

ADOPTED IN AMERICA: A STUDY OF STIGMA

In trying to define what makes adoption painful, what imbues it with the sense of loss and of not being whole, the word that always returns to me is 'stigma.' It is the attribute which makes me different from others, of a less desirable kind, and has accorded the most constant sense of internal dislocation. Because of the stigma borne by adoption, I have lost my status of being 'normal' (Benward, 1994, p 1.).

The rise in international adoptions and media hype over celebrities who adopt suggest major revisions have occurred in America's treatment of the adopted. As people adopted children from places like China, Russia, Kenya, or, Guatemala, it was not unusual to hear "Stigma is no longer an issue in adoption. Years ago people kept adopting a child a secret. But adoption isn't hush - hush anymore". There is reason, however, to doubt this assumption and more fully explore this view. There is evidence to suggest stigma underlies adoption policy, practices and laws, and impedes adoption reform. And, the stigma that pervades US adoption continues to flourish, despite claims to the contrary. This paper is a critique of the way America views and treats differences in the adoptive family and "the adopted child", and mainly the impact of stigma on America's adopted.

Adoption is a different way to build a family. Stigma broadly refers to the way people select, evaluate, and treat the importance, significance, and relevance of human differences (Link & Phelan, 2003). Differentness is the common denominator to any discussion of stigma and adoption. Given stigma's power, how is it that stigmatized treatment of an estimated six to nine million people (Downs, McFadden, Moore, & Costin, 2000) adopted in American goes underestimated and underreported?

Declaring stigma no longer exists (Paton, 1954), or, is fading (Pertman, 1998), or is “lessening” (Mandell, 2007, p. 28) is a popular catchphrase from the 1950’s that persists to this day. Still, some people fail to recognize, and even deny stigmatization of the adopted. Two adoption researchers reported “adoptees experienced few negative community attitudes because of their adoptive status” (Triseliotis & Hill, 1990, p. 119). On the other hand, a literary publicist said. “I’d say there is stigma in adoption. We have a niece who is adopted. But my husband wouldn’t consider it. He says that when these kids become teenagers they could come and murder us in our beds” (Smith, personal communication, 2006). While some people, justify the stigma “as just the way things are” (Link & Phelan, 2003, p. 3). As when, the District of Columbia and forty-four out of fifty states justify keeping the adopted’s original birth records sealed. Some stigma based laws, policies and practices— including fostering a “clean break” between the adopted and their birth families— originated in early 20th century America’s societal attitudes toward illegitimacy, bastardy, and “bad seed”. In the second decade of the 21st century they remain an albatross hung round the adopted’s neck.

A Sociological Definition of Stigma

Stigma, popularly defined as a mark of disgrace, a stain, as on one’s reputation, or a sign of defect, is central to understanding adoption, and the adopted. Sociology and stigma theory provide a more complex definition. Stigma develops from shared cultural values and norms. It represents a process in which humans identify and label some people as having negatively valued differences (Goffman, 1963; Link & Phelan, 2003; Powell, 2002; Stafford and Scott, 1986). Stigma defined this way is important because it includes the role of the environment (the aggregate of social and cultural conditions influencing a community) as primary to how society judges and treats the adopted.

Adoption Differences

First, children biologically unrelated to their parents come into their families differently than do children born to their parents. They come into their families through a social and legal means referred to as adoption. It is their adoptive status alone that singularly marks them as different. Second, raising an adopted child, with no blood ties to his or her parents, is fundamentally different from raising a child born to his or her parents. These differences create challenges for parent and child that will play out over a lifetime. Including from the time the adoption becomes known; the child enters school, enters adolescence, marries, and bears a child. Some parents have difficulty finding the right time or the right words to tell a child he or she was adopted. They find it difficult to gauge how much, what, when, and whether to talk about adoption with the child's teachers, neighbors, extended family, and friends. Nonetheless, it is possible for adoptive parents and the adopted to hide and even deny adoption differences out of ignorance or for reasons, including embarrassment, discomfort, and fear of effect. Third, adoption is a social institution, a social service, and a personal experience. Adoption as a social institution occurs within a changing cultural, political, and economic context. Its value is determined and influenced by shared cultural beliefs, customs, norms, and practices. The role of a social institution is to stabilize and maintain the social order. Yet, adoption also functions as a social service, and has profound meaning as a personal experience affecting the lives of millions of Americans. Fourth, in an adoptive family there is the child's reaction to or feelings about his or her adoption; there is the parent's reaction to .and feelings about the child's adoption; and there is the parent's and the child's reaction to and feelings about the affect of the birth family. Thus allowing for a complex individual, context and role dependent, fluid set of feelings and reactions to arise over the adoptive family lifetime.

Adoption and Stigma

Adoption, like stigma, is defined and shaped by changing social and cultural values (Benet, 1976; Hartman, 1990; Small, 2007). Historically, speculation explaining adoption differences—drawn from data presented in clinical studies— and inferences based on psychoanalytic theory— dominated the scholarly literature (Carp, 1998; Small, 2007; Weger, 1997). The literature influenced social workers, child welfare, psychiatrists, and psychologists (Carp, 1998; Small, 2007; Weger, 1997). Most of the explanations— stressed the adopted child’s dissimilarities— and pathologized the adopted (Small, 2007; Weger, 1997). What was largely missing was recognition of a psychosocial, sociological, or environmental context and perspective (Small, 2007, Weger, 1997), or what Hollis called “the interplay of both internal psychological and external social causes” (1972, p. 16). This paper incorporates “influences from the dominant culture and the social environment” (Small, 2007, p.11). And, includes “the effect of shame on birth parents, adoptive parents, and the adopted as they interact with each other, and with the culture’s legal and social institutions, values, and attitudes” (Small, 2007, p. 12).

