, and minority race children await adoptive placement. In recent years a major effort has been made to place such children in adoptive homes. Previously only infants and toddlers had been considered adoptable. Therefore, inadequate literature exists regarding older children adoptions. An opportunity was afforded to conduct in-depth interviews with 17 adults who were adopted as older children an average of 18.5 years ago. A qualitative analysis of these interviews revealed a causal developmental pattern. Although each subject suffered early childhood traumas, deprivation, and loss of family, each has recovered to function adequately as an adult. These adults tended to have developed patterns of trusting interpersonal relationships and to have become adequate marriage partners and caring parents. Two hypotheses were generated for further research:

1. Adults adopted at age 6 or older, who recall their adoptive experience, tend to have a pattern of unique and characteristic life styles.
2. Adults adopted at age 6 or older, when given choice, preparation, and participation in the adoptive experience, tend toward closeness with the adoptive family and tend to reconcile painful childhood memories.

Recommendations were given by the respondents to guide professionals. An analysis of data revealed information relating to birth families, adoptive families, extended families, sibling relationships, life satisfactions, and childhood feelings of well-being and uneasiness.

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CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

Supporters of the national wave of enthusiasm for placing older, emotionally troubled children in adoptive homes use a rallying slogan that "no child is unadoptable." Our society is experiencing a "tremendous revolution" in adoption practices. However, the full impact is largely unreported in professional literature. Children who would have been considered unadoptable 10 years ago are now being adopted and certain people, both married and single, are becoming eligible to adopt who 10 years ago would not have been approved as adoptive parents (Churchill, Carlson, & Nybel, 1979).

Yet with the national emphasis on placing all available children in adoptive homes, little evaluation has been done to determine what long-term benefits are derived from such adoptions, and this is due partly to the recency of acceptance of such adoptive practices. Even if attachments are formed between the older adoptee and the adoptive parents, do the bonds of attachment reach to the extended family as well, and do such attachments endure throughout the life of the adoptee?

Many questions remain to be resolved by policymakers in regard to current adoptive practices. Will an acceptable percentage of older, hard-to-place children be successfully maintained in adoptive homes? The failure rate for older child placements was estimated to be 25 to

33 percent (C. W. Sanford, personal communication, October, 1982). However, for the more troubled older children who are being placed in adoptive care the percentage figures will likely be much higher. What is the quality and quantity of family life that is afforded older adopted, troubled children? Will there be an unacceptable level of abuse and neglect found in some of the untested settings that characterize many new placements?

Rather than becoming more cautious as new placement experiments are tried, adoption agencies often appear to be responding to the pressure of some citizen-parent groups by diminishing the historic role of professionals in the adoptive process. Traditional evaluations of the host parents and adoptive children that have included social, medical, and psychological components are being cast aside as unnecessary by some child advocates. Some of the professional advocates of the no-child-is-unadoptable movement have believed that hard-to-place children must be merchandised and prepared for adoption in a few weeks' time (Donley, 1980). "I think all too often we make the whole process so unnecessarily complicated. Make all of the waiting children visible. Let families see the children and let their worker mail out their adoptive study on any child they desire. I bet we would place a lot more children," wrote one observer (Soule, 1982, p. 1).

History of Adoption

A look at the history of adoption recalls periods when similar attitudes prevailed. Our contemporary attitudes evoke memories of mass shipments of children to the western United States in the late 19th

century. Bewildered children--lined up at railway stations--were selected or rejected by prospective frontier farm families. Charles Loring Brace in 1872 wrote of how the children "would rather watch at all directions, scanning closely every wagon that came in sight, and deciding from the appearance of the driver and the horses, more often from the latter, whether they 'would go in for that farmer'" (Brace, 1872, p. 253). The debate over which children should be cared for in foster-institutional placements and which children should be "placed out" has continued over the years. Brace (1859) in The Best Method of Disposing of Our Pauper and Vagrant Children wrote of the horrors of reformatories and touted the merits of placing children in adoptive homes, for families are "God's reformatories" (p. 12).

In Judeo-Christian tradition, the story of Moses is perhaps the best known example of an ancient adoption. Moses struggled with loyalty to his adopted family and identification with his biologic origins. The basic concept of adoption is that a child not biologically born in a family is incorporated into a family so that the child becomes a full member of the family with social and legal rights. Adoptions have been recorded in ancient Babylonian and Roman cultural records. In Babylon the oldest known recorded law, the Code of Hammurabi, referred to adoption: "The strong oppress not the weak, that the orphan and widow be protected." Specific provisions in the 4,000-year-old code made clear that once an adoption takes place it cannot be changed. "If a man takes a child in his name, adopts and rears him as a son, the grown-up son may not be demanded back" by the birth family (Sorosky, Baran, & Pannor, 1978,

p. 25). The process originally was designed to serve the needs of adults rather than children.

Some form of adoption is found in all cultures. Throughout history various reasons have been given for adoptions: ancestor worship, a need to supplement populations of societies to ensure an ample supply of workers, a desire to continue a family name, and a desire to keep wealth within a family. While many intrafamily adoptions are consummated, the greatest concern of professionals is with unrelated adoptions, especially of older children (Shireman & Watson, 1972).

Today the general public tends to think of adoption as the placement of infants and young children. Yet there are far more applications for adoption than infants available for placement. Part of the shortage can be explained by the changing social acceptance of children born out of wedlock which has enabled more unmarried mothers to keep their children. Also, acceptance of abortion has further diminished the supply of young adoptive children.

Great stress has been placed in past years on severing all links between the adoptive family and biologic parents. However, in Scotland and Finland the adoption records are open for public search; and in Scotland an adoptee over the age of 17 is free to examine his records (Triseliotis, 1973). Recently, however, questions about the wisdom of breaking all ties with the past in the adoption of older children have been raised. The adoptive state has the possibility of impeding identity formation, according to some child psychiatrists (Derdeyn, 1979).

Although other cultures see child-rearing as a community-oriented responsibility, in the United States and Western society, adults tend

to accept very limited responsibility for any but their own biologic or adopted children. Before 1850 the primary method of caring for children without parents was to place them into orphanages. However, many homeless children roamed urban streets. The Children's Aid Society reflected the philosophy of Charles Loren Brace, who believed that self-help, the gospel of work, education, and environment, almost entirely shaped one's life. It was felt that pure country air would, in itself, have a beneficial effect upon children and young people. An early scheme was tried prior to the "placing out" system. There was an attempt to rehabilitate New York's vagrant young people with religious persuasion. However, "the street boys did not respond to traditional religious services. Boys who stole or begged tickets to bawdy theatrical performances were unwilling to listen to dull religious exhortations. . . When bored, they wrestled with one another or engaged in free for all fighting. . . At one meeting the boys showed their contempt for the pomposity of the minister with loud cries of 'Gas, gas!' and their laughter ended the service" (Langsam, 1964, p. 3).

Some of the children found unattended in New York were placed with local families, but soon the supply of available families was exhausted. Many of the remaining children were transported by train to the Midwest. Between 1854 and 1900 about 90,000 children had been placed in rural areas in the heartland of America. Very few of these placements had legal sanction, as usually the children were taken from town to town with families selecting children at train-side meetings. Often families signed an agreement to keep the children until they were 18. Until

their maturity children were expected to help with farm and housework. At 18 they were "to be provided with a Bible, two suits of clothing, and \$50 in cash" (Langsam, 1964, p. 3). After that time these young adults were often on their own. Such practices had qualities of indentured servitude.

Under the placing-out system, the Children's Aid Society or the parents retained legal guardianship unless a formal adoption was made. Therefore, in many instances the children or the employing family were free to terminate the relationship if either side was dissatisfied. In theory, this practice averted the problem of indentured servitude. The child was free to appeal to the Society or to the courts for help. The placing-out system therefore was markedly different from modern adoption practices for older children as the placed-out children retained a sense of their biologic identity and maintained a sense of self-determination. The Society took pride in reporting the success of some children who were placed out. Some of these children became respected leaders as businessmen, doctors, lawyers, clergymen, state governors, and other officials. However, no accurate study was made of the 92,292 children who were placed out (Langsam, 1964).

Other examples from history reveal catalogues through which prospective parents could glance to find children. A famous catalogue was published early in this century by the Willows Nursery of Kansas City, Missouri. The out-of-wedlock babies listed in the Willows book were referred to as "accidents of fate" and "children of unfortunate parentage" but were reported to be of "exceptionally high grade" and "fit to

grace any home in this country that is open to a child." Today one can observe similar booklets but often filled with older, minority race, handicapped, and emotionally troubled children. It is reported that the historic catalogues were oriented to society and to parents, whereas the modern catalogues are child oriented (Powledge, 1982). However, this change is debatable. The observation of modern prospective parents flipping through these booklets raise the question of whether adoptable children should be given catalogues of prospective adoptive families as well.

In American society children without their "own" parents are at a serious disadvantage. A characteristic of our society is that both adults and children are unlikely to find their emotional needs satisfied, nor are they likely to form long-term relationships except within the nuclear family (Tizard, 1977). Perhaps it is due to such unique factors that adoption practices have developed with specific characteristics. Adoption practices also depend upon a relatively powerless subclass of adults as producers of adoptable children. Proportionately, more non-white than white children are available for adoption; conversely, there is a smaller pool of nonwhite families with sufficient resources to permit them to consider adoption seriously (Kadushin, 1977). More than 100,000 children in the United States await adoption. These waiting children are not babies or healthy toddlers. "The majority are of school age, are mentally retarded, or physically handicapped, or emotionally disturbed, and are of minority racial heritage, or part of a group of siblings" (Children's Bureau, 1980). In contrast, there are

only about 1,000 children available in Sweden each year. This shortage appears to relate to availability of abortion services and high wages for women there. As a result, the majority of the adopted children in Sweden are of foreign origin, mostly Asian (Tizard, 1977).

Adoption Laws

Although the first American adoption laws were enacted in the mid-19th century, the adoption of children was largely a private affair until after World War II. As late as the 1920's many adoptions were casually arranged by newspaper advertisements, and usually involved a young child given up at birth by the mother. Such practices became institutionalized in the child-welfare system with agencies making decisions regarding unrelated adoption (Derdeyn, 1977). However, adoption social workers are no longer considered to be the only judges of which children should be placed in approved adoptive homes. Their role seems to be changing from expert to referee in some adoptive proceedings.

The widespread extent of child abuse was recognized in the early 1960's. Laws soon followed which required the reporting of suspected abused and protected those who reported abuse and neglect from liability. The concern for abused and neglected children evidently had some effect, because foster-care rolls increased from an estimated 287,000 in 1965 to 364,000 in 1975. Termination of the legal rights of a number of abusive parents has also increased the number of children being adopted in recent years (Derdeyn, 1979).

Another historic thread in the development of adoption laws and practices has been the question of ownership. Historically, the biological parents' "'ownership' of a child has approached the absolute" (Derdeyn, 1979, p. 217). In a rural economy children are a distinct economic asset (Keniston, 1977). Derdeyn and Wadlington in 1977 noted "the right to custody of biological parents has in the past been tantamount to an unequivocal right or privilege and has more recently been increasingly defined in terms of constitutional law" (p. 16). Historically the biologic parents' rights have been either voluntarily or forcefully severed first; later strangers have acquired absolute ownership through the legal system. The one-person ownership practice requires that former owners relinquish all contact and any continuing relationship with the child. At a recent Annual Meeting of the North American Council on Adoptable Children attended by this writer, the ownership principle was observed in many of the adoptive parents' comments. There was great interest in "bonding" of older children with the new adoptive family and opposition to intrusion of individuals from the child's past.

Adoption Services

In the past 50 years, adoption services have focused primarily on the placement of healthy white infants born to unmarried mothers. These children were placed with young, white, middle-class couples who were unable to conceive. Adoption practice consisted of evaluating the

couple's motivation to adopt and their ability to parent a child, and then providing minimal postplacement services prior to finalization of the adoption.

In the 1960's social changes began to have a major effect upon adoption services. These changes included the widespread use of birth control, the changing mores allowing an unmarried mother to keep her child, and the liberalization of abortion laws in some states. The result was a decrease in the number of white infants available for adoption. At the same time, as part of the impact of the civil rights movement, large numbers of black infants and older children lost in the maze of foster care came to the attention of adoption agencies and were placed with adoptive families. Agencies began to risk the placement of toddlers and preschool and school-age children previously destined for long-term foster care or institutionalization. As the supply of healthy white infants and toddlers continued to diminish, children who in the past were considered unadoptable were placed with families. A similar reexamination of adoptive parenthood led to the acceptance of many adults who formerly would have been classified as unsuitable.

The Adoption Assistance and Child Welfare Act of 1980 (PL-96-272) marks the first time the federal government has regulated or provided partial funding for adoption. It represents a national commitment to provide supportive services to maintain children in their family unit if possible. When children are removed, efforts are to be made to return the child home as soon as feasible. Periodic court reviews of all out-of-home placements are required to guard against children's

getting lost in the foster-care system (Waldinger, 1982). This law reflected the views of Goldstein, Freud and Solnit (1973), who contended that if the child's return to his birth family could not be made within a reasonable length of time, parental rights should be terminated and other long-term plans be made. The child's sense of time must be considered. Waldinger (1982) stated that of the various long-term alternatives available, adoption should be given the highest priority.

The 1980 law has created controversy especially within its subsidized adoption provisions. A product of this century, paid foster care has been distrusted and the rate of reimbursement has been kept low to avoid any suggestion that foster parents are paid for their services. Therefore, paid adoptive parenthood also would likely be viewed with suspicion. The provisions of PL-96-272 are expected to increase the number of older children who will be placed in adoptive homes. Many of the subsidized adoptions appeared to be paid to the child's former foster parents. In a 1976 study, 2,700 subsidized adoptive placements had been made in 18 states; and approximately 90 percent of the adoptive parents had first been foster parents to the children (Waldinger, 1982). Meezan and Shireman (1982) noted the opportunities and advantages for foster-parent adoptions. In such an arrangement both the child and family are spared the difficulty of forming new attachments. They warned that sensitive help is needed to ease the family's transition.

Many of the children placed from eastern urban areas into rural middle America over 100 years ago managed to find social and economic acceptance. Can today's older, adopted children find similar success?

Review of Research

Many early studies of child psychiatric disorders in adopted children were published by professionals in child guidance and child psychiatric clinics. They tended to compare the percentage of adopted children seen in a clinic with the percentage of nonrelated adopted children in the general population. The U. S. Children's Bureau estimates that the general child population contains 1 percent of related adoptees and 1 percent of unrelated adoptees. The percentage of unrelated adoptees in the case loads of mental health clinics has been reported as 13.3 percent (Schecter, 1960), 11.5 percent (Harper & Williams, 1976), 2.4 percent (Goodman et al., 1963), and 4.5 to 13.9 percent (Schecter et al., 1964). Simon and Senturia (1966) found that approximately 2 1/2 times as many child adoptees were seen in clinics as would be expected in St. Louis. A British study reported similar results; Humphrey and Ounsted (1967) found 2.9 percent adopted children in their clinic against a British estimate of 1.3 percent unrelated adoptions in the population.

While the vast majority of adopted children are not seen in mental health clinics, these percentage figures may be a source of concern. However, Hersov (cited in Wolkind, 1979) noted that the percentage of adoptees attending a clinic is not comparable to the percentage of

adoptees in the general population. Wolkind noted that only families of higher income might be able to pay the fees necessary for clinic treatment. Borgatta and Fanshel (1965) also disputed the higher claims and stated that even if a higher rate were found, such variables as race, social class, and prior contacts with social agencies could account for the differences. The use of "prior contacts" refers to a hypothesis that adoptive parents are "agency prone;" that is, because they got their baby through a social service agency they are more prone to seek outside help than parents in the general population. Bernard (1974), a child psychiatrist, warned of the danger of a one-sided view of adoptees by clinical personnel, since well-adjusted adoptees are not seen for assessment or treatment. Marquis and Detweiler suggested in their study sample that adoptees felt more confident about themselves than nonadoptees (cited in Powledge, 1982); however, their study focused upon infant and young child adoptions.

Wolkind (1979) believed the resolution of the issue was to move from clinic studies to the rate of psychiatric disorder in random samples of adopted and non-adopted children. He cited three studies: two British projects (Davie et al., 1972, and Seglow et al., 1972) and one Swedish study (Bohman, 1970). The incidence of psychiatric disorder was contradictory for girls, but adopted boys did show a slightly higher rate of disturbance than did boys living with their natural families. Wolkind (1979) cautioned that the degree of disturbance among boys is minimal compared to the rates for children in one-parent families, in

foster care, in residential group care or in two-parent biological families when these families are characterized by poor parental relationships.

Baasel (1982) gave a preliminary report on a study of 1,000 families having both natural and adopted children. The parents in the study generally perceived no difference in their relationship with biologic and adopted children in infancy and toddlerhood. Yet to their surprise as the children grew older they found it easier for them to understand what their biologic children were thinking and feeling and what motivated them to act as they did. Often they were baffled by their adopted children's behavior as their adopted children differed from themselves in a wide variety of ways. They found themselves less able to empathize and to accept their adopted children's values. The parents had expected to find, as a result of adopting infant children, that these children would reflect the family's values and life-styles, but they often found this not to be true. Parents of adopted children entered into the relationship believing more in the importance of environmental influences on the development of their children's personalities, but they became more convinced of biological influences as the children grew older. While the preliminary evidence indicated that these parents were glad that they adopted and would do so again, they believed that preparation for the differences between biologic and adopted children would have aided them as parents.

The rate of reported disturbance is further confounded when adult adoptees are considered. Simon and Senturia (1966) included both

children and adults in their clinic sample. The higher than expected rate for adoptee referral was found only with children; adult adoptees were represented in the same proportion as in the community.

In recent years, older and special-needs children have been placed for adoption. This practice contrasts with reports in the 1940's of how infants reared in institutions failed to adapt to normal family life (Lowry, 1940). Wolkind (1979) believed that such notions influenced professional ideas about critical periods in human development and contributed to a belief in a poor prognosis for maternally deprived children. Studies from the same era that gave different opinions were often overlooked. Shodak and Skeels (1949) showed dramatic improvement in children who were severely understimulated and deprived in infancy; following adoption, they appeared to develop the capacity to function adequately. Clarke and Clarke (1976) gave a comprehensive review of these issues. Tizard (1977) described the adjustment of a small group of British children who were placed for adoption after spending over four years in institutional care. Followed up at age 8, some of these children had behavioral difficulties, but their parents reported a growth in their parental-child relationship and a gradual improvement in the children's behavior.

Smith and Sherwen (1983) emphasized that bonding for older adopted children is more complex. They concluded from their research data that expectations of adoptive families must take into consideration the child's life history. Therefore, the bonding process will take considerably longer for the older child and his new family.

No published study has been found that examined how adults who were placed in adoption as older children feel about such matters as family identification or parental bonding. Because the studies have usually involved dependent children, questioners have been reluctant, for ethical reasons, to ask them about their feelings. However, one can speculate that they, as well as their parents, might feel discomfort and a sense of being different. Such feelings are likely heightened for older adopted children who have memory traces of their biologic families.

Theory of Shared Fate

One researcher who addressed a theory of adoption is Kirk (1964, 1981). He contended that adoptive parents suffer from "role handicap" and a lack of "role support" because our culture fails to provide an acceptable role for them to play. He further believed that community pressures and social ambiguities confuse the adoptive relationship for both parents and children. He believed that open acknowledgement of the adoption experience as being different from the birth experience facilitates parental empathy with the child and frees parents to let the child inquire about his adoption, helping to enhance communication between them. This process helps to develop a bond between them, he contended. McWhinnie (1967) and Triseliotis (1973) confirmed Kirk's earlier work. In Kirk's 1981 book, it was pointed out that laws and customs are contradictory toward adopted children and their parents. Adoptive families are not given complete social sanction to fulfill their roles as a family unit, he contended. He believed that adult

adoptees were denied their basic freedom by not having knowledge of their birth family.

Older Children Adoptees

An early effort to develop adoptive programs for older children was reported by Weeks in 1953. It was emphasized that children and families must be prepared and selected with great care. Kadushin (1970) reported on 91 children who had been adopted between ages 5 and 12. The majority of children had experienced neglect or abuse prior to placement. Followed for six years, over three-quarters of the adoptions were judged to have been successful; only two children had been removed from their adoptive families. Kadushin concluded that when compared with studies of infant adoptions, adoptions of older children seemed to be, at least statistically, as satisfactory as infant placements.

Since the publication in 1973 of Beyond the Best Interest of the Child (Goldstein, Freud & Solnit), the number of placements of older children has increased. The authors believed that children who drift through foster care, moving from placement to placement, would be better served if the child's interest were kept as the paramount concern, and they pointed out that time to a child and to an adult has different meanings. Several months of delay can be devastating to a child's sense of well-being. With this reasoning, social workers and courts have become more vigorous in freeing children for adoption when it appears that the child will not soon be able to return to his birth family. These older children appear increasingly to have special needs (Children's Bureau, 1980). This emphasis has generated professional literature, but much of

its focus is practice-oriented. There appears to be a lack of knowledge about adults who were adopted as older children. Raynor (1980) studied 105 young adult adoptees and their adoptive families, but their placement was generally in early childhood.

Newson and Newson wrote in 1976 that an unnoticed function of parents is to act as a "memory store" for the child to relate and compare his present experiences "to what happened to him yesterday, last week, or last year and to relate to him as a person with known characteristics and a known past" (pp. 404-405). Kirk (1964, 1981) suggested that openness between the child and his adoptive family, acknowledging that adoption is different from (though not inferior to) birth in a family, will help establish a relationship that is a "shared fate," bonding the child and the adoptive family together. What being adopted as an older child means to an adult is largely unknown. Kirk (personal communication, May 6, 1983) suggested that adults adopted as older children often struggle with a feeling of "arbitrariness" in the selection of their adoptive family. Whereas one might perceive the acquisition of a family by birth as divinely inspired, an older adopted child can remember the arbitrary selection of his family by a social worker, physician, lawyer, or other professional.

Rationale and Significance of Study

Young children whose parents seem unlikely ever to be able to look after them adequately are believed to fare better with an early decision for adoption or long-term foster care. Child psychoanalytic

theory contends that lack of consistent parenting or loss of parent figures leads to feelings of helplessness and profound deprivation. The earlier in a child's life a decision is made for permanent parents, the greater the chance of healthy development (Goldstein, Freud & Solnit, 1973). Rutter (1980) said, "Adoption is the one intervention in early childhood which clearly makes a major environmental change which is often of long-term benefit to the child." However, children freed for adoption today are frequently older, and a high percentage can be described as emotionally troubled. These children carry their biologic families forward with them in their feelings and loyalties, regardless of legal decrees. While modern adoption philosophy now classifies such children as potential adoptive applicants, grafting these "new orphans" into adoptive families can cause problems that require more than simplistic approaches (Powers & Powell, 1982).

While some older children are ill-prepared for the closeness of an adoptive relationship, many such children can be helped through residential treatment, outpatient psychotherapy, or other professional interventions. It is hoped that knowledge about the dynamics of children and about the complex nature of family groups has increased over the years. Yet workers often prematurely advocate adoption or, perhaps as unfortunate, neglect to consider some older children who could benefit from adoption.

Anticipation during the months of pregnancy and bonding at a child's birth and early in life usually cement a permanent attachment between a child and caring, nurturing parents (Fraiberg, 1980; Smith

& Sherwin, 1983). Many children, however, are not privileged to enjoy such a fate. For one reason or another they may be placed in a series of foster homes. One child in a residential center had experienced 12 placements prior to her 6th birthday. Can she be expected to find a way to develop a healthy attachment to a permanent family without dealing with the past? Can an adoptive family be expected to assimilate her without deliberate assessment of its own needs, its expectations of the child and the new family (Powers & Powell, 1982)?

All children eventually separate from their biologic parents; however, early and inappropriate separation necessitating long-term care by a surrogate parent poses many problems for the child, family, and society. In past years, many children were placed for long-term care in foster-care homes. When such children were freed for adoption, Proch (1980) believed that generally the foster parents were the preferred adoptive parents. Increasingly courts have become more aggressive by expecting the biologic parents to make a prompt decision about returning the child to their homes when children move into foster care. Often the courts consider terminating parental rights to free the child for adoptive placement if no progress is observed in the biologic parents. A national emphasis has been placed on promoting the adoption of more than 100,000 children in the United States who are legally free for adoption.

Research Questions

Approximately 20 years ago a unique project was begun at a children's institution in the South. Contrary to the prevailing child welfare practices of that time, this institution began placing older children from its child-care program into adoptive homes. This writer, who for 20 years has concentrated his professional career on working with children, was assisted in locating the adoptees, who are now adults aged 17 through 37.

No literature has examined such children. Thus, a research opportunity arose in the professional setting of this writer whose academic specialty is family relations. Moreover, the case material of the institution was accessible.

This study has been developed to investigate adult adoptees who were placed in their adoptive homes with memory traces of their biologic families. The study includes only subjects who were old enough to remember their adoption. What are their memories of birth families, former foster parents, or institutions? Did they feel pressure from social workers to move quickly into adoptive homes? What knowledge do they have of other attempts to place them in adoptive homes? How has the arbitrariness of the selection process of adoptive parents been perceived by adoptees who were placed as older children? What rights do children have to keep various options open without being forced to align with biologic parents or adoptive parents? What is the quality and quantity of family life that is afforded older adopted children? Are these family attachments durable beyond childhood? How do they

feel about biologic siblings? How does one deal with having two families in one's memory? How has the experience of being adopted as an older child affected the childhood and adulthood of adoptees?

Statement of the Problem

This present study was an investigation of adults who were adopted as older children. These adults remembered their adoptive experiences and their birth families or their surrogate caretakers (foster parents, institution personnel, social workers, etc.) who cared for them prior to adoption. According to Piagetian theory, children at age 7 or older should be capable of concrete operational thought. Thus such children could remember and reflect upon their adoptive experience with a sense of time and order (Piaget, 1928).

More knowledge and understanding of the perceptions, feelings, and decisions of older children as they move through the process of adoption is needed to guide the people involved. A model of adoption of older children was inducted from the intensive interviews with adults who were adopted as older children.

CHAPTER II

METHODOLOGY

A review of professional literature revealed a lack of knowledge about adult adoptees placed as older children. Since no descriptive material seemed to be available for the population of adults who were adopted as older children, a method was sought that would include description of a sample population, an analysis of data, and generation of hypotheses. Such objectives suggested an inductive approach; therefore, a review of appropriate research methodology literature was conducted. Various respected researchers who had used an inductive approach were consulted as well.

Kirk, a noted investigator of adoption (1964, 1981), believed that the proposed research project would make a significant contribution to the field (personal communication, January, 1983). Also, Spanier was queried (personal communication, January, 1983) about his inductive approach to the study of separation and divorce (Spanier & Castro, 1979), whereupon he suggested that Becker's (1963, 1970) work be investigated. Becker said that a qualitative method utilizing an analytic induction technique would be an appropriate method (personal communication, January, 1983). He also spoke of the compatibility of his suggested approach with the work of Campbell (Campbell & Stanley, 1963). Campbell and Becker had been faculty colleagues at Northwestern University and agreed then and now that various approaches should be employed in research. Becker (1951) used an in-depth inductive method for his

dissertation at Chicago. Kleinman of the University of North Carolina at Chapel Hill stated that a qualitative approach would be an appropriate treatment of the data on adults adopted as older children (personal communication, March, 1983).

Development of Analytic Induction

Approaches to epistemology can be traced back to the writings of early Greek philosophers, but it was Mead in 1917 who influenced current thought on the subject, asserting that the exceptional case or instance is the growth point of science. He believed that the growth and development of theory is obtained by formulating general hypotheses and testing these generalizations in a way that negative cases force a rejection or revision of the generalization (Reck, 1964). Several studies follow the logic of Mead. Lindesmith (1947) studied opiate addiction utilizing the analytic induction method. Cressey (1953) further refined the technique in a study about embezzlement. He revised his hypothesis five times before arriving at a causal explanation of embezzlement. Becker's study of marijuana users (1963), medical students (Becker et al., 1961), and college students (Becker et al., 1968) and his numerous writings about sociological research methodology (1970, Becker & Geer, 1960) helped clarify the use of the Mead approach.

Steps in Analytic Induction

Cressey (1953) outlined seven steps in the analytic induction method (see also Becker et al., 1960; Lindesmith, 1947; Robinson, 1951):

1. A rough definition of the phenomenon to be explained is given.
2. A hypothetical explanation of that phenomenon is formulated.
3. One case is studied in light of the hypothesis with the object of determining whether the hypothesis fits the facts in that case.
4. If the hypothesis does not fit the facts, either the hypothesis is reformulated or the phenomenon to be explained is redefined, so that the case is excluded. (This definition must be more precise than the first one.)
5. Practical certainty may be attained after a small number of cases has been examined, but the discovery by the investigator or any other investigator of a single negative case disproves the explanation and requires a reformulation.
6. This procedure of examining cases and then redefining the phenomenon or reformulating the hypothesis is continued until a universal relationship is established, each negative case calling for a redefinition or a reformulation.
7. For the purposes of proof, cases outside the area circumscribed by the definition are examined to determine whether or not the final hypothesis applies to them.

These procedures were employed in the present study. The design allowed for the generation of hypotheses, the analysis of data, the testing and reformulation of hypotheses, and the development of a causal model.

Definition of the Phenomenon

The phenomenon studied was peculiar to the adoption of older children. The preliminary decision was to use the sociological theory developed by Kirk (1964, 1981). His "shared fate" theory states that

the "acceptance of difference" in adoption and birth status on the part of parents and children facilitates understanding and closeness, whereas the "rejection of difference" tends to cause misunderstanding and detachment. Adults adopted as older children must deal with this differentness as well as with arbitrariness, identification, and reconciliation.

Differentness

When people are adopted, they are seen and treated as being different. The adoptive experience may cause patterns of differentness that are similar across various settings, which may lead to a unique pattern of spousal interaction or child caring when they reach adulthood.

Arbitrariness

Being born into a family is a biologic-genetic act with no human choice involved in terms of choosing a particular child. In adoption, especially of an older child, the possibility of choice involves selecting parents and selecting children. Does the arbitrariness of adoption pose problems for adult adoptees who were placed as older children?

Identification

Children of birth parents identify with their parents through genetic and long-term association. Children adopted as infants have a long-term association, but children adopted later may have neither factor for aiding in identification with the adoptive family. How well are older children assimilated into adopted families? Do they feel identified with the adoptive nuclear and extended families? How much

identification do they maintain with their birth families, former foster parents, or institutional personnel?

Reconciliation

Birth children and children adopted as infants have no conscious history with which to become reconciled. Adults adopted as older children bring a conscious history to the new family. How have they reconciled having memories of two families? How has the level of reconciliation influenced their lives?

Hypothetical Explanation of the Phenomenon

Although there is little information on older adopted children, there may be a path through which adults adopted as older children have moved. The path pattern would probably change according to the degree of perception of their identification with a family group. In turn, the degree of reconciliation of these perceptions can perhaps be predicted (See Figure 1). A hypothetical explanation of the phenomenon of the adoption of older children was developed prior to data gathering.

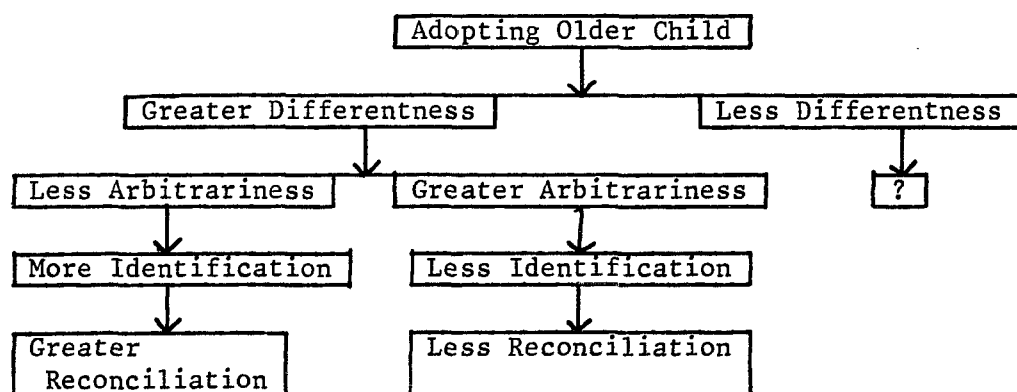


Figure 1: Diagram of Outcome of Older Adoption

When the path is through greater acceptance of differentness, less arbitrariness by others, and more identification with the adoptive kin, then there is greater reconciliation with the past and thus better adaptation to life for older adoptees.

Internal Validity

Various opinions arose about the validity and reliability of analytic induction. Kidder (1981) wrote that "qualitative research can be assessed by the same criteria as quantitative research. The logic of internal, external, and construct validity is the same, regardless of whether the researcher uses words or numbers. Good qualitative research, like good quantitative research, is both rich and vigorous" (p. 254). Threats to internal validity can be ruled out in the absence of explicit design by the "richness of data, the longitudinal observations, and the nonsimultaneity of treatments across persons" (p. 240).

Threats to internal validity were considered in this research on adoption. Selection was not a threat since those adults adopted as older children were not compared with any other group. History and maturation of each adult were probed as thoroughly as possible. Testing and instrumentation were not threats since the interviews were unstructured and all information was encouraged.

Reliability in fieldwork lies in not being contradicted and proved wrong. Validity rests on there being no negative or inconsistent evidence in many different cases. Abundant evidence results when there are many observations, which is the equivalent of having a large number

of subjects ("N") (Kidder, 1981). Campbell (1975) and Cook and Campbell (1979) noted an analogy in "degrees of freedom" needed for strength of results in quantitative analysis: As one gains statistical validity in drawing data from a number of independent cases, one can also gain validity in a case study by the richness of the case data.

External Validity

External validity of qualitative research is obtained in the same way as external validity of quantitative research. Kidder (1981) believed that field researchers should not seek to generalize as much in similar field settings but in similar processes in different settings. Cressey (1953) demonstrated the process of embezzlement across many different settings. "What matters is not their surface similarity but the apparent similarity of their processes, structure, or meaning" (Kidder, 1981, p. 253). Campbell and Stanley (1966) pointed out that the question of external validity in any form of research is never "completely answerable" (p. 5).

Eisner (1981) believed that the distinction between quantitative research and qualitative research is misleading since both are needed so that "we can achieve binocular vision" (p. 9). In 1927, Burgess wrote that statistics and case study were "mutually complementary" and "the interaction of the two methods is certain to be fruitful" (in Bogue, 1974, p. 373).

Pilot Interviews

Before the study was begun, two pilot interviews were completed with adults who were adopted as older children. The first was with a 37-year-old successful businessman who was adopted at age 5 (Mr. S.). The second was with a 29-year-old man adopted at age 10 (Mr. J.). It was assumed that memory prior to age 5 is fragmentary and unreliable. Mr. S. had difficulty remembering the location or name of the "institution" or "group home" in which he lived prior to adoption at age 5. The opposite was true of Mr. J., who remembered the name and address of his foster parents and other events prior to his adoption. Mr. J. could vividly remember meeting his future adoptive parents at a park at age 10. His social worker ostensibly was taking him and his brother for a picnic, but Mr. J. remembers feeling that "something was up--that something was going to happen" as they rode to the park. After a brief meeting at lunch, he was asked on his return trip home how he would like to have "the Lelands [fictitious name] as forever parents." While recalling these events, he asked, "How can a 10-year-old respond to such a question?"

Similarity was shared by these two adults as they told of their views that adoption had made them feel special and different from their peers. Both seemed to place great emphasis upon their immediate lives and their future and had few ties with their adoptive families. Both seemed appreciative of the care they had received from the adoptive parents, but in both cases involvement with these parents seemed to

have only an obligatory quality. The investment of their present family energy seemed directed toward spouses and offspring.