Stigma theory accounts for how “the adopted child” evolved as a socially constructed, socially imposed identity. It explains how status alone allows others to *prejudge* the adopted as flawed, defective, deficient, and deviant. It gives reasons for how people impute to the adopted a host of mal-adaptations included in an “adopted child syndrome” (Kirschner, 1978). Finally, it justifies discrimination against the adopted, and accounts for how stigma arises from without, not from within a stigmatized identity.

Relevance

The subject is important and timely. (1.) Adopted children may be more at risk when people, including adopters, marginalize adoption differences, and the adoption process

(including home study, travel, time, and costs) overrides the importance of pre- and post-adoption preparation. Results may be seen in instances of failed adoptions, children removed from their adoptive homes, or, adoptive parent violence. All represent a “failure to protect” the welfare of children entrusted to America’s adoptive parents (Frontline, 2003.). (2.) The adopted suffer the effects of stigma through labeling, stereotyping, separation, status loss, and discrimination. All represent factual treatment of the adopted — as separate from individual feelings and reactions to the stigma they experience associated with their adoptive status. It appears, however, that for social, economic or cultural reasons, stigmatized treatment of the adopted as a minority has been underestimated and underreported.

Social science fields outside child welfare have paid little or no attention to adoption, stigma, and the effects of confidentiality policies, sealed records, and secrecy (Wegar, 1997). The work of sociologist Katarina Wegar (1997) and historian E. Wayne Carp (1998) are two exceptions. Research results on adopted children often come from nonrandomized samples; lack cross validation samples; are too small to justify generalizing to the total population of adopted people; and, come from theory, opinion and speculation (Baden & Wiley, 2007; Lawton & Gross, 1964). Few research studies focus on adopted adults. The sources for this paper come from personal observation, the published literature, the popular culture, and the experience of the adopted.

Outline of American Culture, Stigma, and Adoption

Until the mid-1800’s America’s parentless, poor, and dependent children were placed in orphanages, or indentured (Kadushin & Martin, 1988). Later, as the primary source of dependent children shifted to the illegitimate and abandoned children of America’s white, “unwed” mothers— white, infertile couples adopting infants became more commonplace. By 1851 a

Massachusetts' adoption statute provided "evidence of the legal transfer of a child by the biological parents to the adopting parents and provision of a public record of the transfer" (*The Child and the State*, 1938, p. 165) — with little public concern, and no seeming breach of the social order. The Massachusetts Adoption Act of 1851 became a model for other states. Comments from participants in a 1950's adoption study reflect the period when American adoption was more open and less secret. Forty people adopted before 1932 agreed to speak anonymously about their experiences: "Nowadays adoption is not frowned upon as it was in [1911-1921]" (Paton, 1954, p.154); the "adopted", "do not bear any stigma because of the circumstances that may have attended their birth" (p. 156); An adopted child today, is, "commonly accepted as the child in the family" (p. 156).

By the late 1930's, however, a new American adoption culture based on secrecy began to evolve. Shifting social, political, and economic influences— including societal values like privacy and openness, parental rights, the best interest of the child, and belief in the supremacy of procreative parenthood over adoptive parenthood— shaped and changed adoption practice, policy and laws. In addition, theories like nature versus nurture, the melting pot theory, and American psychologists like Thorndike, Hull, Watson, and Skinner contributed to an environmentalist influence on adoption practice in the first half of the twentieth century, fostering a belief that in the adoption of children, environment superseded nature (Small, 2007). Shapiro (1956), conducting a study of adoption practices, noted "Agencies, shared the conviction of pediatricians, and psychologists alike that, in general, environmental influences are of paramount significance in the physical and emotional development of children" (p. 1). Thus, adoptive family influence achieved primary importance (Small, 2007).

From the early 1930's to the late 1970's traditional, non-relative, domestic, adoptions of white infants by white married couples with no blood ties to the child were the norm. People typically used terms like "unwed mother" and "out-of-wedlock" child to label a single mother and her illegitimate child, and identify their socially stigmatized status. Two popularly held beliefs: "It is good to put an 'illegitimate child' up for adoption," and, "it is best to keep the events hidden" (Small, 2007, p. 15) reflected positively held social norms. Adoption practice shifted away from openness and moved toward secrecy to remove the shame associated with adoption.

Child welfare (the social work field specializing in adoption and foster care) developed policies and practices based on a belief in the need for confidentiality or privacy to manage adoption differences by inhibiting all parties to the adoption from further association, and to minimize the disgrace associated with illegitimacy. In *Today's Health* magazine former Child Welfare League of America (CWLA) director Joseph Reed said he believed it best to protect the adoptive family "against interloping or worse by the natural mother" (Kiestler, 1974, p. 59). Through secrecy and by falsifying and denying the child's genetic or identifying information, child welfare managed adoption differences by hiding them. In effect, the child appeared the same "as though" or "as if" his adoptive parents bore him (Lifton, 1994, p. 14; Small, 1987, pp 33-45). At the same time literature on "the adopted child" stressed the adopted child's dissimilarities to non adopted children (Clothier, 1943; Feder, 1974; Kornitzer, 1961; McWhinnie, 1967; Peller, 1961; Sants, 1964; Schechter, 1960). In one way or the other, people recognized that adoption was different, and the adopted child was different, despite efforts to hide the differences.