Dissimilarity between them was seen in their openness about the past adoptions. Mr. S., the 37-year-old businessman, was guarded in acknowledging his feelings about his adoptive status even though his adoptive parents were successful financially and were good parents and citizens. Mr. J. appeared pleased to share the experience as he said, "I hope no one has to go through what I did." He referred to the secretive nature of his first meeting with his adoptive parents, and the struggle of growing up in an adoptive home with his father addicted to alcohol and his mother dependent upon tranquilizing perscription drugs. It appeared that neither of these men felt completely a part of their host families. Both advised professionals to move slowly in adoptive processes; they both acknowledged feelings of fearfulness and lack of control as adoptive children.

Sample

Knowledge about adults who were adopted as older children is limited. Until recent years, agency adoptions of such children were rare. Some residential group-care programs have simultaneously provided institutional care and adoptive services for children. One agency began placing older orphaned children from its campus in 1928, believing that the children would develop best in adoptive care. In fact, this agency also inaugurated "mother's aid" to make parental cash payments to prevent children from having to come to the agency in the first place when financial assistance could maintain children at home

with their birth families. This institution began adoption subsidies in some instances when the perspective adoptive family needed financial assistance. One example of such aid allowed four brothers to be placed together in a home that had two other children. This agency for over 50 years has "prepared" some children for adoption with a period of group care on the campus prior to placing them into their homes (R. F. Hough, Jr., personal communication, August, 1983).

Weeks (1953) reported on a Duke Foundation Project that encouraged children to be placed from child-care institutions into adoptive homes. Undoubtedly, one could find numerous examples of residential programs that have assisted children in preparing for adoption.

This study was made possible through the assistance of a children's agency located in the South. The agency opened its records to this researcher and made a concerted effort to contact between 50 and 60 adults who were adopted as older children. However, addresses of the adoptive families were often incorrect, as years had passed since these adoptions took place. Ultimately, 22 known addresses were secured, and request-for-participation letters were mailed (See Appendix A). Seven people responded by return mail. For those who did not respond, a follow-up was attempted by telephone. Ten additional adoptees agreed to participate in the study as a result of the calls. Some had failed to return the forms, while others had questions that were answered during the telephone conversations. One person was definitely not interested in participating. Two others indicated that they would participate at a later time. One of these had recently been reunited with his birth siblings, and he wanted time for these new relationships to "settle." The other

person said that she was currently too busy as a working mother to allow time. One person was not contacted because a follow-up telephone call from an adoptive sibling relayed his message that in retelling his adoptive story he would become too depressed. The response rate from the known addresses of subjects was 77 percent.

All 17 who responded were interviewed (See Table 1). There were 10 males and 7 females. There were 5 sets of biologic siblings, 3 in one set and 2 each in the others. They were between 3 and 14 years of age when adopted and it had been 10 to 27 years since the adoption took place.

Using adoptees placed from a single agency does introduce bias into the study. One could not assume that the study's participants represent all adults adopted as older children in this country. Regional, cultural, racial, and religious factors must be considered. At the time of placement, this agency, like most other southern United States adoptive agencies, placed few nonwhite children. While it seems probable that many of the findings will have utility for nonwhite, non-Protestant adults adopted as older children, care must be taken before suggesting generalizations.

The study sample, while small (N=17), is nonetheless significant. The rarity of placing older children into adoptive homes 10 years or more ago and the lack of research literature in this area make this population a valuable resource for an exploratory study.

The high rate of participation (77 percent) of adoptees with known addresses seems significant. However, the fact that contact has been

lost with an additional 30 or more adoptees raises questions. The agency wrote the adoptive parents for current addresses of their children, but these families had moved without leaving forwarding information. Generally the letters sent for the 30 unknown adoptees were returned by the Post Office as undeliverable. The fact that the adoptive parents who were contacted seem to be less mobile may affect the representativeness of the sample.

Due to the small number of current addresses that were located, it became necessary to interview adoptees who were adopted younger than originally desired. The events around the adoptions had such significance that many of the adults could remember details of their adoption and adjustment to their new families.

Procedures for Gathering Data

Becker and Geer (1960) and Becker (1970) suggested that the unstructured interview is the best way to discover problems and generate hypotheses. Lofland (1971) added that an interview guide gives structure and focuses interviews on the research problem--even when the goal is to have little structure.

Lofland (1971) outlined methods for qualitative observation and analysis using interview guides and probes. An interview guide (See Appendix B) was used to elicit from the interviewees important responses relative to being older adopted children. The interviews were tape recorded. The objective was to yield rich, detailed, pertinent information that could be utilized in qualitative analysis. The interview guide and probes were designed to elicit free, spontaneous

Table 1
Description of the Adoptees

Sex of Adoptees	Number	
Male	10	
Female	<u>7</u>	
TOTAL	17	

Age at Adoption	Number	Mean Age = 7.7 Years
3- 5 Years	3	
6- 8 Years	8	
9-11 Years	4	
12-14 Years	<u>2</u>	
TOTAL	17	

Current Age of Adoptees	Number	Mean Age = 26.18 Years
17-20 Years	3	
21-23 Years	2	
24-26 Years	4	
27-29 Years	4	
30-32 Years	1	
33-35 Years	2	
36-38 Years	<u>1</u>	
TOTAL	17	

Table 1, continued.

Years Elapsed Since Adoption	Number	Mean Years = 18.53 Years	
10-12 Years	1		
13-15 Years	4		
16-18 Years	2		
19-21 Years	6		
22-24 Years	3		
25-27 Years	<u>1</u>		
TOTAL	17		

Educational Attainment	Number	Mean Education = 12.8 Years	
7- 9 Years	1		
10-12 Years	7		
13-15 Years	6		
16-18 Years	<u>3</u>		
TOTAL	17		

Marital Status	Number	Parental Status	Mean Age
Single	4	0	20.4 Years
Married	<u>13</u>	<u>10</u>	28.6 Years
TOTAL	17	10	

responses in order to aid in the alternating of generating hypotheses and testing them with the analytic induction method.

All interviews were tape recorded, with verbatim transcriptions made from the tapes. After approximately three interviews were studied, hypotheses were developed and tested case by case, using the analytic induction method. The following points were delineated to guide the interview procedure.

An attempt was made to be flexible and tolerant to allow for richness of information and to avoid bias.

An effort was made to elicit from the subject what he considered to be important points, a description of his situation, and a determination of what is happening or has happened to him.

Various concerns or puzzlements were noted from the interviews, as well as from professional literature. Each area was noted on a separate list in order to generate future research areas as well as to help explain raw data.

An attempt was made to observe indicators or prompts that help elicit more information. Such indicators were used in subsequent cases.

Since one objective of the study was to observe the subjects' personal lives, most interviews were conducted in their homes (N=14). Only three interviews were held at other places: in an automobile after a young man finished his evening's work, in a restaurant during lunch, and on the campus lawn of a university. Often spouses or children would listen or join in during the interview. An attempt was made to have the process as open and natural as possible. The homes of the adoptees

varied markedly from a rented, unfinished basement apartment to houses valued at over \$100,000.

A brief information sheet (See Appendix C) was employed to give basic facts about the adoptee. These were completed prior to the interview. Consent forms were signed (See Appendix D), and an opportunity was given for each person to indicate postinterview information that they did not want revealed. Letters expressing thanks to the respondents were sent (See Appendix E).

Limitations of the Study

Limitations in the study make it difficult to generalize. The selection of the subjects of necessity had to be limited to a specific group of adults who shared common experiences of being adopted as older children and being placed for adoption by a single child-placement agency. Also, the number of subjects was limited. However, there is a dearth of information about adoptions of older children and no literature pertaining to adults adopted as older children. While this study does not pretend to make generalizations to all older adoptees, it can help to build a base of knowledge to assist society in making the most appropriate plans for children who do not have dependable and consistent families.

The study of adults who were adopted as older children holds promise for important and needed information in the field of adoption of children. An attempt has been made to present the data in a manner that can be easily understood and therefore be accessible to professional child-welfare workers as well as to seasoned researchers.

CHAPTER III

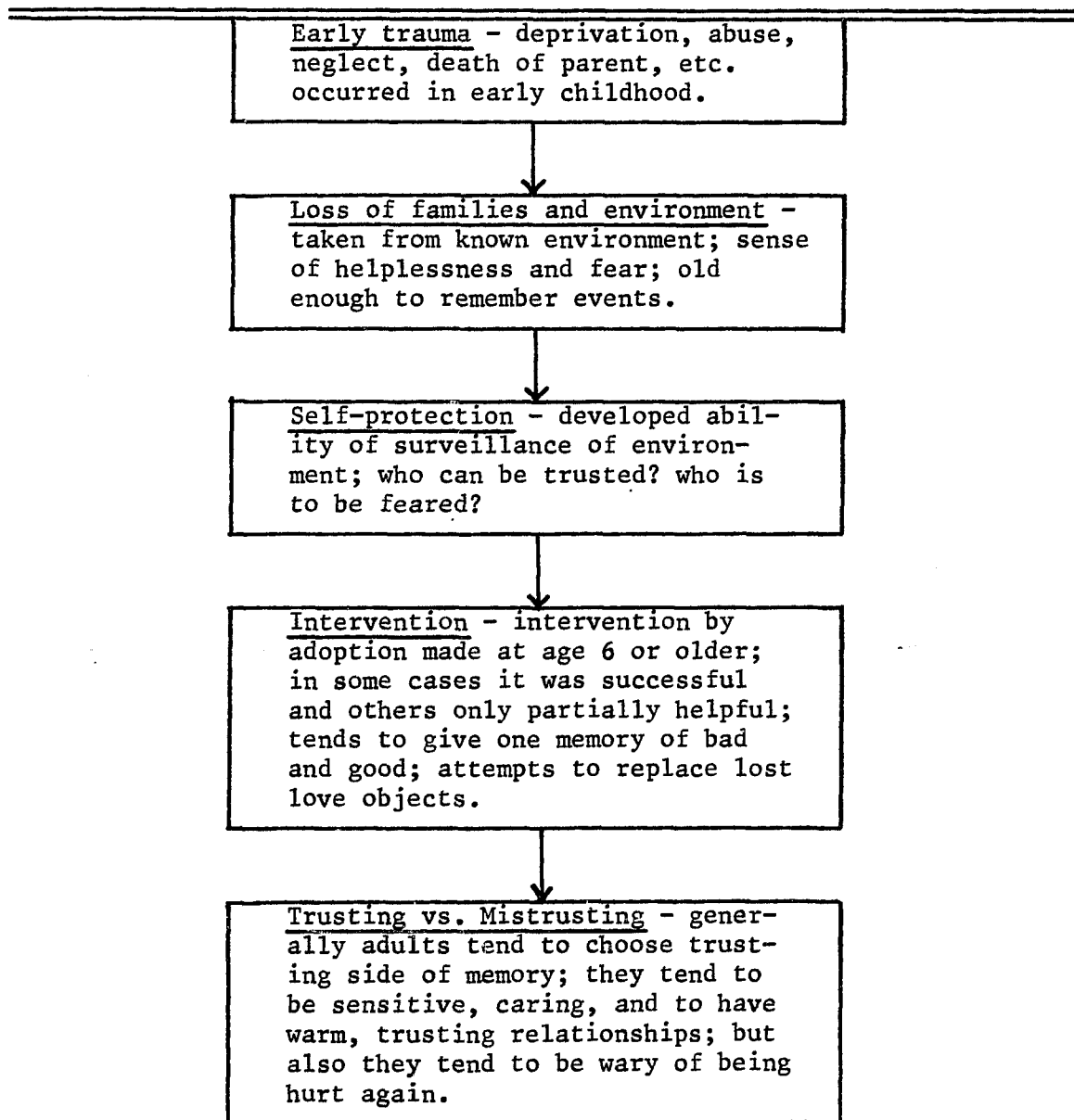
ANALYTIC INDUCTION

An analytic induction technique was employed (Cressey, 1953; Becker, et al., 1960; Lindesmith, 1947; and Robinson, 1951). A diary was kept and entries were made within a few hours of each interview. A tentative pattern of the process of older adoption was formulated after each interview was completed, after which the pattern was supported or modified until a continuing pattern emerged.

Lofland (1971, 1976) suggested that in qualitative research analysis of data begins with the initial interview. Therefore, after each interview, a tentative hypothesis or pattern was drawn from the collected data. It was tested for each subsequent interview. If additional or conflicting evidence was obtained, the pattern was carefully reconsidered. Modifications and reformulations were made in accordance with the evidence. Also, any reformulations were checked against all earlier cases. Finally, a pattern developed from the data that appeared to explain the personality features found among the adults in the study who were adopted as older children. The four exceptional cases were people adopted at age 5 and younger. These four cases appeared to have differentness from the 13 cases of people adopted at age 6 and older. The younger adoptees had a greater tendency to take on the characteristics of the adoptive family. Therefore, they more closely resembled infant adoptees and biologic children born into a family. The pattern

found for the 13 adults adopted at age 6 and older is shown in Table 2. It should be noted that this pattern existed in all cases, but its discovery unfolded only gradually. As more evidence was collected, the pattern became clearer. After nine cases, the final pattern was developed from the data. This pattern was confirmed for all cases.

Table 2
Analytic Induction Model



The cases are presented in the order that the interviews were made. Following each summarized case, the pattern of the process and how it was modified is given.

Case #1

Mary A. (age 21; adopted at age 6)--Living in a university town, Mary and her husband rent an apartment in a newly developed suburb. They were recently married, and their home is sparsely furnished. Although few pictures and accessories are out, the apartment has a sense of style and grace. Both husband and wife are college graduates. She is a commercial artist, and he works as a pharmaceutical salesman. She experienced early childhood trauma, abuse, and deprivation, while her husband's early life was stable. She and her younger siblings were orphaned. As a preschooler, Mary became "an instant little mother" upon her birth mother's death - changing diapers, cooking, and taking care of her siblings and her ailing father. She describes the birth family as extremely poor, but she has renewed contacts with them along with continuing relationships with her adopted parents. She was adopted at age 6. Her adoptive father is a high school principal, and her adoptive mother works as a dental hygienist. She visited her birth father in a chronic disease hospital periodically after being placed for adoption. He died several years after her placement. Mary expresses strong desires for beautiful surroundings, such as a Mercedes and a well-designed and constructed home and furnishings; but interestingly she does not seek a country club life-style as it conflicts with the Protestant religious values she acquired from her adoptive family. Mary is easy to admire; she has a will to survive and to excel. Self-reliant and at the same time sensitive, Mary recalls biting her adoptive father's arm in the transfer meeting and fighting to get out of the car en route to her new home. She describes rebelliousness and resentments during her adolescent years in the adoptive family, but she also acknowledges that her life style and values were shaped by her adoptive family, their close friends, and their extended family. She believes maturity will help, and that it takes "years for wounds to heal."

The tentative pattern was that early trauma prior to adoption had left her feeling abandoned. She felt helpless and unprepared for adoption. Somehow she developed a will to survive, a self-protective phenomenon. Could adoption as an older child make one more aware and perhaps stronger, more self-reliant?

Tentative pattern:

- A. Early trauma (felt abandoned)
- B. Adoption (unprepared--felt helpless)
- C. Self-protection (developed self-reliance; will to survive; sensitivity)

Case #2

Amy P. (age 28; adopted at age 9)--Married for 6 years, Amy has one child, a 3-year-old daughter. She and her husband live in a mountain village near a national forest. Her husband, a construction supervisor, is an avid hunter and outdoorsman. Amy has a domestic bent: she cans vegetables, makes elaborate needlework projects, and participates in a craft group. Her daughter is a high priority in her life. The child's room has copious toys, animal posters, and a stack of children's books from the local library. Amy tells of reading to her daughter each evening. She wants her child never to doubt the love and concern that the parents have for her. As a child, Amy was deprived of consistent nurture and was placed in a foster home because of neglect. Later she lived in the institution. Adopted at age 9, she was placed with a childless couple on a family farm. One year later, at Amy's urging, the parents adopted another child, an unrelated girl of the same age. The parents belonged to a fundamentalist religious group that believed swimming, wearing jewelry, and other commonly accepted practices were sinful. Amy accepted these customs superficially, but as an adult she joined a more tolerant religious denomination.

Amy remains close to her adoptive family but has contacted her birth family. She remains frustrated in being unable to reunite with a younger sibling who was also adopted. However, his adoptive family has requested secrecy, blocking Amy's attempts to find him. Amy seems satisfied with her life and cherishes her relationship with husband and child.

Amy suffered preadoption trauma. She shared with Mary (Case #1) a unique sense of awareness both now and in childhood memories. She seemed to have adopted her family along with their adoption of her. The feeling continued to be that adoption as an older child somehow requires adaptation skills that make people different. Doubts arose as to whether the process of adoption added to the trauma. However, at this time, the tentative pattern was continued.

Tentative pattern continued:

- A. Early trauma
- B. Adoption
- C. Self-protection

Case #3

Bruce A. (age 17; adopted prior to age 5)--The youngest of the three siblings interviewed was placed in the same adoptive home with Mary (Case #1), Wallace (Case #4), and another brother who was unavailable for interviewing. Bruce was placed at 3 1/2 years, although legal adoption was not finalized until age 6. Now in high school, Bruce is actively involved in extracurricular activities. Especially gifted in athletics, he plans to attend college, possibly on an athletic scholarship. As does his brother, he feels that this adoptive adjustment was uneventful. He thinks that his young age, the visits with his siblings, and the fact that Mary had initiated adoption into the home made his placement smooth,

whereas Mary experienced difficulties. He confirmed the earlier belief that the younger the child at placement, the greater the likelihood of identification with the adoptive parents. Conversely there seemed to be fewer conflicts about having been adopted.

Exceptional case/adopted prior to age 5.

Case #4

Wallace A. (age 19; adopted under age 5)--Younger brother of Mary A. (Case #1), he is serving in the Coast Guard and soon to be married. A high school graduate, he has had one year of advanced training in a technical school. He was placed with Mary's adoptive family after she had become adjusted to her new family. The adoption was uneventful for Wallace, since he had become acquainted with the family during visits with his birth sister Mary. He also feels that since he was quite young, adoption was easier for him than for his older sister. For Mary, Wallace, and Bruce who is described above, the adoptive home suffered from the divorce of the adoptive mother and father. Wallace is gifted with mechanical ability and hopes to open his own electronic shop eventually. Both he and his fiancée are closely allied to their church. She sings in the choir, and he takes an active volunteer role. They hope to have several children, perhaps adopting one.

The influence of his adoptive family encouraged and guided this young man. His sense of awareness of others seemed more keen than one would suspect in the general population. However, the sense of unity with the adoptive family seemed stronger than with his biologic sister Mary (Case #1, adopted at age 6) and with Amy (Case #2, adopted at age 9). The two adoptees placed after age 6 seem to have a separateness or uniqueness that transcends the adoptive family.

Exceptional case/adopted prior to age 5.

Case #5

Shane H. (age 31; adopted at age 9)--Shane, youngest brother of Marshall, recalls his childhood trauma not as the difficult and dangerous times prior to being removed from his birth home as does Marshall, but as the hurt he felt in leaving his foster home caretakers, especially the foster mother he called "Grandmother." When he was about 5, this lady sat him down and told him that he was being moved because she and her husband were too old to look after him. "And it just tore my life completely to pieces," he said. He moved to the campus for 3 years and experienced a difficult time due to his young age. He felt there was no one at the institution that he could call "Mom" or "Grandmom." He felt a great loss and a sense of insecurity. Later he was placed in the Helms adoptive home at 9 years old. He recalls that he could never get "Grandmother" out of his thoughts. Shane ran away many times, eventually spending several weeks in a detention home. He moved about in foster homes and then moved out on his own. He found work in the company Marshall worked for. A teenage marriage failed, and he served in military service. Now married to his second wife for 9 years, he seems a most caring and tender father and husband. He has supervisory status in his company and has been employed there for 12 years. He and his wife have a comfortable home and seem to be good citizens in their community.

One was struck by his honesty and openness, but one could see the hurt and the void left from the childhood traumas he endured. He seemed to belong to no family; he had no identity with the children's institution, with the adopted family, or even with the birth family. It seemed that he was developing his own identity. His profound sense of loss of "Grandmother" pointed out that the previous loss was that of a known family and a known environment. The early trauma was a precondition and the loss of known family and environment, however inadequate, prompted the development of self-protective quality. The pattern was

reformulated and tested to be certain that it accounted for all previous cases as well.

Pattern modified:

- A. Early trauma
- B. Loss of family and environment (taken from known environment; sense of helplessness and fear; old enough to remember events)
- C. Self-protection (developed ability of surveillance; who can be trusted?; who is to be feared?; developed sensitivity)

Case #6

Marshall H. (age 37; age at adoption 14)--Marshall joined his youngest brother Shane in the adoptive home. The oldest of 3 children (a middle child was also adopted but unavailable for interviewing), Marshall was told by his birth mother, "Don't let them split you up," when the brothers were placed into care. Now living in the suburbs of a large city, Marshall is respected for his church and community leadership. An elder in his church, a Boy Scout master and a Little League coach, Marshall finds time for his 3 children. He is a gifted craftsman and has made toys, a treehouse, and furniture for them. He seems equally devoted to his wife of 14 years, Mary. An outdoorsman and an athlete, Marshall conveys tenderness and concern for others. Despite his success, his wife says that he has scars from his childhood. They are most often revealed in his reticence to discuss his childhood. He tells of his birth father's disappearance and his mother's sense of being overwhelmed. The oldest sons were placed in the children's institution, but the youngest child, about 1 year old, was placed with a kindly, older couple as a foster child. This couple became unofficial grandparents for the brothers as the older two visited regularly with Shane, the baby brother. Marshall liked the children's home in many ways; but some months after the youngest brother was moved into the adoptive home, Marshall and the middle child were given a chance to join the adoptive family. "So we figured it would be

good for us to all try to stay together in one family. We were told our real mother was nowhere to be found," he says. At 14 he moved to the adoptive home. The adoptive mother was in her early twenties, and Marshall says it was quite difficult for her to rear two teenagers at her age. He recalls enjoying camping trips, working on automobiles, and other activities with his adoptive father; but the difficulty of fitting in as a teenager was rather formidable. He moved out on his own at age 17. Mary, his wife, believes that the birth mother's command, "I'm coming back to get you. Don't let the three of you boys get separated," helped to shape Marshall's childhood and adolescence. Today, Marshall is a successful supervisor in a high-technical computer firm. He continues to keep in touch with both birth and adoptive families. He acknowledges that childhood experience "does handicap you in a way or it does something to you...I try to stay busy and do the best I can and keep hoping. Right now, I've got those three to raise."

As with the others who were adopted after age 6, he was self-aware. He tended to guard the past hurts, but he displayed love and tenderness to his wife and children. Again, there seemed to be a tendency toward self-reliance, so that the pattern that was developed was appropriate for this case as well. However, the development of such empathy and consideration for others was puzzling. These adults had reason to be bitter and cynical; yet they have basically trusting personalities. Marshall fits the developing pattern.

Pattern continued:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection

Case #7

Angela V. (age 35; adopted at age 12)--Angela is now an assistant manager of an accounting firm and lives with her husband, Charles, in a lovely home overlooking a river in a large city. Her adoptive father has died, but her adoptive mother lives close by in a retirement home. Still able to drive, she visits Angela and her family daily. Angela, married 13 years ago, has three children, ranging in age from 7 to 12. Their expensive home avoids a show-place look and has a comfortable live-and-let-live ambiance. Even family pets and the garden reveal this relaxed style of life: a pumpkin plant has extended a shoot onto the paved sidewalk, and the family walks around it. The pumpkin has become a favorite of the children. Angela recounts her childhood memories of lack of food and inadequate housing, but she also recalls feeling a sense of her birth mother's love. Moving to the children's home at age 9 was difficult; she had a profound feeling of loneliness and loss. She was the oldest child and she watched as younger siblings moved into adoptive homes. After three years of waiting, she agreed to go into a childless home on a trial basis. Even though given a choice, she felt helpless inside as she saw her siblings placed out and the promise of her birth mother's promised rescue was not forthcoming. She agreed to the placement but felt awkward in calling the adopted parents "Mother" and "Father." They wanted to pretend that she was their birth child. Later, she told her adoptive parents that she wanted to go back to the children's home, but the trip back was a deception. Rather than terminating the placement, the parents went to court and completed the adoption. Angela felt timid and was afraid to speak out in court. She returned with her adopted parents and lived through her teenage years in a secluded existence. While her parents were kind to her, they apparently feared she might drift away from them. They allowed no mixing with other young people at school or at home. Angela dealt with the isolation with prayer and with the help of a few adult friends. Pictures and letters from her birth family disappeared. "Everything was wiped clean," she recalls. Her first break from the family was in attending college. Later, she returned to live with her adoptive mother when

the father died. However, her life became more independent. She married, set up her own home, and is now a caring mother and wife. A successful person, Angela displays sensitivity and caring. In spite of her childhood hurts, she continues to look after her adoptive mother. There is limited contact with her birth family. "It's very nerve-racking. I like to see them, but it's like living in two worlds."

How could a person like Angela become sensitive and empathetic with early deprivation in the birth family and later deception, oppression, and control in the adoptive family? In spite of these ego insults, she has survived and found success. How was she motivated? What propelled her adaptation? There continued to be a self-awareness and a self-knowing that were a part of each person interviewed. Some strength seemed to have been gained from the experience. An addition was made in the pattern of the tentative hypothesis. In spite of the difficulty experienced in her adoptive relationships, Angela is appreciative of the adoptive intervention. Whether successful or not, an intervention attempt seems to help in some manner. The tentative pattern was revised to account for this factor.

Pattern modified:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention (intervention or rescue attempted, in some cases successful and in others only partly helpful; tended to polarize memory of bad and good; tendency to replace lost love objects)

Case #8

Joanne B. (age 22; adopted at age 9)--Having witnessed the sudden death of her mother in an accident, she worries about the permanence of relationships. Her father took her and other siblings to the children's institution with a promise to come for them within a year. She tells of how she did not perceive that she was to be adopted until a family was ready to meet her. "They called us into the office one day and told us, 'We've got a family we want you to meet; they're thinking about adopting you.' And it was like--well, why?--I'm not up for adoption." She and her brothers were separated into four different homes and until a short time ago, she had not seen them for 13 years. She believes splitting up siblings is the "worst thing" to do. If they have to be placed separately, they "should be put in the same area and know where each other is." Currently she works in a cafeteria in a small town. She considers herself "very independent" and believes that this is the result of her tragic childhood. Joanne is unmarried but is currently "going with someone." She continues to live "at home" with her adoptive parents.

This adult felt the sudden loss of the birth mother and surprise at being quickly placed for adoption, which may account for an even greater sense of independence and self-reliance. However, this case conforms to the tentative pattern.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention

Case #9

Priscilla C. (age 28; age at adoption 9)--Amy's adoptive sister moved into the adoptive family a year after Amy was placed. Now married to a career Navy man some years older, she has no children. She expresses fear of having children as she would not "want to put a child through what I have been through." With one year of college, she hopes to pursue a medically related career eventually. Trained as a secretary-bookkeeper, she assists her husband in his second business; he is a part-time home remodeling contractor. She recalls the difficulties that her birth family had and continues to experience and wonders what would have become of her if she had stayed in their chaotic life. She feels she missed many of the joys of childhood, realized that she is sometimes jealous of children when she sees them enjoying life. Adopted at age 9, Priscilla and her adoptive parents have experienced years of disagreement. She left home after high school and for a period of time had little communication with them, but now she and her adoptive parents occasionally visit and telephone each other, even though she feels that her life style is not as compatible with her adopted parents as is Amy's; but she and her adopted family "keep in touch." However, Amy and Priscilla are now "extremely close" to one another--telephoning each other regularly. Even though she now has contacted her birth family, Amy, her adopted sister, is the one she can depend upon. With a desire to further her education and with her success in business, Priscilla's life now seems to have direction and meaning.

This case affirmed the pattern that has emerged from the data. However, she pointed out the need to scrutinize new people. She spoke of becoming "tough," yet often she was near tears in telling about her past. Another factor, trusting vs. mistrusting, was added to the tentative pattern. Priscilla pointed out the tendency of the others to be trusting; yet she, like the other adults, was wary of being hurt again. Therefore, another factor was added to the pattern.

Pattern modified:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting (generally tended to choose trusting side of memory but also tended to be wary of being hurt again)

Case #10

Jason A. (age 27; adopted at age 8)--Jason's birth mother had died and his birth father's health had deteriorated. Extremely poor, the children were moved into a children's institution, and Jason was placed from there into his new home. Separated from his birth brothers and sisters in the adoptive home, Jason felt initially lost. With exceptional athletic ability, Jason excelled in swimming. His adoptive parents attended all his meets and encouraged his success. He became a good student, graduating from college. Now living near the ocean, Jason continues to stay active in athletics both as a swimming coach and as an amateur competitor. He plays soccer, golf, and "anything else that I can." With one young child, he and his wife dream of owning their own home. He attributes his adoptive success to helpful preparation by a social worker. He was enabled to think through what adoption would mean and how he might be able to adjust. Periodic visits by his social worker after placement also were supportive. His relationship with his adoptive parents is positive and warm. He has reunited with his birth family. Both sets of relatives are meaningful, but he considers himself as a member of the adoptive family. His regret is that he could not have stayed in contact with his sister and brothers when he was growing up. Jason is respected in his profession and is active in church and community affairs.

He seemed to fit the tentative pattern: early deprivation; death of mother; separation from father, sibling and extended family;

development of self-protective skills; intervention by institutional care and later adoptive care; chose trust and warmth as his life-style.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting

Case #11

Doris L. (age 33; adopted at age 8)--Doris was placed in the adoptive home of a university professor and his wife. She recalls moving there after visiting with several other families. She feared losing contact with birth siblings, but the excitement of having new toys and clothes soon helped her to initially fit in. Her preadoptive years were tragic. Her mother and father had numerous children and were very poor. Her mother died violently, and the court ordered placement. After living at the institution for a time, she moved into the adoptive home. Her adoptive father was well respected as a scholar. He and his wife were involved in community and social activities. Childless, the adoptive mother wanted a daughter. The initial year was almost like a honeymoon, she recalls; but after the adoption was completed, problems developed. The adoptive father was addicted to drugs, but that fact was kept secret. An elaborate cover-up system had developed with an outer veneer for public view of the university scholar, his loving wife, and an adopted child. However, the family core life was quite different. Doris felt as if she had been "bought" to "fix up" the family and to display to the world that the family was "okay." Increasingly as she grew older, she recalls not wanting to live there, of not belonging. When issues came up such as who would inherit family furniture that had been handed down for generations, she was told by her parents that certain cousins would get these items because they

were bloodkin. "I felt this tall! Who am I? Am I not a grandchild? Do I not belong to this family? Am I not your daughter?" She recalls that such incidents made her more sensitive. "I've always rolled with the punches. I fitted in at school. I made good friends. No trouble. I rolled in just like I had belonged there forever." She remembers wanting to please her parents in her late teenage years. At one point in her mid-teens, Doris wrote a letter to her former caseworker asking if she could go back to live at the institution. The letter was intercepted by the adoptive parents. She was made to feel very guilty, and felt smothered and possessed. "As a child, I was a mess. I couldn't go back. I knew it was over." Finally, going away to college provided relief, but it also created internal pressures. Near the point of giving up, she received professional counseling. About that time, she met her future husband. Since then, she has begun putting her life together. Today, Doris and her husband are respected community leaders and sensitive, caring parents for their three children. Their comfortable home shows the care that each spouse gives. Doris has an artistic bent and has paintings and craft projects decorating the home to give it a warm, homey atmosphere. Her husband has made toys for the children, built a patio, and cares for the family garden. A leader in P.T.A., Doris is especially sensitive to the needs of children who experience family problems. She gives her own children a great deal of attention. When her son asked why he didn't get hugged as much as his little brother, she said, "It's not that I don't want to do it. It's that I forget. You've gotten so big on me, but you come over here and sit on my lap any time. You hug me when I forget."

She was a caring mother and wife amid a background of early childhood loss and severe trauma. There was a unique sense of awareness and caring. She seemed to be aware of the pain of children who were launched into an uncertain journey of separation from birth relations, moving into foster and adoptive homes. This case follows the developing pattern.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting

Case #12

Bill N. (age 25; adopted at age 3 1/2)--Bill is now married and the father of two children. He is a home owner, free of debt, a skilled craftsman with a strong desire to earn even more success. He has much to be proud of, but he "doesn't have anybody to show it to," said his wife. He has made attempts as an adult to visit his adoptive parents, but they usually ignore him. He describes the adoptive parents as people who were "space cases." Childless, they adopted four children. Bill believes that the adoptions were to help the parents get their troubled lives together. Living in a coastal city, the father was curator of the local historical museum. The mother was a free-lance writer. Extremely religious, the parents were leaders in their church, and they were held in esteem by the community. However, Bill remembers what he considers to be abuse. He recalls that to stop his fingernail biting his adoptive mother took "fingernail polish and painted all my fingernails. I bit my toenails at the time, too. She painted all my toenails. Then she put me in a dress and put flip-flops on me and sat me in the living room, and we had company that night. And the only thing I can remember is sitting on that couch crying like a baby. I was four years old then." Bill believes that his adoptive parents had serious emotional problems. He and his adopted siblings would find books hidden in closets such as What Men Do In Their Spare Time. Bill says, "I can still remember the heading on the book, and it was 15 or 20 dollars...It was just terrible." He was expected to act like an adult. "I don't think I remember but having two birthday parties or ever having a birthday cake."

At age 15, he moved out of the home to live with his best friend's family. He finished high school. The first years of his 5-year marriage were difficult. Bill was demanding, but he believes he is becoming more tolerant of his wife. "I'd come home and I'd say--where is my supper--put it on the table. I've changed a whole lot. I can tell it." Bill could not tolerate closeness during the first years of his marriage. "I wouldn't even let her touch my face...that's because I was so used to being slapped and hit all the time." As an adult, he located his birth mother, but their relationship is strained. At 25, Bill has much to be proud of: his success as a good worker, as a caring father, and as a gradually more understanding husband.

The early adoption in this case tended to confirm the strong influence that adoptive parents play in shaping the behavior of young children. The person believed he was abused, and the scars continued to affect his life. He seemed to be influenced and shaped by the adoptive family's pathology. This case reinforced the belief that the younger child adoptions are more like infant adoptions and biologic children.

Exceptional case/adopted prior to age 5.

Case #13

Lee W. (age 28; adopted at age 7)--Lee believes that choice is an important factor in adoption success with older children. He visited several homes before meeting his adoptive family. "You go to someplace and they're real nice to you and you want to stay but something tells you that you ain't supposed to... You just got to pick them out," he said. When he met his adoptive family, he knew they were the right family because, "I just fell right in with them." Lee now has an 8-year-old son. He and his wife, Stephanie, have been married for about 10 years. Stephanie believes he is "more loving" and "more gentle" because of his adoption. Having had family problems enhances his sensitivity, she thinks. "He's a good husband and he's a good father and I wouldn't

trade him for nothing," she said. Lee holds his son tenderly, yet he is a man's man, muscular, a skilled hunter, and an avid sports fan. He works in a manufacturing plant now, but he hopes to return to the area where he grew up. Currently Lee, his wife, and their son rent a basement apartment. Their child is in accelerated academic classes. In describing the boy, Lee says, "Well, in one word, he's great." Lee and his wife are close to his adoptive family and are hoping to move near their mountain home soon. Lee remembers his birth mother as a caring person who protected him from danger. It took him time to get used to his adopted mother. "Mama [the adopted mother] said I carried a picture when I got up there for a long time of my mama [birth mother]." Apparently, his adopted family "let him fall in" at his own pace. Lee and his wife feel close to one another and to their child. It is inspiring to observe such contentment, love, and devotion from a family that has few comforts and no frills.