By the 1970's the results of social change, including *Roe v. Wade*, "the pill," and more acceptance of single mothers meant fewer white infants to meet US demands to adopt them. A new and emerging international adoption industry turned to international sources of adoptable children to meet local demands.

Adoption as a Solution

From the 1930's, organizations with special interests, including the CWLA and the American Academy of Pediatrics saw adoption as a preferred solution for single mothers and childless couples. CWLA (n. d.) lists itself as "the nation's oldest and largest membership-based child welfare organization...as a champion of children since 1920" first published standards for adoption practice in 1938. The American Academy of Pediatrics lists subcommittees, including "Committee on Adoptions" (1940's) and, "Committee on Adoption Practice" (1950's) (American Academy of Pediatrics, personal communication, 2013). Nearly all believed adoption could fulfill the needs of the child, the single mother, and the adopting parents. And, by implication, supposed all would, "simply go on their way to live 'happily ever after'" (Brodzinsky & Schechter, 1990, p. xi). Wegar (1997) notes illegitimacy surfaced as a subject of sociological interest as early at the 1930's as a social problem. Yet, adoption, although related to illegitimacy, was not defined as a social problem, but a solution to one (Wegar, 1997).

Adoption's Public Image

H. David Kirk, a Canadian sociologist, had a personal and professional interest in knowing what people *outside* the adoption community thought about adoption. So, Kirk explored how "community attitudes," "cultural values," and "stigma" might affect the public image of adoption. Kirk's (1998) research suggested that:

The overt, verbally expressed attitudes toward adoption in our society tend toward full and unqualified acceptance.... However, there are covertly maintained and expressed value patterns which operate against this acceptance and which tend to make the adoptive family a deviant type (1998, p. 9).

Newspaper columnist Ellen Goodman encapsulates mid-twentieth century community attitudes toward single mothers and illegitimate children, noting: “The image of the unwed father was always a seedy one. He was a man who skipped town one step ahead of the shotgun. He left behind a woman ‘in trouble’, and a child who grew up a swearword” (1979, p. A15).

Clergy, doctors, social workers, attorneys, and parents of “unwed” mothers assumed adopting a child into a “new” family, with two married parents could help save both mother and child from near certain disgrace. Nonetheless, labeling the child “adopted” essentially assured her illegitimate offspring became marked irregular, inferior, false (Stein, 1967) and a product of “bad seed”. Some adopted people have remarked, “Say you are adopted, and it is almost as if you have a red letter A on your forehead.” Their experience mirrors the earliest definition of the word stigma, a Greek word originally referring to a burn or cut in the skin of criminals, slaves, or traitors for purposes of identifying them (“Social stigma”, n. d., p. 2).

The association between adoption, illegitimacy, bastardy and deviance remains strong. In an article in *The Decree*, newsletter of the American Adoption Congress (AAC), the adoptive mother of two boys observed:

There is nothing unhealthy or abnormal about my sons because they were adopted. Yet that is what they are told by a policy born in the days when their very birth would have brought shame upon the people around them. It’s a policy that considers my sons to be bastards. And, yes, that word still has the power to harm (Powell, 2009, p. 5).

Sociologist Katarina Wegar notes pathology is a central marker of difference in American society and labeling someone different usually suggests pathology and deviance. “This is certainly true in the case of adoption” (Wegar, 1997, p. ix). Jean Benward, an adopted person, adoptive parent and psychotherapist echoes Wegar’s observation. Writing about the “feelings of differentness” Benward (1994) said, “Because of the stigma born by adoption, I have lost my status of being ‘normal’” (p. 1).

Media

The media justify citing adoptive status because they consider the differentness important to a story. In 2003, *The Ventura County Star* reported convicted criminal Andrew Luster’s mother Liz “was adopted into the Max Factor family and benefited from the riches the cosmetics empire raked in” (Miller, p. 2). Eulogizing Bob Hope’s life in *The Washington Post*, readers twice learned he and his wife “married in 1933 and adopted four children” and, “In 1933 [Hope] married Dolores Reed and they adopted four children” (Barnes, 2003, p. 7). A *Denver Rocky Mountain News* headline, “Teen Held in Family Killings: Longmont Boy Arrested in Slayings of His Adoptive Mother and Grandmother” (Gutierrez & Gonzales, 1999) refers to the boy’s adoptive status five more times in the story that follows. Similar stories highlighting public images and attitudes about adoption, and further stereotyping the adopted, appear in newspapers everywhere.

State Legislatures

In 2005 Nebraska amended legislation to give heirs 21 years or older of adopted person’s access to their adopted ancestor’s original birth certificate. The law, however, stipulated an adopted ancestor’s birth parents and their spouses must first be dead, or 100 years must have passed since the adopted ancestor’s birth. No similar limits on access to original birth certificates

apply to non-adopted Nebraskans researching their ancestry. In 2011 the state of Rhode Island passed legislation to give people adopted in that state access to their original birth certificates. Rhode Island sealed the adopted's original birth certificates sometime before 1930. Legislators, however, insisted on one special qualification: Rhode Island's adopted citizens must first be 25 years of age, or older.