This case affirms the developing pattern for older adoptions. All of the factors are present in this case.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting

Case #14

Maynard S. (age 20; adopted at age 7)--Maynard is Joanne's biologic brother. Split up at age 7, he and his sister and brothers were placed separately in adoptive homes after staying in foster care and then moving for a few months to a children's institution. Unmarried and a high school graduate with an additional year of technical college, Maynard continues to live at home with his adopted parents and his adopted brother. He works nearby in a

hardware store. Moving about prior to his adoption, Maynard tells of confusion and fear. "You want to be loved, but you don't know who wants to love you. ...The worst thing that I experienced was the fact that I felt nobody loved me." He then moved into his adopted home. It took about a year before he fully felt like a family member. Although there has now been a reunion with his birth family, he thinks of his adoptive family as his identity. However, he feels love for his sister and brothers. He says it continues to feel "weird" to have two sets of relatives. He believes that it was wrong to separate his sister and brothers for 13 years, and he wishes that he could have had an opportunity to see them as he was growing up. He believes that he is more "tenderhearted" than the average person, and he thinks he can discern good and bad in people quickly. "I can sense almost instantly if someone is mean or if they're nice." He was well-treated by his adopted family, but he can remember difficult times prior to his adoption. "I've seen both sides of life. I've seen the good and I've seen the bad, and I don't like the bad. I'm going to treat people the way I want them to treat me."

Again the developing pattern is affirmed. Maynard makes clear that he has seen two sides of life: good and bad. He like the others has chosen a tendency to be trusting in interpersonal relationships.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting

Case #15

Bob G. (age 24; adopted at age 3)--He is the biologic brother of Bill N., but although they lived only blocks apart as children, they did not know one another until recent years. Unmarried, Bob

is an aggressive businessman hoping eventually to own a business. He has attended college, lacking only a few credits to graduate. He likes to experiment with different sports and hobbies and has tried skydiving, sailing, and gymnastics. He says he received "a good deal" in being adopted. He has positive memories of moving into the adoptive home and of his early life. His feeling from "day one was these were my parents and this was home and I belonged here." He also felt accepted by the extended family as well. He has memories of being extremely sensitive as a child, of crying if scolded and always of fearing rejection. He believes that these were a result of early difficulties in his birth family and the resultant moves to a foster home and later to his adoptive home. He says that he is able "to detect the difference between genuine and artificial" because of his chaotic early life. Meeting his birth kin as a young adult "put me on my fanny emotionally." He recalls that suddenly "you have five people who automatically step in as natural kin." Growing up not looking like his adopted kin, he felt an "identity gap," but when "I met my brothers and sisters, the identity gap was immediately filled." He had similar feelings about his birth mother, but he continues to live and identify with his adopted family. However, he points out unusual personality traits and emotional feelings that he shares with his birth siblings. Bob reports that both he and Bill, his biologic brother, have had some type of para-psychologic communication with their deceased birth father. He believes that he has "fused" together the best aspects of his adopted and birth families.

Adopted at a young age, he acknowledged that he has identified with his adoptive family in many ways.

Exceptional case/adopted prior to age 5.

Case #16

Burt T. (age 25; adopted at age 7)--Burt appears not only to be well-identified with his adoptive family, but he also seems to have adopted his home community as well. He works as a clerk in a general merchandise store. He plays on various sports teams, has a part-time contracting business, and

seems to know and like most of the people in his small hometown. Both his adopted father and mother have died; he will eventually inherit the homeplace. An only child, he married a local girl and "just moved across the road" where he now lives. He and his adopted parents "were real close." They took him for visits to see his birth family and were open to his questions about adoption. He feels that the adopted, extended family treats him no differently than they do any other family member. He seems devoted to his wife of 7 years. They are expecting a child soon. He is hoping for "a boy. Got to have boys." His dream for his wife and future children is to be "as close as the [adopted] family I had. I'd like to see that. We were real close. It really hurt when I lost them, too." He is sensitive to the feelings of others. "I don't like to hurt nobody's feelings. I never have and I don't reckon I ever will." He believes that the secret of his success in adoption was that he was given a choice. "They kinda get to know the people before they make any arrangements. Let the people see the kids and talk with them. Be able to spend some time with them before anything is settled. They asked me if I wanted to go. They didn't tell me I had to go or nothing like that. Even my parents, they asked me if I wanted to go with them, and I told them yeah."

Burt conforms to the developing pattern. His adoption seemed to be satisfying. He tends to be very trusting in his relationships.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting

Case #17

Dawn F. (age 25; adopted at age 7 1/2)--Jason's biologic sister, she and Jason were separated when

they were placed for adoption. Other siblings remained with family or lived in a children's institution. Dawn was placed in an adoptive home with three older boys, all birth children. She recalls never feeling completely a part of her new family, and never giving up her birth family. Her move from her birth family had resulted from her mother's death and her father's inability to meet her needs. Dawn remembers going for a ride in their dilapidated truck and ending up at the children's home. Her birth father said, without further explanation, "You've got to stay here." Some months later she met her adoptive family but recalls ambivalent feelings of not wanting to leave "her family," two brothers who were with her at the children's home. In her words, "One day it was boom and I was gone." For a while, the opulence of her adopted family awed her, but she kept wanting to be with her birth family. Even though the adoption was completed, Dawn was helped by the institution to visit her birth family with the consent of her adopted parents. She recalls being "a demon" in her adoptive home, calling the family vulgar names, destroying property, and defying their rules and customs. As a young adolescent, she began running away. Finally, she was re-placed at the institution by her adopted parents, and she finished high school at the children's home. Married soon after graduation, she is committed to her marriage of 8 years and to her 5-year-old son, William. She has reconciled many bitter feelings from the past. She now wonders why she hated her adopted parents so strongly. They are "just people," she now says. Currently, she keeps in touch with her birth and adopted families. She believes girls may have more difficulty in being adopted as older children than boys as they have a "nesting instinct" which she feels may make it difficult to give up loyalty to the birth family. At age 25, Dawn, her child, and her husband live in an attractive home they are purchasing. She seems dedicated to making their marriage work. Her husband's career appears to be progressing, as he recently has moved into a management training position. Active in sports, they swim and play tennis. She believes that her adoptive family's stress on religious participation continues to influence her reluctance to be involved in organized religion.

This case again affirms the analytic induction pattern. However, in this case, the adoption attempt was unsuccessful. Despite the early childhood trauma and the later adoptive family distress, Dawn has developed a trusting manner.

Pattern confirmed:

- A. Early trauma
- B. Loss of family and environment
- C. Self-protection
- D. Intervention
- E. Trusting vs. Mistrusting

Alternating Interviews, Analysis, and Hypothesis Generation

As interviews progressed they were transcribed verbatim and analyzed, and a process of formulating and reformulating hypotheses was undertaken. After a pattern emerged, construction of a social systems model was undertaken using the following steps:

1. A social systems model was constructed using the interconnected variables found in the data.
2. The necessary conditions that need to be present in order to evoke the expected behavior were detailed.
3. The important and basic elements of the social system were determined. Such elements have a persistent or enduring influence.

The evidence collected has been used to demonstrate how it fits the social systems model (See Table 3). Negative cases that do not fit the model were used to reject or redefine the hypotheses.

Table 3

Analytic Induction Model

<u>Developmental Sequence</u>	<u>Analytic Induction Model</u>	Case Example <u>"Maynard S. Case #14"</u> <u>Age 20, adopted at age 7</u>
<u>A.</u> Situation prior to removal from birth family.	<div style="border: 1px solid black; padding: 5px;"> <p><u>Early trauma</u> - deprivation, abuse, neglect, death of parent, etc. occurred in early childhood.</p> </div>	<p>"I was six and my mother was killed in a car accident and then my father went kind of crazy."</p>
<u>B.</u> Removal from early care-takers.	<div style="border: 1px solid black; padding: 5px;"> <p><u>Loss of family and environment</u> - taken from known environment; sense of helplessness and fear; old enough to remember events.</p> </div>	<p>"I didn't understand anything... I was taken away from my father ...It's like you take a little animal from its mama and taking it somewhere else, and it doesn't know what to do. It's just wandering around looking. Just wondering where its mama is and not knowing."</p>
<u>C.</u> Attempt by child to cope with sense of uneasiness.	<div style="border: 1px solid black; padding: 5px;"> <p><u>Self-protection</u> - developed ability of surveillance of environment; who can be trusted? who is to be feared?</p> </div>	<p>"I look at things different from other people. A lot different. I can sense almost instantly if someone is mean or if they are nice. Most people can't until they actually meet them and stay with them a lot. Like, I could look at somebody, and I can say, well, they're going to treat me bad or they're going to treat me good."</p>

Table 3, continued.

D. Placement in substitute home - adoptive care at age 6 or older.

Intervention - intervention by adoption made at age 6 or older; in some cases it was successful and others only partially helpful; tends to give one memory of bad and good; attempts to replace lost love objects.

"After I was adopted, I felt like I was part of the family. ...I think I know what love means more so than some people do 'cause I felt it in a different way, and I know there are some good people around here."

E. Adult manifestation of childhood adoptive experience.

Trusting vs. Mistrusting - generally adults tend to choose trusting side of memory; they tend to be sensitive, caring, and to have warm, trusting relationships; but also they tend to be wary of being hurt again.

"I've seen both sides of life, I've seen the good, and I've seen the bad; and I don't like the bad. I am going to treat people the way I want them to treat me. ...If somebody treats me bad, I just withdraw from them and stay away. If somebody treats me good, I'll try to do good for them so they can see that I like them."

Care was taken to avoid formulating hypotheses to fit the data as opposed to using data to generate logical hypotheses and then testing them in the negative case method (Glasser & Strauss, 1967).

To summarize, the pattern that developed from the data indicates that analytic induction has utility. Four cases were excluded, and the model was revised to include only adults who were adopted at age 6 and older. The 13 remaining cases follow the pattern. In step "E," 11 participants appear to be "trusting" in their relationships with others. The remaining 2 participants seem to be more guarded than the others, but they also seem to have an ability to scrutinize others.

The pattern was developed from the data case by case. After the last case was analyzed, the pattern was tested again for all cases. The pattern appeared to explain the development of trusting vs. mistrusting in all 17 cases. Such development moves sequentially from early trauma to loss of family and environment to development of self-protection to intervention and finally to the tendency to develop a trusting manner of interpersonal relationships instead of a mistrusting manner.

CHAPTER IV

RESULTS AND DISCUSSION

An analysis of the cases revealed several recurring themes which characterize the older adoptee. Analytic descriptions were made for (a) significance of the extended adoptive family, (b) appreciation of adoption, (c) contact with birth family, and (d) adult life satisfaction. In addition to these descriptive categories, a model of older adoption was developed. Hypotheses were generated and tested within the limits of methodology and sample characteristics. A test of a Model of Older Adoptions was made utilizing verbalized references to two concepts: (a) a sense of well-being and (b) a sense of uneasiness. A count of the frequencies of references to these concepts was made for each participant and for the entire group. Prior to the frequency count, participants had been judged to conform to one of the model's three categories of outcome. An analysis of outcome was compared to the reported frequencies of a sense of well-being and a sense of uneasiness.

Analytic Descriptions

Becker (1970), Becker and Geer (1960), Cook and Campbell (1979), and Lofland (1971 and 1976) recommended that research must include both qualitative and quantitative data; otherwise, neither the reader nor the researcher has a grasp of the entire concept. The following analytic descriptions give qualitative and quantitative pictures of older adoptees. By utilizing methods adapted, systematic analysis of the data was made.

Key concepts were subsumed under general, abstract headings. The verbalized references to each of these concepts were counted.

The method used to determine the categorized headings was threefold:

(a) The typed, verbatim transcripts were read through several times.

From reflection of these readings, general, abstract headings were conceived.

(b) A diary was kept during the field-gathering phase of the study.

The diary was read to suggest possible headings. (c) Key phrases

were written down during the data-gathering and analysis phases of the

study. These phrases were considered in selecting the final headings to

be analyzed.

Once headings were established, the verbatim transcripts were scrutinized to determine the frequency and the quality of statements that referred to each subject heading.

Significance of the Extended Adoptive Family

The participants unanimously reported that the extended adoptive family treated them as part of the family. It appears that these relatives helped many of the adoptees to make the transition into their new families. The following excerpts are from the data:

An answer to the question about acceptance by the extended family was, "Oh, yeah. We were 'cause I went and spent some summers with some of the folks in the family. They're a great family, really. They're a really nice family." This quotation came from a person who moved out of his adoptive home as an adolescent because of friction with the adoptive parents.

An adult who experienced tension with adoptive parents spoke glowingly of the adoptive grandparents. "They loved us to pieces. They treated us like we were one of them."

"I feel like it's the only family [the extended adopted family] I've ever known. [Speaking of an adoptive maternal grandmother]. We couldn't be any closer." Yet, this person felt somewhat estranged from her adoptive mother.

One person remembered that two cousins were also adopted. "There was a unity there because here are three adopted children playing together from two separate homes . . . in the same family. So the acceptance part was all there."

Another young man told of the significance of his adoptive extended family. "My father's father, he used to live right next door to us and I used to go up and see him and he treated me like his grandson. So I felt like he was my grandfather. I still do."

Adopted at age 8, "I was still like a brand new baby to them [the adopted family]. And her mother, my grandma, and his mother . . . everybody accepted me. Of course, I had some cousins that were my age and I went to visit them and stayed with them for a while . . . I wasn't looked down on, you know, I'm his cousin but he's adopted and I'm not. But I was accepted like I was born to them and accepted as a cousin."

Appreciation of Adoption

There was a trend toward appreciation of their adoptions by many of the participants in this sample. They perceived improvements in educational and economic attainment resulting from their adoptions. The participants' adoptive experiences varied in their views, from satisfying to abusive. There was a sense of appreciation even when there appeared to be little closeness between adoptee and adoptive parents. The exceptional case was one participant who believed he was abused and mistreated.

A selection of excerpts gives examples of appreciation for adoption found in the data:

In reference to his adoptive parents, one person exclaimed, "There isn't nothing like a mother and daddy."

"The problem is in my [early] childhood . . . I don't blame [the adoptive parents] for it. I can look back now, and I can see from the decisions they made that they were trying to do right. And a lot of it maybe I couldn't accept."

"I feel like that if I wasn't put through the adoptive home, that there's no telling where I'd be. I know I wouldn't have gone to college, and I probably wouldn't have finished high school. I'm just appreciative of what I do have."

"It seemed to me like it took me to grow up and be older and get some age on me before I really realized what they had done for me as far as sacrificing a lot of things they could probably have had. To take 2 children on that were not their own and to raise them up as best they could, you know, you realize things like that when you're older. You can't appreciate it when you're younger."

Although overprotected, deceived, and secluded by her adoptive parents, one person said, "I feel fortunate that I was adopted. As you go through the years, a lot of bitterness comes along, but you grow and time takes care of a lot of that."

"Lots of times, I sit down and think, 'Should I have stayed in my real family? I don't know where I would be at today. I might be in jail. That's the type of life-style that they lived.' But being adopted, I have my own points of view on things. I feel my [adoptive] parents gave me something that no one else could ever take away from me. I mean, I know that they did the best they could. . . . They didn't have a lot of money, but they had more love than they did anything else."

One person believed her religious and moral values are the result of her adoptive parents' standards. In college "These guys were sleeping in my room with my girlfriends, and drugs and everything was going on. I thought, 'This was not in my upbringing.'"

In speaking about her adopted parents, one adult said, "I more or less fit in. They tried to make me fit in and feel at home. I feel it is my home."

"But they [the adoptive parents] meant well. I can see it a whole lot more now."

"The feeling I got from day one was that these were my parents. This was my home, and I belong there."

After enduring great childhood pain and causing the adoptive family much agony, one person's adoptive placement was terminated. She remembered having strong feelings as a teenager. "I never hated anybody as much in my life [as the adoptive parents, especially the father]." However in her midtwenties she said, "I guess...you just have to grow up. It's maturity. I grew up and said [to herself], 'Look, these people are good people-- they tried to help you.'"

Contact with Birth Family

The data revealed that 16 out of the 17 participants have reunited with their birth families. However, the tendency seems to be that the participants contact, and are more actively involved with, biologic siblings than with birth parents.

Adults adopted as older children tend to see their biologic parents as having problems similar to those that caused the original cleavage. Of the 16 subjects who had reunited with their birth family, none seems to have a close, intimate relationship with their biologic parents as adults. Some examples from the qualitative data follow:

One person said, "I guess I've got feelings of hate for him, too. I can't say that I love him. He might have gotten me into this world, but he's not my daddy. He gave up that right when he gave us up 13 years ago."

Telephone calls to the alcoholic birth father have been the only contact. "I just called him up and told him how I was and told him that I had made it just fine without him. . . . And he just broke down [and said] 'I made so many mistakes and, you know, I want to see you sometimes.'" And I said, 'Okay, maybe.'" The participant has had brief contacts with the birth mother. Speaking of half-siblings who have remained with the birth mother, "They quit school, no education, they've been in trouble ever since day one on the streets--drugs and all kinds of stuff. They just stayed in trouble the whole time. And I don't think she's any better really [the birth mother]."

"Maw [the birth mother] I think the best thing for you to do is just leave us alone. . . . You know, you didn't want me when I was a kid, and I don't want you now because you're not treating me any better."

Although he felt that in meeting his birth mother and other birth relatives "an identity gap" had been filled, he added, "I don't particularly respect the type of life that she's chosen for herself. . . . [She is] emotionally disorganized. So because of that, I limit myself. I see her maybe once a year."

After an absence of 14 years, one person told of meeting his birth father. "It was like I had gone away for maybe a year and come back to see him. It was really weird. . . . I had mixed feelings about whether I should trust him or not. And then after I met him, and he seemed like he was sane again, I felt like I still had some love for him."

In referring to her birth father, one person said, "I used to blame him. I thought, 'Well, how could he give me up--how could he do that?' And I looked at the situation when I got older and thought, 'Well, what else can you do?' And I don't talk with him

about it either. I just leave him alone. He's just in his own little world. He's cute. He's just sort of there."

"I think I've seen my birth mother one time. I believe I was 14 or 15 when I first saw her. It was hard at first. I didn't know what to expect or nothing else. But after I met her, she seemed all right to me. . . . She didn't say a whole lot either. She talked to my parents [adoptive] more than she did me."

"Yeah. I try to take care of her [birth mother]. If she's got problems, she gives me a call and I run over there. . . . She's my mom, too."

After years of separation, one person recalled the reunion with his birth mother. "She took me in her arms and she loved me and I think she still does today even though we don't associate quite that much. I think she still feels for me. If it actually came down to a life or death situation which is pretty low to go, she would help me. Other than that, I'm on my own."

Upon meeting his birth father after an absence of many years, one person said, "[I was] a son he wanted to see; but after he saw me, you know, there was no closeness. . . . We sat down and had a little talk, and I told him that the [adoptive] family I'm with now is my family. . . . I don't know if that hurt him or upset him or what. We talked and everything, and I'm still his son, but that's about it."

"I've seen my real [birth] mother, and I do see her occasionally and my brother and sisters. We've all seen each other at least once. . . . It's very nerveracking. I like to see them, but it's like living in two worlds."

In speaking about a birth father, one person had said to him, "'If God can forgive you, and I know you've had to live through hell all these years not knowing where all 5 kids were--I forgive you if God forgives you.' And I don't hold any grudges against him whatsoever. But there is not a feeling of love whatsoever there. The feeling I have is pity."

The adults in the study had strong feelings about their biologic siblings. They felt great pain when they were separated, went to unusual lengths to find one another, but often had trouble renewing the patterns of close communication after lengthy periods of separation. Several examples from the data reveal the feelings of sibling solidarity that tend to characterize the participants.

The youngest brother had been adopted. When this adoptive family offered to take the other two brothers, the eldest brother recalled, "We figured it would be good for all of us to try to stay together in one family. We were told that our real mother was nowhere to be found." His wife added, "His [birth] mother used to say, 'I'm coming back to get you. Don't let the three of you boys get separated.'" The youngest brother added, "No matter what age difference, they [siblings] need each other. They were born together. They know each other. They're brothers. They love each other. By all means, I would not separate them."

Although she greatly regretted being separated by adoption from her birth siblings, one person reported on her adult reunion. "We [upon meeting the older sister] didn't see eye to eye when we saw each other. . . . I told my husband, 'My land, it's just like we were when we were kids.' We didn't get along then, and we're not getting along now."

With a 14-year absence, a biologic brother and sister met as young adults. She recalls, "He jumps out of the car and he says, 'Well, get up from there and give your big brother a hug!' I said, 'I haven't seen you in 14 years and you want me to hug you!' It was real warming. It was a lift."

"I spent a lot of money when I was at home on telephone calls . . . trying to find out where they were. And after I found them, it was like they stayed in contact for 6 months--writing letters and calling--that type of thing. Now none of them seem to care about keeping in contact."

"Being separated [she was placed as a single child away from biologic siblings] from my sisters and brothers--I've lost, even though I've kept in touch with them. I'm getting closer now than I've ever been. I still feel like I don't belong there, and I don't really belong to [the adoptive family]."

My oldest brother "took a picture of me when my step-parents [adoptive parents] drove off. He used to be a police officer. . . . He traced that license plate and kept tracing, tracing and tracing and tracing. He said they live in _____ . So he called my stepdad [adoptive father] up. He said I wasn't living there. Yeah, I was living there. I sure was."

"All of a sudden you have 5 people [biologic siblings upon an adult reunion] who automatically step into natural kin. . . . You've never had to deal with this before, and you've got 5 new people who are instant family. How do you relate to these people? They are complete strangers."

Another person reported on an adult reunion with birth siblings: "My sister came down and saw me. Then my two brothers came up . . . and we met here for the first time. And that was very unusual. I didn't understand cause we had all been raised with different ways. When we got back together, I could see how in some ways we were still the same."

One participant found her birth siblings except for one brother. His adoptive parents had requested that no contacts be allowed with the birth family. "I wanted to look him up, and I'd heard through the grapevine that he was in New York. So I was going to hire a private investigator to look for him-- I had this urge. I wanted to see him. I wanted to know if he was alive or what was going on. 'Cause I was free now and I could find out anything I wanted to."

One participant kept in touch with his brothers while he was growing up. He visited with them regularly as well as with his birth grandparents. He recalled, "That helps a lot, too."

Adult Life Satisfaction

The participants tended to respond to this topic in vocational terms. Life satisfaction was a specific item listed on the suggested interviewer's guide. Selected responses are given for each participant.

In answer to a question about life satisfaction, she responded, "Oh, yes! . . . Yeah, if I can find a job. If I can feel more useful than this housewife business, then things will be better." (She had recently graduated from college and married.)

"It could be better. When I get out of the Coast Guard, it will be better. Get married, get out, get me a job in the field of electronics which I've always been interested in and then it will be better." (One year out of high school and anticipating marriage within a month, this young man had received orders for duty in Alaska, where he could not take his bride.)

"When I first moved here [a new town where his adoptive father had taken another job], I wasn't happy at all. . . . I gave Dad a hard time about it. I had a good year last year in high school. So everything worked out playing baseball [on the high school team]. So everything's been going all right now since I settled down a little bit."

Asked if she felt her life was "going the way she wanted it to go," she replied, "I do . . . We do want to move out to the country so we can have things we want. Living in town, you can't have a dog or that type of thing. Nothing major. Basically, I'm satisfied. I would like to have a larger home. Other than that, that's all. And a good job. My husband's already got the good job, but I would like one also."

She felt her life is "so-so . . . Well, this is not where I intended to be ten years ago or fifteen years ago. I had my goals of being a doctor or lawyer or something. I always did so well in math and science. . . . I still want to be around that type

of thing . . . a hospital type of atmosphere. I miss that. [She worked in a medical school hospital for a time]. I never thought I'd be married to a man with two children either [by his previous marriage]."

Asked if he was satisfied with his life now, he answered, "Definitely! . . . I really love being married, I can tell you that. . . . I really love sports and I've always wanted to coach. . . . I figure somewhere along the line I hope I've helped kids somehow. Not just learning the sport itself, but learning about life. How it is to win and lose."

"I'd say it's great [the sense of life satisfaction]. I want to go further 'cause . . . I have different feelings. I've always wanted to be carefree and to be on my own. But then I got married, and I just want to be a good wife and a good mother. You know, just sort of be happy. I enjoy being happy. I've been through rough times, and I want to stay happy, and I think I will."

"Well, you always want to shoot for something more than what you got. I completed high school, and I went through a 4-year training program in electronics."

"My life's satisfaction? It's kind of fair. I still have my problems. I have my times, and I think a lot of it is because of my childhood. When you called me the other day, it kind of struck me as 'Oh, no, here I've got to be jolted again.' It's not your fault; but from time to time, it does strike me."

"I'd say my life is like everybody's. You have to set one day at a time. I've been satisfied with the way my life has turned out. My main goal is to have a home and a good family. And I think when you go years without a family, I think that makes you even more appreciative. To me, my marriage and my children and my husband, that is the most important thing in my life. And as long as we're all happy together, that's what counts for me. That's my goal. I think anything can go wrong; but when it comes to your marriage and your children, that can ruin your life. So to me, that's my satisfaction."

"Yes and no. Jobwise--I never quite put that all together. I came out with a biology major, and I didn't get the job I wanted. . . . So I never felt quite like I was getting what I wanted out of that side of life [she wanted to go into medical research]. . . . The substitute teaching has been the most fulfilling thing I've ever done. I get along extremely well--I teach in high school--and I don't know if it's an understanding or if the kids relate well. . . . Maybe it's because I've been through some of it--of their tearing up and I can still sympathize with them."

"I am very proud [of his life's accomplishments]! . . . Most people that had the life that I had would be on dope or out drinking all the time and wouldn't have any goals. And wouldn't even care about getting married. And if they did, it wouldn't last. . . . I always wanted to have my own family."

In answer to whether he was satisfied with life, he answered, "I guess, in the next two years, I'm at the tying of loose ends stage. I've pretty much experienced the wild part of my life. I'm beginning to settle down. A friend of mine told me once that the older you get the more and more you become like your parents. You probably can tell my parents are conservative people. So as time goes on, I'm becoming more and more--the way I dress, the way I act and react to people--I'm becoming more and more like my [adoptive] parents."

"I don't think things could get any better."

"Pretty well satisfied. Yeah!"

"Probably a little off-target because I really don't know what my goals are right now."

"Real satisfied."

Model of Older Adoption

A model of older adoption was developed from an analysis of the data. During the analytic phase, an attempt was made to subsume various categories of verbalized responses into general headings. Two

broad headings were developed: (a) a sense of well-being and (b) a sense of uneasiness. Frequency counts are given for each category. Representative responses are given. These qualitative responses are subdivided for each category into responses that refer to birth family, foster care (includes both foster family and institutional care), adoptive family, and adult life.

A Sense of Well-Being

"Love," "feeling wanted," "comfortable feelings," "sense of belonging," etc. were subsumed under the general heading of "a sense of well-being." It was thought that this heading would include feelings and situations that evoked comfort or protection. Again, no attempt was made to separate frequencies according to time of occurrence in the adoptive placement. In Table 4, the adoptees are listed in descending order of frequencies of statements of well-being.

Table 4

Frequency of Reports of a Sense of Well-Being

	0.....5.....10.....15.....20.....25.....30.....35
Lee W.	15
Amy P.	14
Burt T.	14
Dawn F.	13
Mary A.	13
Maynard S.	13
Wallace A.	13
Bob G.	12
Jason A.	11
Bruce A.	9
Shane H.	7
Doris L.	6
Marshall H.	6
Joanne B.	5
Angela V.	4
Priscilla C.	3
Bill N.	2

Mean frequency = 9.41.

Total frequency = 160.

N = 17.

A selected sample of reports from the participation revealed the following qualitative data.

Selected responses to a sense of well-being are given in reference to the birth families of the participants.

"I always knew that my real mother loved me. Even though we were very poor, I think I have . . . the good feeling where a lot of other kids didn't feel that way."

An older biologic brother was especially meaningful to another person. Both of these people were placed in the same adoptive home, but both left the home to gain independence while still in high school. "I turned to my older brother for everything in my life. . . . I've been on my own since sixteen. . . . I gave him some rough damn times in my younger days. . . . He signed for the apartment and I wouldn't pay the rent. My brother wouldn't throw me out. . . . He looked out for me. And I appreciate everything he's ever done for me."

When one person was reunited with his birth family after being away from them for 14 years, he recalled, "After a couple of days of being there, after it sets in, then it was a little bit more emotional. Basically, it was still the same way. It was seeing a good friend after being apart for a long, long time."

A brother told about his older sister, "She sews very well and she makes dresses and she makes most of her clothes. She's made a lot of clothes for me and my brothers. So she's very talented, too."

"We lived in a converted service station [the birth family]. And we had hardly any food. And I will say that I did a lot of things wrong trying to get food, but we did have a lot of loving."

Foster care in its generic sense refers to various forms of substitute child care. From the data, references of well-being are given for both foster family care and institutional care.

"Being at the children's home really wasn't that bad. As a matter of fact, I look back now and I kind of enjoyed it. They had their own dairy. I had a chance to work on a dairy farm. They had a print shop where they printed books and bulletins and a lot of miscellaneous material and stuff. I worked at the print shop. I worked on the farm."

The caseworker was a great comfort to one person who was placed for adoption at age 7. "He was like a daddy really. For a long time, you always knew that he was going to come. If something did happen, he was going to take you away. We still get Christmas cards from him and we wrote back and forth for years."

In recalling his social worker, one person said, "I love that woman to pieces. She treated me like gold. She was the one that had to come and get me. She held me in her arms, you know, and saw me through some rough times. ...She used to always wear a mink stole. And to me, she was grandma, and I just wish I could wrap up in that mink stole and just stay with her."

Preparing for the adoption was important for one man. He felt that adjusting to the adoptive home "wasn't that difficult for me. I think the reason was because of my caseworker. Because she explained it so well and it's almost like I can see her sitting in yonder telling me what it's going to be like. 'It is going to be a little tough for you. But once you're adjusted to it, it will be all right.'"

"I was blessed with good houseparents. The houseparents I had were extremely good with kids. They were good people."

References to feelings of well-being in reference to the adoptive families of the participants are given.

In describing his bonding with the adoptive family, one person said, "I guess I just fell right in with them. For no reason, I don't reckon. I use to tell everybody mama threatened to whip me if I said no. She still tells everybody that."

"I just figured I was staying there because they wanted me to stay there [in the adoptive home]."

In contrasting institutional care with his adoptive family, one person explained, "All I know is that it's [adoption] a great thing. Ain't no doubt about that. I mean a home [a children's institution] is a good place. They do things for you and they feed you and all that, but there ain't nothing like a mother and daddy."

In recalling the outcome of being placed in a home with a biologic son the same age as the adoptee, a man said, "It worked wonderful. It did. It fit right in. No arguments, no nothing. I think he thought as much of me as I did of him."

On the first visit to her adoptive home, one woman remembered seeing a room that was all hers, decorated for her. "I just couldn't believe it. I just didn't think it was mine. I didn't think it was real. And I had clothes in the closet. And I never owned a toothbrush, I never had a hairbrush or anything. It was all there and I just couldn't believe it. And it helped a whole lot to have my brothers come and visit me, 'cause I thought like we were all still together and I wasn't losing much."

"I kind of feel like that I educated my parents and they educated me. I was there to help them, too."

Being adopted "was special. ...A lot of my mother's friends sent gifts as if I had been a brand new baby. ...Little cards that said, 'Welcome! We realize you're special.' That did not give me a sense of being different. It gave me a sense of, you know, I'm a part of something and these people do care about me."

In thinking of his adopted parents, one adult stated, "I can just look back at the good things that they did while I was growing up and hope that I'm going to bring my kids up like that."

One young adult, now working after graduating from high school, said, "I moved out for three days but I moved back. It's just that I would rather be at [adoptive] home. It's a sense of family and security around me."

One participant told that his adopted mother let him call her by her given name for years rather than calling her "Mother." "Well, she was as good as she could be. I mean, you couldn't find nobody better. But like I said, I'd say it was all back to where what happened to start with [the birth mother provided good care and nurture prior to her death]. It's the reason I was still hooked on the one I had [the birth mother] and I didn't want to change over that fast."

Adopted at age 9, one person reported, "They said that I'm so much like my adoptive father that you wouldn't know that I'm adopted. ...I feel like I'm a whole lot like him myself. I probably acquired a whole lot of it from him. Really. You know, the more you live around someone the more you get to be like them."

References to a sense of well-being are given for the adult lives of the participants.

An adult who was physically abused as a child said, "I think I know what love means more so than some people do 'cause I felt it in a different way and I know there are some good people around here."

"Maybe inside when we were young, maybe we thought we were special or something because we've got two sets of parents whereas other people would only have one. So growing up over the years having someone that loves and cares enough for you and that wants to go to all this trouble to come and get you for their own. Maybe that's in the back of our mind somewhere since we were little and we've grown up like that and just been more sensitive of the world around us."

Extremely unhappy in his adoptive home, one person moved to the home of his best friend at age 15. He felt so close to this new mother figure that he

called her by her first name. "Anne, she treated me like a fellow. That was my best friend's mother. She is real sweet. But after I moved in with them, I was my own man. I made decisions and stuff like that."

One participant adopted at age 7 told of his adopted parents who died tragically and prematurely. Asked about building a home, he replied, "My [adoptive] father remarried after mama died and he left the house to my stepmother until her death, and then I end up with that whole place down there. So I don't need no house."

"I'm thankful that I've had all the experiences. I'm thankful that I was in poverty when I was a little girl. I'm thankful that I had the children's home experience and the adoption experience. Now this life experience."

A Sense of Uneasiness

In the early stages such headings as "loss of control," "fear of unknown," "anxiety of changing caretakers," and "helplessness" were used but were later subsumed under a "sense of uneasiness." No distinction was made for "uneasiness" prior to adoption, during the adoptive process, and during postadoptive life. Many of the references to "uneasiness" were generalized and therefore applied to feelings experienced over years by the participants. The reporting includes totals for the entire sample as well as the frequency for each participant (See Table 5). The adoptees are listed in descending order of frequency of statements of uneasiness.

Table 5
 Frequency of Reports of a Sense of Uneasiness

	0....5....10....15....20....25....30....35
Doris L.	33
Angela V.	23
Priscilla C.	22
Bill N.	19
Joanne B.	15
Shane H.	15
Maynard S.	14
Mary A.	12
Dawn F.	11
Jason A.	7
Amy P.	3
Marshall H.	2
Bruce A.	1
Lee W.	1
Wallace A.	1
Bob G.	0
Burt T.	0

Mean frequency = 10.53.
 Total frequencies = 179.
 N = 17.

Frequency counts cannot reveal the quality of emotion that these adults experienced during their childhood.

Selected references to a sense of uneasiness are given for the participants in regard to their birth families.

"I can remember seeing my mother laying on that ground. I can remember saying, 'Don't die!' But I've never had anybody sit down and say that's what happened . . . I can remember being taken and put in a room in a baby crib and the darkness shut on me and never seeing her again. Never being told where she is buried."

Having been sexually abused by the birth father, one adoptee wondered, "I might not be able to love my adopted father . . . And when it came to physicalness with men at all, it was like I was real prejudiced."

Asked about an ever-present anxiety of impermanence, one person said, "Well, I guess, it was just the case of seeing how fast my mother was taken from us [died]. She was there that morning and that afternoon she was gone."

"It was very unhappy, of course, when you leave your family because you're not only leaving your mother and your brothers and sisters, but you're leaving aunts and uncles and grandparents and everybody."

After her birth mother's death, one adoptee told, "I was a little instant mother at five years old. I didn't really know what to do. I remember taking his [a younger brother's] diapers off and throwing them in the corner and that's where they stayed."

"I was six and my mother was killed in a car wreck and then my father kind of went crazy."

"When I first got there, I remember I just cried my eyes out because my daddy left," reported one participant who was recalling entering the institution a month after the birth mother's death.

A sense of uneasiness was sometimes felt in reference to foster family and institutional care. Selected references are given.

"The cruelest thing she [a foster parent prior to adoptive placement] did to me that actually hurt me more was like locking me up in a room with no lights . . . and I had nightmares years after that at night."

"Your father puts you there [in an institution]-- 'I'll be back within a year to come and get you.' Then you come to find out that he won't be back. How do you know whether these other people [prospective adoptive parents] are going to come back either?"