Negatively Valued Differentness

Any human difference is subject to stigmatization (Powell, (2002). One of three types of bases grouped as occurring most often is "social status differences, with negative associations" (p.1). The adopted child gains a new, different, socially assigned, negatively valued, and socially determined status. But it is not directly based on the child's illegitimate birth. Society denies the illegitimate child access to his or her original birth certificate only when that child is adopted. One measure of a stigma's importance (from the work of Jones, et al., 1984) is the "course of the mark" (Social stigma, n. d., p.8), or the duration of the stigma. Some stigmas may increase, some decrease, or some remain consistent overtime. The stigma associated with adoptive status remains consistent throughout the adopted's lifetime.

By assigning and identifying people with categories like black or white, young or old, or adopted or nonadopted, individuality loses to oversimplification. Differences become "typically taken for granted as being just the way things are" (Link and Phelan, 2003, p.3). For example, most people consider a child born legitimately to married parents and later placed for adoption to be just as "illegitimate" as a child born to a single mother before their adoption. By associating adoptive status with illegitimacy, society considers them equal.

Stigma is "a characteristic of persons that is contrary to a norm of a social unit" (Stafford and Scott, 1986, p.80), or "a shared belief that a person ought to behave in a certain way at a

certain time” (p.81). Having a child “of one’s own” is the standard expectation, fulfilling our shared idea of a normal social order. Shared blood ties between a mother and her child ensures a common lineage. People devalue the lack of blood ties between a parent and child, a primary hallmark of traditional adoption. They believe adoptive families are second rate, and adoption “second best” when compared to reproductive families. Thus, couples who cannot reproduce, children with no genetic ties to the parents who raise them, and mothers who give up children for adoption fall somewhere outside our social norms. Stigma arises when differences make “them” the deviant group, distinct, separate, and less powerful than “us” the dominant, more powerful group (Link & Phelan, 2003, p.3).

Finally, Link and Phelan (2003) apply the term stigma when elements of “labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows them to unfold” (p. 3). Through an adoption, a minor, based on decisions made by his or her birth and adopting parents, becomes forever subject to the legal jurisdiction of the adoption court and laws of the state. Also, once labeled “adopted” he or she suffers status loss, becomes stereotyped as “deviant” and “dissimilar” to and separate them from non-adopted children. In addition, he or she becomes discriminately restricted from accessing his or her heritage and name. These limits apply to no other group of citizens. Link and Phelan’s stigmatization model converges on the adopted’s experience with a perfect fit.

Child Welfare’s Fix

Adoption is a social institution, here-in defined as a complex of positions, roles, norms and values lodged in particular types of social structures and organizing relatively stable patterns of human activity with respect to fundamental problems...in sustaining viable societal structures within a given environment (Turner, 1997:6). In addition, social policies and the institutions they

establish “uphold social control and norms, reify prejudices and stereotypes, label and separate people into categories, and determine who is and is not stigmatized” (Powell, 2009, p.2).

By the early 1970’s, illegitimate children accounted for 87% of non-relative adoptions in the United States (Kadushin, 1974; Kadushin & Martin, 1988). Referring a single mother to adoption service legally separated her from responsibility for her illegitimate child, and served to cover their mutual shame. Keel (2007) notes social institutions help “bring those who ‘stepped outside the lines’ back into line”; offering “an array of agencies, bureaucracies, and organizations” necessary to “handle or control” deviance (p. 8). Sometime after CWLA first published adoption agency standards, states began buying into a belief that a “clean break” between children and their birth families was in the child’s best interest (*Mississippi, State of* 1951; *Pennsylvania Citizens Association*, 1953). A *Louisiana State Department of Public Welfare* (1952) pamphlet stated: “No one can trace [the child] through any official record — even his original birth certificate has been sealed where no one can see it”. All but two states (Alaska and Kansas) passed laws (1.) abrogating the adopted’s right to their original birth record; (2.) ordering the original birth record placed under judicial seal following the adoption; and (3.) issuing an amended birth certificate, substituting the adopting parent’s names for the birth parent’s names. The original birth certificate is later available only by petitioning the court for its release. Courts rarely grant such petitions. Thus, social polices, agencies and states hide the shame of an illegitimate birth through adoption, and justify sealing the birth and adoption records to control deviance. “Stigmatization represents a process of social control and of normative priority setting that reproduces social inequalities, as it relies on asymmetrical power relationships” (Powell, 2006, p.2).

Stripping out the adopted’s ancestry, deleting their bloodlines, falsifying their birth

certificates and sealing away their birth kinship carried out child welfare's "fix." Social workers believed "that adoptive families should not have to have their privacy disturbed and they must not be made to feel different from other families in the community" (Kirk, 1981, p.21). The fix allowed social workers to assure adoptive parents it was "neither possible nor desirable" for the birthmother to find them (Kirk, p. 21). Besides, by presuming birthmothers "had sinned and suffered enough" and "paid dearly," social workers justified their belief that she "deserved to be left alone" (Sorosky, Baran, & Panor, 1978, p. 50).

Child welfare's notion there were no differences between adoptive and nonadoptive families— and their belief that blood ties were irrelevant in traditional adoptions — was the sine qua non of adoption agency practice for most of the twentieth century and into the twenty-first. Most states and the District of Columbia carried out "the fix" by abrogating the adopted's right to their original birth records. Gradually, the practice of sealing birth and adoption records created new social theories like genealogical bewilderment, the meaning of search, adopted child syndrome, and, the primal wound. In addition, child welfare's fix helped to create new social agencies, services and jobs, calling for hiring more workers to manage adoption differentness.

For instance, in 1998 Maryland passed legislation creating the *Mutual Consent Voluntary Adoption Registry and/or Adoption, Search, Contact and Reunion Services, Confidential Intermediary Program Services, State of Maryland Department of Human Resources*. As a model for social control of adoptee deviance, the state offered a voluntary reunion registry to match searchers, a confidential intermediary search service, and post adoption counseling. In addition, the law provided for a disclosure veto giving birthparents an all-inclusive right to deny to their child access to the original record of their birth. It also provided a contact veto allowing birthparents to file a statement saying they do not wish contact with the offspring they put up for

adoption. Finally, the department devised a twenty-five item *Adoptee-Pre-search Interview Questionnaire*. Sample questions included:

(1) What is your reason (motivation) for conducting this search and why have you chosen to initiate it at this time? (13) Are your adoptive parents aware of your desire to initiate a search? (16) Are there any current unresolved problems with your adoptive family? (18) Have you ever received counseling, treatment, medication, and hospitalization for any emotional, mental, chemical or substance problems? (24) How do you feel about the State's requirement for an interview to assess and discuss your readiness to proceed with the search process?

Paraphrasing the work of sociologist Howard Becker (in Pontell, 1999), from a lecture on deviance, Robert O. Keel (2007) said, over time these "moral entrepreneurs" [social workers, child welfare] become the "experts," developing, "their own evaluation of the importance of the rule, and must maintain it, as justification for the existence of their jobs" (pp. 2-3). Once "new" rules and the "fix" are in place upholding and enforcing them is justification in itself (p. 3).

Making of "The Adopted Child"; Inventing Adopted Child Syndrome (ACS)

A deviant label like "the adopted child" provides (1) a rationale for viewing the adopted as "fundamentally different from those who don't share the label" (Link & Phelan, 2003, p.4); and, (2) a basis for many biased, judgmental, and global attributions that "dominate the way a person is perceived" (Williams, 2007, p. 4). In addition, "Specific stigma terms," such as "cripple, homeless, or bastard" impute "a wide range of imperfections" (Goffman, 1963, p. 5) that discount and reduce the adopted from wholeness to otherness, strangeness, and oddness. Finally, Williams (2007) notes that the link between negative attributes and deviant stereotypes "is socially determined, rather than anything innate" (p. 7).

For decades people have questioned “the adopted child’s” social and psychological adaptations, turning them into subjects of fascination and objects of misunderstanding (Small, 2007; Wegar, 1997). Most believed the adopted to be at greater risk for adjustment problems and anti-social and aggressive behaviors than nonadopted children. Observations from people not belonging to the stigmatized group often “result in a misunderstanding of the experience of people who are stigmatized and perpetuation of unsubstantiated assumptions” (Link & Phelan, 2003, p.1) A research study funded by the Donaldson Adoption Institute reported one in three of 1, 554 Americans think adopted children, as a group, are more “insecure, poorly adjusted, and more prone to behavioral and academic problems” than nonadopted children (Princeton Research Associates, 1997, p. i). Once in place, a stigmatizing label, like “the adopted child” signals deviance, affecting or prejudicing research respondent’s views and opinions. Sociologists explain the label leads people to develop “lay theories” (Angermeyer and Matschinger, 1994; Furnham and Bower, 1992) about what it means, as for example, to be adopted.

Stereotypes of “the adopted child” as deviant and defective possibly arise from popular culture first, and are then passed on to professional ways of thinking. Deviance is both a societal and “therefore individual” reaction to “a complex social-cultural-historical process based on shifting definitions, organizational interests and professional expertise” (Keel, 2002, p. 4). In the March 1977 issue of Women’s Day Magazine, a psychologist and adoptive mother equated the search for biological roots with a lack of impulse control and thievery. I am “not bothered they want to” search, but that they “give in to this impulse” (p. 40). “We must learn not to give in to times when we’d like to hit someone” and “times when we’d love to steal” (p. 40). Finally, “Maturity comes when we learn to control such impulses” and “in most circumstances it’s [search] an impulse that needs to be controlled” (p. 40).

Psychoanalytic Assertions

The psychoanalytic community mostly stressed “the adopted child’s” dissimilarities, saw adoption as cause for maladjustment, and dominated the psychiatric literature on “the adopted child”. Wegar noted, “From the very beginning the psychomedical approach to adoption was characterized by a narrow focus on individual pathology” (1997, p. 51). Commenting on “disturbances in early object relations”, Clothier (1943) said, “The removing of the individual from his racial antecedents lies at the core of what is peculiar to the psychology of the adopted child” (pp. 222-230). Schechter (1990) believed “the adopted child” had a heightened vulnerability to “narcissistic injury”. Sants (1964) thought they suffer from “genealogical bewilderment” as did Kornitzer (1971) and Wellisch (1952). Aumend & Barrett (1984), Sobel & Cardiff (1983), Schechter & Bertocci (1990) studied adopted people’s *motivation* to search for their antecedents. They suggest motivation to search comes from low self-esteem, unhappiness, low self-concept, and dissatisfaction, implying an underlying theory of abnormality and deviance.