"You want to be loved but you don't know who wants to love you. I think that that was the worst thing that I experienced was the fact that I felt nobody loved me."

"I thought I'd never cut my hair again as long as I lived because the institution cut it for you all the time and it was just butchered. That's the way I felt about it. It was just chopped up."

"It was like put your things in a brown paper bag and let's go. That's about the way it was."

"They were saying, 'You don't have your brothers and sisters anymore and you have to start over-- just forget about it.'"

Another person told of living in a series of foster homes prior to coming to the children's institution. "The people that had us for a foster child mainly had us to do work for them . . . If they had other children [biologic ones], we weren't treated like they were."

During the interval between moving from the birth family and placement in an adoptive home, one person reported, "I guess the worst thing I can

remember from the children's home is loneliness and feeling like everybody forgot you and nobody cared and I still have a hard time talking about it."

One adult said that he felt helpless when he moved from the campus into his adopted home. During the time prior to the arrival of his siblings in the adoptive home, he recalled, "I would not separate them [referring to his brothers]. That's when the problems started, I feel. When I was separated from them, man, it tore me to pieces . . . When I couldn't walk across the campus to see my brother in the afternoon for thirty minutes and talk to him--then it's a tremendous pressure on you."

A sense of uneasiness was sometimes mentioned by the participants in regard to their adoptive families. Selected references are given.

"They [the adoptive parents] always threw it up in my face that 'I adopted you.' It was like I owed them something and that made me feel that much more like, I don't want to be here."

"I was beginning to enjoy it up there [at the children's home]. And then they told me I was going on a vacation. When the people picked me up, my first impression was, 'Oh, my God, they're so old' . . . And then they told me they were going to adopt me. And it broke my heart. A child can't say no at that point."

"They'd say 'God bless you. May God be with you.' My stepparents, the ones who adopted me, if you ever met them you'd think they were the nicest people in the world. They just seem so Christian. So humble. And as soon as you get behind closed doors, that's when the shit hits the fan."

"I was so bad that to keep me from running away he [the adoptive father] had to lock my windows. He had to board them up. And then at night when it was time to go to bed, he'd say, 'Well, are you going to bed?' I'd have to go to my room and it had a lock. One of those locks on the door and I had to ask to go to bed and then have the lock on there so I wouldn't run away."

"I'm not a very affectionate person. The whole time I was adopted they had never once hugged or said they loved me."

The adoptive mother told one of the participants, "I wonder what it would have been like if I'd had my own." This adopted adult now wondered about "had my own." He still asks, "What was I? I still don't know. I swear I don't know. It confuses me to this day."

In reflecting upon waiting for adoptive placement at the institution, one person said, "I just stayed in a room with half a dozen others and everybody just talked back and forth wondering who was going to go next."

"I had pictures that were somehow taken away. I don't know where they went. In other words, everything was wiped clean."

Remembering how it felt to be adopted, one person said, "I'm just here; I'm bought; I'm just bought! I'm not your child. I know you're doing this for me and I owe you for it."

"When I tried to commit suicide, my [adoptive] mother's first reaction when I woke up from this overdose of drugs was, 'Why did you do this to us? There are people in this hospital who know us!'" The adoptee was devastated because he felt that his parents could not identify with him and that their only concern was how the community would react.

Adopted at age 12, one person recounted, "I think as a child I felt very helpless. I felt that I really had no control over what I was doing even though I was told I could make a choice. I felt deep down I didn't have a choice and deep down I thought that my real mother would come and rescue me. And she didn't. And I felt because of that there was no one going to defend me."

Recalling the event when the birth father transferred her to adoptive parents, one person said, "He took me down there, and he handed me to my new father, and I just took a hunk out of his [her adoptive father's] arm. I bit him. And then I

hauled off and kicked him. I slapped and I started screaming and crying and then a man loaded my box into the back of the car. And that was all I had was a box. My whole life just in a little box."

As this person struggled with adolescent conflicts, he often argued with his adopted mother. Moving out of the home abruptly at 17, he remembered, "We went to the movies on Sunday afternoon, and on Monday or Tuesday or whatever, she was really giving me a hard time. So I picked up something and threw it at her. So she told me to get out. And I got out."

The participants referred to a sense of uneasiness in regard to their adult lives. Selected references are given.

"My biggest dream, and it's always been that, is to feel like I'm not being made to do something. That it's my decision. I can live anywhere I want, do what I want. I feel like that I have been just locked up all my life."

"I still have a lot of defects. Like I said, a lot of the defects are like the kid who told me, 'You know, you're adopted--you're strange.' Sometimes I feel that way. Maybe he was right. But then again, no, he's not! A family isn't made with blood. I know that. It's made of love and understanding."

As an adult, one person reported, "I went to the doctor when I was carrying [pregnant with] the children. One of the first things they asked you was what kind of diseases have you had. Well, I don't know . . . But my [adoptive] mother had a copy of all the diseases and things I had. And to this day, I still haven't seen it. It's still locked in a safety deposit box."

A Unifying Tentative Social Model

An attempt was made to unify the data. Descriptive findings, categories of similar themes, key words, notes from the research diary and impressions were united to form a social model of adoption.

Caution is advised. This model is intended to generate further research. While it may have utility for further research, it is speculative due to the small number of cases and the exploratory nature of the research. For example, the frequency counts of feelings of uneasiness and well-being cannot be equated to a frequency distribution based on formal, standardized questions. However, they may be of help in suggesting tentative trends.

Hypotheses Generated and Tested

The model of older adoption predicted that as more choice, more preparation, and participation was given an adopted child there would be a greater tendency for closeness with the adoptive family. These in turn would lead toward greater reconciliation with the past as manifested in less uneasiness and more well-being (See Table 6).

To test the model, cases were judged to fall within groups of these outcomes: (a) more choice, (b) mixed results and (c) less choice. Later the categorized frequencies of well-being and uneasiness were compared to my judgments of outcomes.

In the four cases that tended to have more well-being and less uneasiness (Amy, Jason, Lee, and Burt), they had had more choice, preparation, and participation. In the four cases that tended to have more uneasiness and less well-being (Shane, Dawn, Angela, and Doris), they had had less choice, preparation, and participation. The remaining cases were judged to be in the mid-range between more choice and less choice. They tended to have mixed results (See Table 7).

Table 6

Model of Older Adoption

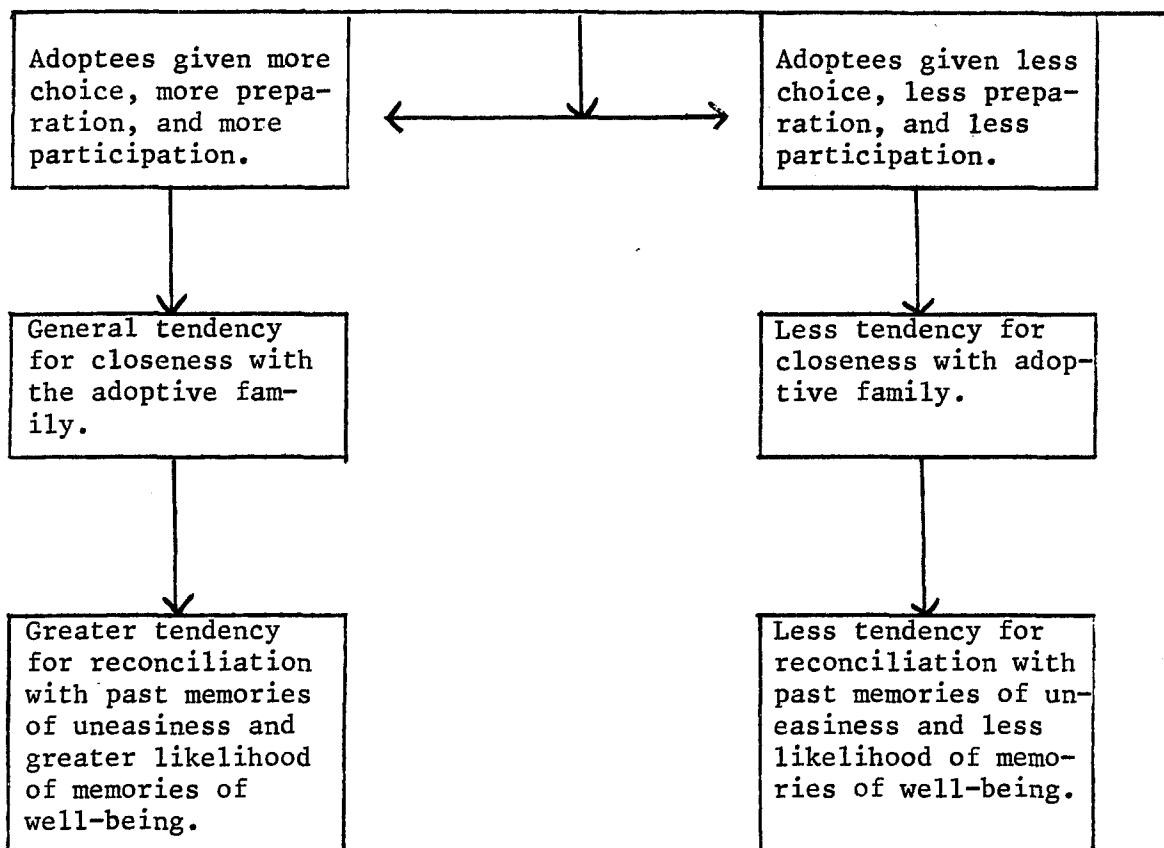
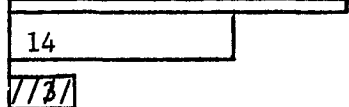
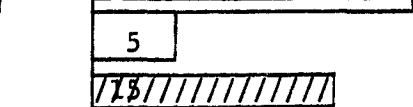
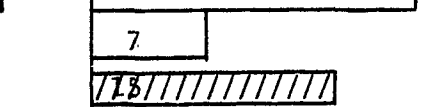

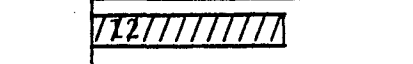
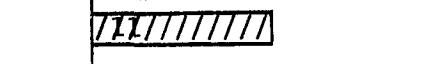


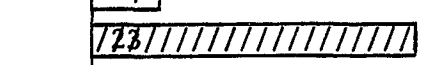
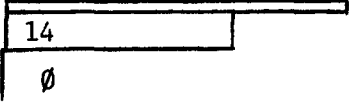
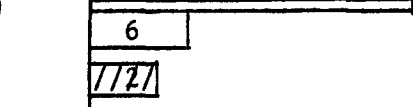
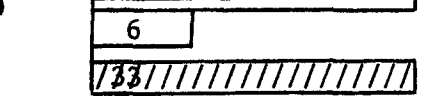
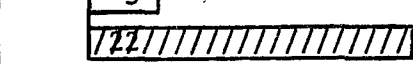



Table 7

Outcome Categories for Older Adoptees

(a)	(b)	(c)
Cases judged to have been given more choice, more preparation, and more participation.	Cases that are judged to fall in the mid-range between "more choice" and "less choice."	Cases judged to have been given less choice, less preparation, and less participation.

Table 8
 Frequency of Reports of Uneasiness and Well-Being
 for
 Outcome Categories

(a)	(b)	(c)
Cases judged to have been given more choice, more preparation, and more participation.	Cases that are judged to interface between "more choice" and "less choice."	Cases judged to have been given less choice, less preparation, and less participation.
Amy P. <hr/> 14 	Joanne B. <hr/> 5 	Shane H. <hr/> 7 
Jason A. <hr/> 11 	Mary A. <hr/> 13 	Dawn F. <hr/> 13 
Lee W. <hr/> 15 	Maynard S. <hr/> 13 	Angela V. <hr/> 4 
Burt T. <hr/> 14 0 	Marshall H. <hr/> 6 	Doris L. <hr/> 6 
KEY <hr/> 7 = Frequency of Reports of Well-Being (example = 7 Report)	Priscilla C. <hr/> 3 	KEY <hr/>  = Frequency of Reports of Uneasiness (example = 7 Report)
Summary for Category (a)	Summary for Category (b)	Summary for Category (c)
Mean Reports of Frequency of Well-Being = 13.5 Mean Reports of Frequency of Uneasiness = 2.75	Mean Reports of Frequency of Well-Being = 8 Mean Reports of Frequency of Uneasiness = 13	Mean Reports of Frequency of Well-Being = 7.5 Mean Reports of Frequency of Uneasiness = 20.5

Definitions of terms in the model are as follows:

"More choice in adoption" - To be consulted and given a sense of choice of their new family; less arbitrariness in selection process.

"More preparation in adoption" - To be told in advance about adoptive plans; given an opportunity to visit and move in at adoptee's pace; having follow-up support from agency social workers after placement.

"More participation in adoption" - To be respected and listened to; to be given an opportunity to discuss adoption with adoptive parents; to be allowed to visit appropriate birth family members; to be able to keep in contact with biologic siblings.

"Closeness with adoptive family" - A feeling of belonging to, identification with the adoptive family.

"Reconciliation with past memories of uneasiness and greater likelihood of memories of well-being" - Relief from emotional strain of painful past memories; pleasure of feeling a sense of belonging and optimism.

It appears that choice, preparation, and participation are key factors in determining the outcome of adoptions of older children. Keith-Lucas, a child welfare authority, speculated in advance of the data gathering that "choice" and "freedom to keep one's options open" may be important factors (personal communication, May, 1982). Kirk (1964, 1981) called attention to the importance of participation on the part of the

adoptee and the adoptive parents in openly sharing the experience together. Adoptive preparation was noted as being a prominent feature of helping older children succeed in adoption (Powers & Powell, 1982).

An analysis of the data revealed that the four participants who were judged to have a tendency for memories of closeness with the adoptive family as well as greater reconciliation with past memories of uneasiness and greater likelihood of memories of well-being were people who perceived that they had been given a combination of choice, preparation, and participation in the adoptive experience. In the other groups, there was some mixture of choice, preparation, and participation; but none of the participants in these two groups had been given a combination of all these factors.

Tentative Hypotheses

Further research is needed to clarify the tentative social systems model. Tentative unifying hypotheses were developed.

1. Adults adopted at age 6 or older who recall their adoptive experience tend to have a pattern of unique and characteristic life styles.
2. Adults who were adopted at age 6 or older, when given choice, preparation, and participation in the adoptive experience, tend toward closeness with the adoptive family and tend to reconcile painful childhood memories.

It appears that the data support the generation of these tentative hypotheses. The analytic induction method suggests that the adoptive experience for children placed after age 6 tends to develop caring, sensitive adults. It was observed that the participants who were adopted

after age 6 became more independent and self-reliant. It may be that they became "their own person" in that they do not take on the characteristics of either the adoptive parents or the birth parents. The adoptive parents may well be a comfort, close hosts for the older adoptive child, but the data suggest that the relationship for the adoptee and the adoptive parent is different from biologic child-parent relationships shown in the literature. This does not suggest that the adoptee-adoptive parent relationship is less satisfying than the biologic one, only that it is different.

CHAPTER V

SUMMARY AND CONCLUSIONS

A unique research opportunity was available. A children's institution in the South had developed an adoptive program for older children over 20 years ago. Such adoptive programs for older children were rare occurrences at that time, as conventional practice of children's agencies then was to place only infants and toddlers. In recent years, however, a revolution in adoptive practice has taken place. Older children are now routinely placed for adoption, and agencies aggressively recruit prospective adoptive families. Over 100,000 children await adoptive placement, many of them older, of minority heritage, emotionally troubled, handicapped or retarded (Children's Bureau, 1980). Little research has been undertaken to investigate the outcome of older children adoptions. The failure rate of older children adoptions has been estimated between 25 to 33 percent (C. W. Sanford, personal communication, October, 1982), but the actual rate for older, emotionally disturbed children is likely to be greater.

Methodology

The pioneering children's institution from which the cases came attempted to contact between 50 to 60 adults who were placed as older children in adoptive homes on an average of 18.53 years ago. The mean age at placement was 7.6 years. Ultimately, 22 adults who were adopted as older children were located; of these, 17 were interviewed in depth

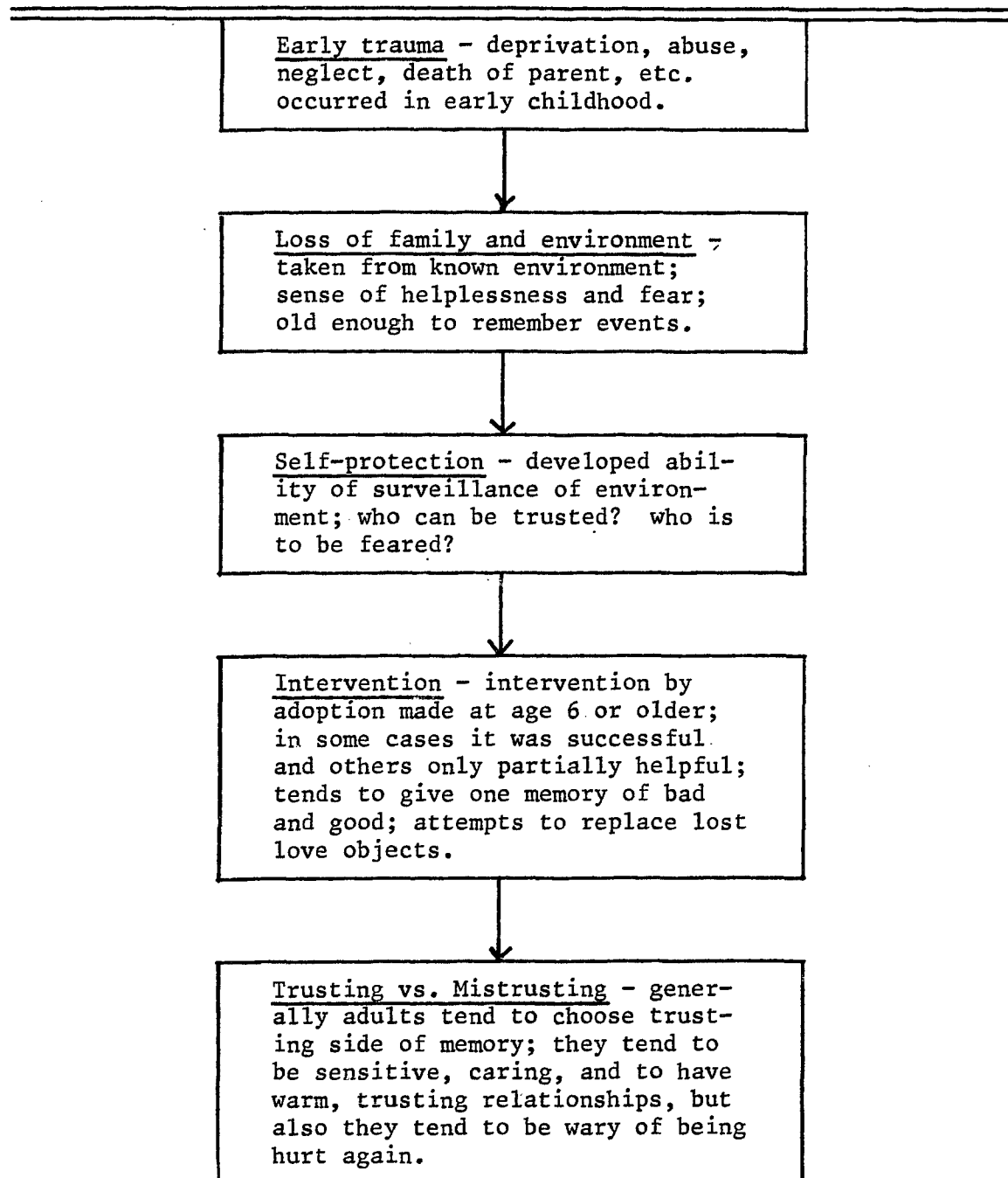
utilizing a suggested interview outline. All interviews were tape recorded and later typed verbatim. The typed transcripts were analyzed for descriptive findings, for categories of related concepts and for emerging patterns. The utilization of a qualitative inductive approach was suggested by research authorities Spanier, Becker, and Kirk. Reliability was checked by an experienced professional colleague with over 40 years of child welfare experience (M. Wunder, personal communication, 1983). She read each case transcript and the research report, and concurred with the findings.