In the Foreword to “The Psychology of Adoption” (Anthony, 1990) a director of a psychiatric clinic wrote the adopted child is “at risk with a more than ten-to-one chance for psychosocial maldevelopment” when compared to children raised totally by their “own” parents in their “own” family. “These children” feel fundamentally unconnected, different, and unwanted; leading inevitably to feelings of not belonging. Such thinking can lead to “chronic insecurities, acute sensitivities, suspiciousness, secretiveness, mournfulness, and the need to act out rage” (1990, vii). Feder (1974) described an adopted child pathology which “can flower into narcissistic character disorder, psychotic episodes, delinquency, homosexuality, fantasized or attempted suicide, incest, homicide, fratricide, murder of one or both adoptive parents, and to

patricide and or matricide”(p. 491). David Kirschner (1978) invented an “adopted child syndrome,” or ACS, which led a Harvard law professor to caution “A new variation of the abuse-excuse is about to stigmatize and demonize” the adopted (Dershowitz, 1994, pp. 77-79). Your friends and neighbors may be warily wondering if you have ACS, thus posing “a danger of violence” (p. 77-79).

Kleinman, et al. (1995) and Schneider (1998) note many social scientists do not themselves belong to stigmatized groups they examine, thus making them uninformed by the lived experience of those who do (Link & Phelan, 2003), and Schneider (1988) reports “most able-bodied experts” prioritize familiar “scientific theories and research techniques” in place of listening to the “words and experiences of the people they study” (Link & Phelan, 2003, p. 2).

Bad Seed

Playwright Maxwell Anderson (1954) and author William March (1954) connected adoptive status, sociopathic behavior, and “bad seed”. The daughter of an adopted woman murders a playmate to gain possession of a wanted object. When confronted, the child shows little or no concern or remorse. By implication, “bad seed” passes to the child, suggesting stigma is “something *in the person* rather than a designation or label that others affix to the person” (Link & Phelan, 2003, p.3). Thus the word “stigma” may lead to different understandings “of where the responsibility lies”. Small (2007) suggests, “Society fails to recognize that adoption, like divorce, is a condition extrinsic to the child. Thus we confer the label adopted child not, children of adoption, as we do with ‘children of alcoholics’ or ‘children of divorce’” (p.29).

Socially Imposed Identity

Sociologist Robert Scott, author of “The Making of Blind Men” (1969) noted the problem of blindness comes from “introducing the factor of blindness” into communication

between the culture's blind minority and a sighted majority, leading to society's "socialization of the blind" (Keel, 2007, p.4). Keel, paraphrasing Scott, explains the sighted majority stereotypes and stigmatizes the blind in ways that force them to recognize their "differentness", creating for them a socially imposed identity they may accept or reject. Eventually, stigma forces the blind to respond with behaviors that "feed the stereotypes," "strain social interactions" and further confirm their "differentness" (2007, p.4). In a similar way, the non-adopted majority stereotypes the adopted— as bastards, as illegitimate, and as born from "bad seed"— and stigmatizes them through exnomination and amended birth certificates, while prejudging them more likely to commit murder, be emotionally unstable, and be less able to form loving attachments than non-adopted people. All of this allows society to justify sealing their original birth records and forces the adopted to recognize their differences. The adopted may choose to accept or reject (Benward, 1994; Powell, 2009) "the adopted child" identity society imposes on them. Either way, some adopted people respond with behaviors including— self determination, genealogical research, political activism, and legislative reform efforts —which "feed the stereotypes" (ungrateful, angry, bitter, anti-adoption), "strain social interactions" and "confirm their differentness". In addition, compulsory search intermediaries, contact vetoes, and court petitions subordinate their social position and increase their social dependence, relegating them to perpetual childhood. The late Washington Post political editor David Broder reported on Measure 58, a ballot initiative passed in Oregon allowing "adopted children" to get their original birth certificates (2000). Similarly, a Chicago Tribune editorial on Measure 58 opined: "It's not hard to understand and sympathize with adopted children to find out who their biological parents were..." (Chapman, 2000, p. 23). Yet, Measure 58 restored the rights to *adults* adopted in Oregon.

Research

Although research shows an overrepresentation of adopted children in clinic populations no decisive reason is given as to why; speculation suggests parents, having used social services to adopt, may feel more comfortable seeking professional services than non-adoptive parents (Kadushin, 1974; Kadushin & Martin, 1998). In a 1964 review of research studies on adopted children, Lawton & Gross reported the information “about [adopted] children’s needs and parental motives” slanted toward a clinical and subjective stance, and noted “a paucity of rigorously compiled objective data” (p. 636). Brinich and Brinich conducted research using a control group of non-adopted patients in a psychiatric facility. The researchers reported “that whereas adoption may serve as a focus for psychopathology in individual cases, adoption itself cannot be seen as psychogenic” (Kadushin & Martin, 1998, p. 622). Miller (2005) considering the complexities involved in researching adoption and mental health and adoption and behavior suggested “Positive adoption outcomes are undoubtedly underreported (p.2433). Citing Kim, Davenport, Joseph, Zrull, and Woolford (1998) she noted, “Some researchers tend “incorrectly to see some normative adoptive experiences as pathologic (p. 2534). Following a meta-analysis of studies, Miller found more total behavioral problems reported in North America than in Europe or elsewhere (2005, p. 2535). Baden and O’ Leary Willey (2007) reported “methodological limitations...biased sampling procedures,” and “lack of appropriate and matched control groups”, when reviewing the clinical research on adoption (p. 892). Finally, Ferguson & Horwood (1998) reported “Whilst studies of clinic populations have reported an over representation of adoptees, studies of general population samples have generally failed to show that adoptees are at greater risk of adjustment difficulties” (p.3).

“Adoptees in the Closet”

Blogging, the Internet and social media have opened an avenue for public discussion of adoption issues. In general terms, and as a group, the estimated six to nine million adopted people in the US remain largely closeted, politically weak, and mostly silent. Speculation about why adoptees do not come out includes loyalty, gratitude, co-dependence (Small, 2007), shame, denial of difference, disinterest, or ability to pass. If, as Goffman (1963) suggests, stigma is “an attribute that is deeply discrediting” (p.3), it takes courage for the adopted to come out. To discredit means to question, dishonor, disgrace, or harm reputation. In the US illegitimacy, bastardy, and “bad seed” bind adoptive status to shame. The stigma associated with adoption is universal to adopted people whether the adoption was open or closed, they were infants or older, or they came from a foreign country. It becomes part of how the adopted identify themselves, and how other people identify them. They learn about adoption differentness once they find that they came into their families in a manner fundamentally different from children born into their families. Indeed, when young, some adopted children reportedly say, “I wasn’t born, I was adopted.” “Adoptees in the closet,” a takeoff from an old English idiom “skeleton in the closet,” means a secret source of shame that could be potentially ruinous if revealed, which a person or family may make efforts to hide, or may want to remain secret (“Skeleton-in”, n. d.).

Goffman (1963) distinguishes between two types of discreditable stigma, that which is visible and that which is not. A discreditable stigma —clearly and immediately perceptible to others— forces the stigmatized to cope with it. The discreditable stigma that effects the adopted is invisible, and may remain hidden until the individual makes his adopted status public. As Benward (2003) notes, the stigma of adoption will likely be “doubly discredited” for children of color adopted by white parents, as skin color is visible (p.1).

The label “adopted child” is powerful. It marks and proclaims the child’s socially determined deviance with a single brushstroke, its salience potentially overriding all other personal characteristics, affecting and dominating future opinions of him or her, regardless of age. Some adults have internalized the stigma to the degree that they will say, “I am an adopted child.” A discreditable but invisible stigma allows the adopted a complex range of coping strategies. These include selective concealment (telling some, not others); preventive telling (allowing the adopted to test a hearer’s reactions); nondisclosure, secrecy, or “passing” or a combination of approaches. Some families try to hide the adoption and commit to keeping it a secret even from the child. Others tell the child, but prefer to leave it at that, engaging in a strategy of “selective concealment” (Goffman, 1963, p.4) rather than total secrecy). Benward notes, “My [adoptive] parents opted for secrecy, which was the expectation of the time; it also reflected their fear of the stigma” (1994, p.1). Families keeping adoption a secret and states keeping secrets by sealing birth records to keep the adopted’s identity secret show what Goffman means by the “strained nature of the interactions between the stigmatized and the un-stigmatized” (Williams, 2007, p. 5). And, represent “the burdens borne by the stigmatized in terms of the management of these interactions and the selective disclosure about the nature of their stigma” (p.5).

Growing up, Benward (1994) wished she had better understood the “phenomenon of stigma” (p. 1). Instead, she “abided the feelings of differentness”, “the need for secrecy” and, the “complete absence of acknowledgment of the stigma,” even as it reinforced her feelings of “isolation and loneliness” (p.1). Adopted author B. J. Lifton (1994) coined the term “bastard moment” (p. 177) to describe the experience “when ‘illegitimacy’ becomes a painful feeling instead of an abstract concept. When the euphemisms of adoption are torn away and one is

confronted with the shameful social reality of one's birth" (1994, p.177). While searching, adopted author Jean Strauss (1994) realized for the first time in her life, "I was somehow different—branded 'ADOPTED!'" (p. 14). She found she would not be accorded "the ability to access information about myself", a right available to everyone else. She notes, "It was a subtle form of prejudice, yet I had seen it in the eyes of that [records] supervisor. She viewed me as inferior" (1994, p. 14). Adopted author Janine M. Baer (2004) wrote:

Some adoptees feel they were special and chosen, but for others the shame of secrecy is an obstacle to overcome. Complicating life further, not all adoptees in the early-to mid-20th century even knew they were adopted... and many who knew were told not to talk about it (p.9).

A respondent to a research project noted she could see people's reactions when she said, "I'm adopted" (March, 1995, p. 656). "To them I'm different. But I'm still not blood. It shouldn't be important but it is. Not just to me but to everybody" (p.656). Growing up, adopted theologian Jack Sweeley said he convinced himself he had no feelings about his birth family. He explains, "This was my parent's wish, which I respected until I was 47" (personal communication, August 16, 2001). A health crisis led him to the decision to search for his birthfamily. "As a consequence, my adoptive parents disowned me, and did not communicate with me for the last three years of their life" (J. Sweeley, personal communication, August 16, 2001).

Over fifty years ago in the preface to *The Adopted Break Silence* Paton said:

What other human institution has so little comment from within it?

Of what other group is so much said from without and so little from

within? How has it been that the adopted seem to have nothing to say....?

These questions put us to wondering if there is not some taboo within the institution of adoption which serves to forbid or at least discourage speech (1954, p.3).

In general terms, adopted people, as a group, remain largely closeted and mostly silent.