Findings

An analytic induction method was employed (Becker et al., 1960; Cressey, 1953; Lindesmith, 1974; and Robinson, 1951). Utilizing the interviews, a research diary, and personal observations, a beginning pattern developed. It was redefined and reformulated until a pattern emerged that appeared to explain older adoptions in this sample population. The analytic induction model follows:

Table 9

Analytic Induction Model



Participants tended to develop a trusting manner in relationships with people. D. H. Kirk (personal communication, October, 1983) suggested that unusual childhood anxiety experienced by the participants may have helped produce empathy among the adult subjects.

The data revealed that the 17 people interviewed reported that they are performing well in their vocational endeavors, that those who are married appear committed to the success of their marriages, and that those participants who are parents appear to be caring and sensitive with their children. The descriptive findings also suggest that these adults tend to have a heightened sense of awareness of other people's feelings and that they have a desire to treat others and be treated by others in a kind manner.

Analytic descriptive categories were developed by analyzing the recorded repetitions of concepts from the transcribed data. Several major themes were observed. An appreciation of adoption was detected. Even adults whose adoptive experience did not appear to be satisfying seemed to appreciate their adoptive placement intervention. Most of the participants seemed to believe that if adoption had not been attempted, their lives would be less satisfactory. Another category was the importance of the role played by the extended family. There was a strong tendency for the adoptees to feel that the extended family accepted them as full family members, even when some of the participants felt that their adoptive parents did not fully accept them.

The significance of the birth family was another category. No participant in the study appeared to have regular and meaningful

communication with their birth parents although all but one participant had reunited with the birth family. Biologic siblings had great significance for the subjects. They felt a need for siblings to be in contact with one another throughout childhood regardless of adoptive placements. Unusual measures were sometimes taken by the participants in an attempt to find birth siblings when contact had been lost. However, when birth siblings were reunited after long periods of separation, they appeared to have difficulty in renewing meaningful relationships with one another.

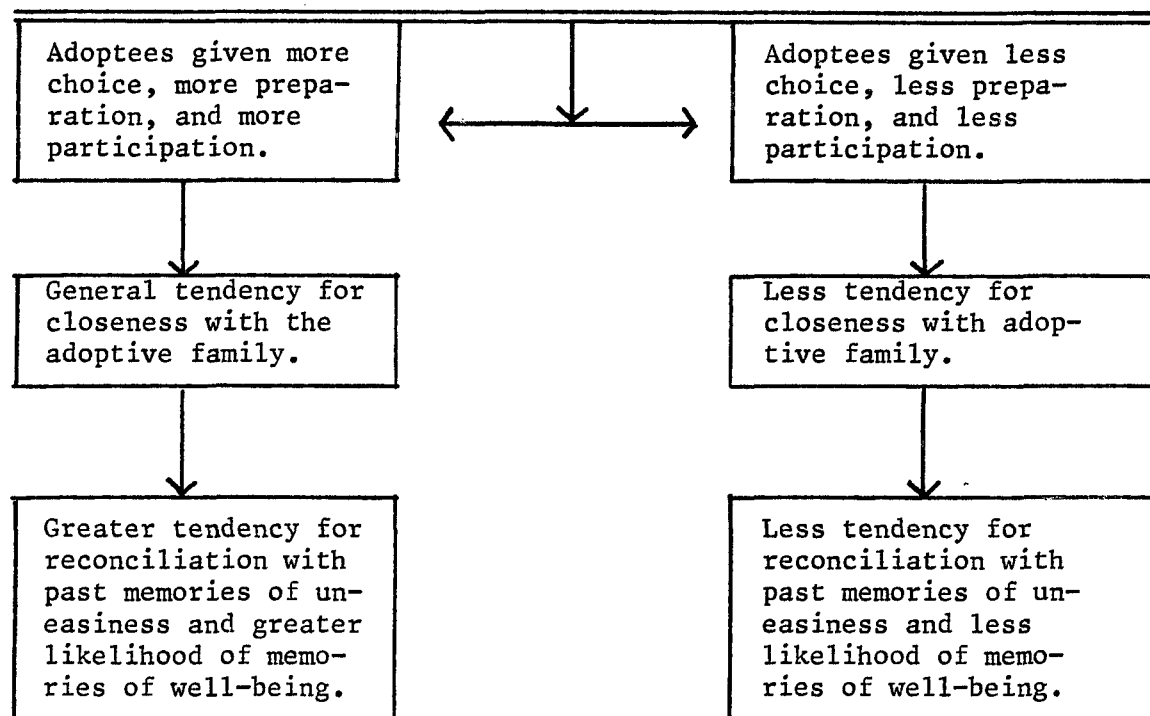
Adult life satisfaction was another area of analysis. The participants usually spoke of vocational and family satisfactions. Generally they were satisfied with their family life, but they often wanted advancement in their vocational careers.

Hypotheses Generation and Testing

Two major headings were developed for frequency counts of recurring concepts found in the transcribed data (i.e., a sense of well-being and a sense of uneasiness). The frequency counts were tallied for each participant and for each category. Selected qualitative excerpts were given. From these categories a model of older adoptions was developed.

Table 10

Model of Older Adoption



This model generated two hypotheses:

1. Adults adopted at age 6 and older who recall their adoptive experience tend to have a pattern of unique and characteristic life styles. Adults adopted at age 5 and under tend to take on more characteristics of their adoptive families (i. e., they tend to be more like biologic children of their adoptive families).
2. Adults adopted at age 6 or older, when given choice, preparation, and participation in the adoptive experience, tend toward closeness with the adoptive family and tend to reconcile painful childhood memories.

It is a fact that while these hypotheses are tentative and unrepliated, they do offer guidance for further research. One must be cautioned to remember that the sample is small (N=17), that the sample represents the adoptions from only one agency and from a specific region of the country, and that the sample applies only to adoptees who could be located an average of 18.5 years after placement. One also must keep in mind that the data is *ex post facto* recall from childhood memories. However, the purpose of the study was to generate hypotheses for future study as well as to make implications for professional practice.

A judgment of cases was made to determine which participants would be placed in the outcome areas of the model. Four cases were judged to fit the model of more choice, preparation, and participation; and four cases were judged to fit the model of less choice, preparation, and participation. Five cases fell between these polarities.

The frequencies reported for senses of well-being and uneasiness were later compared for the judged cases. A rough analysis does suggest a tentative relationship. The cases judged to be given more choice, preparation, and participation did have a tendency toward more responses to a sense of uneasiness. The reverse was indicated for the group judged to have less choice, preparation, and participation. However, such tentative, suggested inferences must be treated with caution. Qualitative research often generates hypotheses for more refined testing. Further research is suggested.

The additional four cases were judged exceptional cases as their placement occurred at age 5 or under. The four younger-age adoptions

were believed to resemble biologic children or infant adoptions since these adults tended to have taken on the characteristics of the adoptive family more than did adults adopted at age 6 and older.

Recommendations

Recommendations are given by two sources: the participants and the researcher. The participants in the study were given an opportunity to advise professionals on how to help older children cope with adoption. Some representative advice follows:

"In a lot of situations, it's underestimated what a child takes in and understands. As young as I was [age 3 at adoption], I had a pretty good idea what was going on."

"I wouldn't take them away from their real family completely because I feel that hurts."

"[A child should not be placed] unless the child is wanting to. I don't understand why a lot of families would want an older child . . . [The key is] will and wanting to [be adopted on the part of the child] . . . [A child should concede to adoption] especially with a mother and father still living."

"Let the people see the kids and talk to them. Be able to spend some time with them before anything is settled."

"Just don't stay where you don't want. That's the biggest mistake anybody can make." (This statement referred to giving choice to children in selecting their adoptive home.)

For children anticipating adoption, one person said, "You really got to relate to somebody and they've got to have something in common with them . . . You're not really going to talk that much unless there's a person who you think you can really put your trust in."

"You want to provide love and care in the home for the children," said one adoptee, referring to group care as a preparatory step for adoption. He added that children should have "somebody they can love . . . can trust . . . spend their time with . . . associate their feelings with . . . they can be like . . . involved with, and . . . accepted [by]."

"[More visits prior to adoption] would've helped me more."

"I think the main thing is that there is time to sit down and talk to the child."

"If a child has something on his mind or that is bothering him about some aspect of being adopted, be open with them, discuss it with them and let them talk [it out] of their system."

"[Adoption of an older child] should be a slow, gradual thing."

"It'd be good, if they [children who were to be adopted] were old enough to talk to another kid who's been adopted."

"[Adoptive parents should say that they don't] own you. I just want to be here and love you."

"As far as parents who adopt children, I think they mean so well and want it to work that they kind of force it on a child."

The research implications are several. There is an inadequate body of knowledge about adults who were adopted as older children. Further research following the tentative hypotheses would be of great value to professional practice. The use of larger and more representative samples seems appropriate.

The study of adults adopted as older children seems an appropriate means of learning more about family relationships. Knowledge gained from such research has applicability for children from divorced and blended families.

The study was designed to address the adoptees' needs, but the needs of the adoptive parents were implied in comments found in the data. It appears that adoptive parents also need preliminary preparatory help as well as follow-up assistance. Perhaps such preparatory training should focus upon sensitizing adoptive parents to the vulnerability and helplessness adopted children feel and to help them better understand how important their support and tolerance are to their adopted children. The study underscores the great resilient capacity of adopted children. If the resilience and growth potential of adopted children can be recognized by sensitized and prepared adoptive parents, the outlook for satisfying parent-child relationships will increase.

An area of speculation was suggested by the data. Do children who were adopted as older children tend to grow up noncharacteristic of either the adopted family or the birth family? Baasel (1982) suggested that adopted children do not take on adoptive family characteristics and values as readily as do biologic children. Taft (1946) speculated that adopted babies, if given support, may benefit from the adoptive experience.

What we have hardly dared to affirm is the fact that even a baby, deprived of the rightful satisfactions of infancy, may benefit from a unique and vital experience seldom granted to the child in his own home. I am not suggesting that to be a foster child is preferable, but I am stating a fact when I point out that the baby who leaves his own mother and goes through a good foster home into an adoptive home with the kind of immediate understanding, firmness, and unselfish support that is advocated, gets an accelerated or intensive growth experience, which, for an adult, we would not hesitate to label "therapeutic" (p. 110).

Perhaps older adopted children develop in a way different from either biologic or younger adopted children. Could the speculated unique self-reliance of adults adopted as older children help to account for the observed heightened sense of awareness, for the ability to recover from severe early childhood trauma or for the unusual empathy toward other people? Could their apparent ability to resolve emotionally laden conflicts with their adopted families be attributed to their sense of self-reliance and nonalignment? When biologic children have parental conflicts, they often appear to be intertwined with family pathology, whereas the adults who were adopted as older children seem more detached from family dynamics.

Finally, it seems desirable for future research efforts to link together Kirk's theory (1964, 1981) with older adopted children. He based his original assumptions on infant adoptions, but his concepts may have heuristic value for older adoptees as well. Could his thoughts of "acceptance of difference" and "rejection of difference" be linked with more choice, preparation, and participation and less choice, preparation, and participation? A theory-based conception of older adoptions is needed to aid and guide future research efforts.

Implications

For the professional adoption worker and prospective adoption parents, the data imply that older children are far more vulnerable to the stress of separation and placement than may be outwardly apparent. Preparation, support, and follow-up are strongly indicated even when

surface observations may lead one to believe that the adoptive process has progressed smoothly. The importance of biologic siblings and adoptive and birth extended families is revealed in the data. Involving children in the adoptive experience seems vital. The experience of adult adoptees would indicate that children's wishes and feelings need to be taken seriously. When given choice, preparation, and participation, older children seem to be able to have a satisfying adoptive experience. When denied these opportunities, there tends to be dissatisfaction with adoption.

The resilience of traumatized children is affirmed. Adoptees who experienced harsh treatment, witnessed brutality, and were denied adequate nurture have developed into competent adults, caring parents, and committed marriage partners. Although these adults adopted as older children have been able to overcome their disadvantaged childhood experiences to a remarkable extent, they continue in their memories to suffer from unfortunate childhood experiences. Preventing such trauma should be the primary goal.

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APPENDICES

APPENDIX A
INTRODUCTORY LETTER TO RESPONDENTS

APPENDIX A

(Date)

Dear :

Some years ago, you were placed for adoption through the _____ Children's Home. In recent years, there has been a national movement to place many school-age children in adoptive homes. In a sense the work of our agency some twenty years ago was a pioneering effort. As a result you and the _____ Home have a unique opportunity to be a part of a study that will help determine the effects of adoption on school-age children and their families. Mr. John Y. Powell, a doctoral student at the University of North Carolina - Greensboro, will be the principal investigator. Mr. Powell, in addition to his graduate work, is the Executive Director of Thompson Children's Home - Episcopal Child Care Services in Charlotte, North Carolina; and he has some twenty years of experience in child care work.

The study is entitled "Adults Who Were Adopted As Older Children." He will be asking questions about you, your identity with your family and other questions that may be of help to us in better understanding how to help children who are preparing for or are in adoptive placement. He has assured me that responses will be held in confidence and that all information used in the final study report will be disguised to protect you and your family. Also, I will have an opportunity to review the final report.

Mr. Powell has my permission to contact you, and you will be hearing from him soon.

Sincerely,

R. Franklin Hough, Jr., ACSW

APPENDIX B
INTERVIEW GUIDE

APPENDIX B

Adults Who Were Adopted As
Older Children

Interview Guide

- I. Introduction to Study
- II. Background Information
 - Complete fact sheet
 - List of childhood caretakers
- III. Adoption Memories
 - Events leading to adoption
 - Meeting of adoptive family
 - Adoption attempts or failures
 - Phase of getting acquainted with family
 - Adoptive placement
 - Initial adoptive adjustment
 - Legal confirmation of adoption
- IV. Childhood in Adoptive Home
 - Sibling interaction
 - Parental relationship
 - Extended family
 - Openness or reluctance to discuss adoptive status
- V. Adult Relationship with Adoptive Family
- VI. Contact with and Meaning of Birth Family, Former Foster Parents or Caretakers
 - Involvement with, before, during, and after adoption
 - Present relationships
- VII. Present Life of Interviewee
 - Nuclear family
 - Lifestyles, recreation, work, interest
 - Future dreams and expectations
- VIII. Effects of Adoptee Status on Present Life
 - Personal life
 - Family relations
 - Other effects

APPENDIX C
INFORMATION SHEET

APPENDIX C
INFORMATION SHEET

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Name _____ Age _____

Address _____
Street

_____ Town _____ State

Telephone () _____

Your Work _____

Married Yes () No ()

Name of Spouse _____

Age of Spouse _____

Spouse's Work _____

Children: Name Age Grade

1. _____

2. _____

3. _____

4. _____

Are any of your children adopted?

Indicate ones who are adopted _____

Other people living in home _____

Education:

Last grade completed _____

College or technical schools

Religious Affiliation _____

Personal Health Good _____ Fair _____ Poor _____

Age at Adoption _____

APPENDIX D
CONSENT FORM AUTHORIZING PARTICIPATION

APPENDIX D

CONSENT FOR PARTICIPATION

I agree to participate in this study of "Family Identification By Adults Who Were Adopted As Older Children." I am willing to be interviewed by the investigator or other professional who may assist him. I am aware that my name will not be used and that my family identity will be disguised. However, at the end of the interview, I will have the opportunity to list below specific information which I do not want to have disclosed even in a disguised form.

Date

Signature

Post Interview Comments:

APPENDIX E

LETTER EXPRESSING THANKS TO THE RESPONDENTS

Dear :

Thank you for your assistance in the research study entitled, "Adults Who Were Adopted As Older Children." We believe that the results of the study will ultimately help children who are placed for adoption. As indicated to you, all information will be held in confidence, and the written report will be worded to disguise individuals and families.

In a few months the study will be completed, and I will send you the section which describes the results. Each of you indicated that you would be interested in learning about the experiences of others who were adopted as older children.

Thank you again for your help.

Sincerely,

John Y. Powell