Discussion

This paper presents a critique of the way America views and treats differences in the adoptive family and “the adopted child”— and mainly the impact of stigma on an estimated six to nine million adopted citizens — and proposes that stigma underlies America’s treatment of the differences. The topic is important and relevant to understanding what happens to the adopted — in real terms — labeling, stereotyping, separation, status loss and discrimination — as different from more biased, prejudiced, experientially uninformed speculation, theories and views voiced by a non-adopted majority. The assumption that stigma is no longer an issue in adoption is unsupported, despite the rise in international adoptions and media hype over celebrities who adopt. Evidence suggests the public image of “the adopted child” and the stereotype of the adopted as *deviant*, flawed, pathological, separate from and dissimilar to nonadopted people has not changed. That is not to say that some people, including prospective adopters and adoption professionals, may deny or trivialize the stigma, or may be ignorant of it. There may be a tendency for some people with interests in adoption to see roses and ignore thorns. Social work textbooks have largely ignored stigma and the adopted as a primary topic, as have related fields of sociology and social psychology (Wegar, 1997).

A goal in writing this critique is to contribute to a fuller understanding of the way negatively valued differentness (Powell, 2002) affects the professional literature; child welfare policies and practices; state legislatures and special interest legislation; courts; and the media. There, the source of the stigma mainly focuses within “the adopted child”, rather than the effect

associated with the label. This belief leads to an “individualistic perspective” rather than an examination “of sources and consequences of pervasive socially shaped exclusion” (Link & Phelan, 2003, p.3) which fosters misunderstandings and contributes to a “perpetuation of unsubstantiated assumptions” (2003, p.2). Stigma allows society to justify discrimination against the adopted; their *deviance* a cause for social control, forcing a loss of political and social power that reifies “bad seed” prejudices and stereotypes. The omnipresent image of “the adopted child” as faulty, flawed, and in need of reformation or treatment persists. Americans may know little about adoption, but they do know this. A second goal in writing this critique is to contribute to a fuller understanding of what we need to know to address the stigma.

The choice of a sociological model of stigma recognizes the role of adoption as a social institution, and provides a more inclusive, outwardly focused and less narrow route to assessing stigma’s impact on developing American adoption policy, laws, and practices. The model stands in contrast to a more familiar, psychoanalytic, medical, internally focused, pathology model to assess adoption differences. The latter model continues to exert a dominant affect on public and professional views of “the adopted child”. There remains a paucity of data about normative and healthy adaptations to adoptive status.

Link & Phelan’s stigmatization model includes *power* as essential to defining stigma as a process, noting “It takes power to stigmatize” and “stigma depends on power” (2003, p.5). All of the parties to adoption — the institution, the industry and the agencies, the birth and adoptive parents have power, but not the adopted. The institution awards special rights to birth parents (a contact veto) and to adoptive parents (an amended birth certificate), yet abrogates the right of the adopted to their original birth certificate — keeping the adopted dependent on and subject to industry practice and authority (Small, 2007). “Critical to the whole idea of social discrimination

is the fact that it is embedded in social structure and sustained by group practices” (Yinger, 1968, p.449)

As noted, “No attribute can be stigmatized or negatively valued without another attribute being accepted or highly valued” (Powell, 2002, p. 2). America is fundamentally a blood-based culture. Ancestry and bloodlines are valued and important, a truth that was not lost on child welfare. In response, child welfare developed “blood-blind” policies and practices that exnominated the child, and supported a myth that said there are “no differences between adoptive and non-adoptive parents”. Myths are defined as falsehoods, or objects of imagination fashioned from widely held and uncritically accepted beliefs invented to justify social institutions. Belief in the myth was so complete that child welfare considered adoption a “one-time service” to the child and failed for decades to see that adoption is a lifetime experience for the adopted. A 2000 child welfare textbook concedes, “Child welfare practice was long in acknowledging that most adoptive families are different from other families ...” (Downs, Moore, McFadden, & Costin, p. 400).

State legislatures provide a litmus test to measure stigma. Since the mid-1970’s grass roots efforts to unseal birth records have met with minimal success. A thriving, profitable, multibillion dollar US adoption industry (Joyce, 2009; Hogan, 2011) fueled by international adoptions, plus lobbyists and special interests groups influence legislators to favor a birthmother’s right to privacy and protection from shame. The view is more politically correct in 2013 than saying— “These kids were born as a result of incest, murder, rape, and robbery” and, “damage done by opening records could be astronomical” (Small, 2007, p. 113) —as spoken in 1979 by a state senator to the Maryland Senate Judicial Proceedings Committee. As Benward notes, “the denial of the need for knowledge of our origins—unwittingly confirms the stigma”,

and, reflects “a fear of the stigma” (1994, p.1). To be born out of wedlock is not the same as being adopted. The culture only profiles the child once his or her adoptive status is made known. Legislation to seal the adopted’s birth records and deny them their historical, genetic and legal identities has not removed the stigma.

Among the estimated six to nine million adopted people those who come out and speak out publicly often face criticism and accusations that they are ungrateful, bitter, angry, and anti-adoption. Unless or until more of the adopted are willing to come out of the closet, they will fail to gain the recognition and political clout needed to demand inclusion and equal rights. In his treatise on *Stigma* Powell (2002) says, like other stigmatized groups of little economic or political value, including women fighting for the right to vote, advocating for social inclusion, and, “fighting for political goals—such as recognition, equal rights and inclusion—can de-stigmatize whole groups over the long run.”

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