

**Adoptees and Adoptive Families:
An Exploration of the Formation of the
Legal Family, the Stigma of Adoption, and the
Decision to Search.**

by

Dana Katherine Kressierer

Thesis submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree

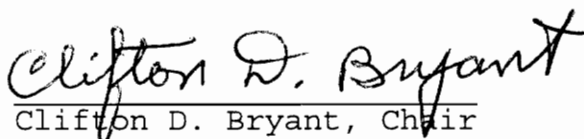
of

Master of Science

in

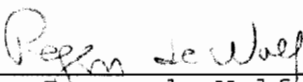
Sociology

Approved by:


Clifton D. Bryant, Chair


K. Jill Kiecolt


Joyce Rothschild


Peggy de Wolf

C.2

LD
SGSS
V8SS
1994
K736
C.2

**ADOPTEES AND ADOPTIVE FAMILIES:
AN EXPLORATION OF THE FORMATION OF THE
LEGAL FAMILY, THE STIGMA OF ADOPTION,
AND THE DECISION TO SEARCH.**

by

Dana Katherine Kressierer

Dr. Clifton D. Bryant, Chair

ABSTRACT

In this thesis I utilize sociological theories on deviance, published research on adoption, and surveys of 41 adoptees and 15 adoptive parents in order to address four primary questions:

1. What factors have influenced adoption historically, and continue to influence current practices?
2. In what ways does the legal system treat the adoptive family differently than the consanguine family?
3. Is there a stigma associated with adoption?
4. What factors are associated with adoptees' decision to search, or not to search, for their biological parents?

Adoption practices have been heavily influenced by the supply of and demand for children, and the stigma associated with illegitimacy, unwed motherhood, and infertility. Despite the fact that adoption legislation in most states creates the adoptive family "as if" it were a biological family, numerous examples of the differential treatment of adoptive and biological families are explored. From inheritance legislation to health insurance coverage, adoptees and adoptive families are often treated differently

vis a vis non-adoptees and biological families.

The stigma associated with the varying triad members, birth parents, adoptive parents, and adoptees, is explored in the context of adoption as deviant. From the sometimes negative perception of adoptees and adoptive families, to the legally mandated differential treatment of these groups, a theory concerning the origin of adoption stigma and its perpetuation in society is offered.

Interviews with adoptees support existing literature that suggests that significant life events, similarity of characteristics between the adoptee and his or her adoptive family, communication about adoption in the adoptive home, and the amount of information about the birth family are all factors that may motivate adoptees to seek out their biological relatives.

Sociological deviance theories are used to examine the many issues addressed in this thesis. A central and recurring point is that the legal institution of adoption is not as legitimate a method of family formation as is biological parenthood. Furthermore, the adoptee and the adoptive parents may be subject to being labeled as deviant for their role within the triad.

ACKNOWLEDGEMENTS

It is with great pleasure that I express my gratitude to the many wonderful people without whom this thesis could never have been written. I offer my thanks to Dr. Clifton D. Bryant, Chair of my committee. Dr. Bryant believed in me, and this project, and enthusiastically encouraged me without fail. I am proud to have Dr. Bryant as my chair, and as my mentor. The other members of my committee are equally deserving of praise. I thank Dr. K. Jill Kiecolt for her patience, guidance, and excellent suggestions. Dr. Peggy de Wolf has earned my heartfelt appreciation for her always cheerful support, and the constructive criticism that has made me proud to sign my name to this project. Thanks too go to Dr. Joyce Rothschild for making this an experience I will never forget.

Sincere gratitude is owed to my wonderful friends on the Internet mailing lists who have supported and encouraged me through my search for my biological past, my reunion with my biological parents, and the writing of this thesis. I owe much of my success to the adoptees, adoptive parents, and biological parents who have helped me both privately and publicly in ways too numerous to mention. Special thanks go to Debbie Barradas, the woman who made my personal search for my birthright an attainable goal.

My deepest thanks go to my family. I will never be able to repay my parents, Sheila and Frederick Kressierer, for the love, support, and guidance that they have given me throughout my life. Their love for me has surpassed my wildest imagination. I hope that they know just how much I love them in return. Thanks also go to my siblings, Matt,

proof that a true family does not need to be connected by blood ties. Love, in their eyes, has no biological link.

Finally, thanks to my biological family. I owe a debt of gratitude to my biological father, George Hale, who has helped me to laugh and to look at life through less serious eyes. I also wish to thank my biological mother, Veronika Doherty. I could not be more proud of you and the courageous decision you made in 1969 to relinquish me, or the decision you made in 1993 to take me back into your life. A debt of gratitude is owed to Dennis Doherty for his willingness to so fully accept me into his life.

In closing, I offer to all adoptees and adoptive parents the following sentiment, authored by my biological mother, Veronika Doherty:

I have no plans to divert your love from your parents. I have no problem with your loving them, they are your parents and have done everything for you. They **have** your love. If you feel uncomfortable or guilty because you have the same strong feelings for me, don't, because love is bigger than numbers and it cannot be squeezed into a little space. Love is not a small pie that has to be divided among those who you care for... love is many pies, millions of pies... love can be spread out over and over again. Love overflows; it can reach out as far as you let it or want it to. Each time you give love, it is given as a whole... those of us who are the recipients cannot feel hurt or jealous - because it is not a measure of love or a percentage of love we are receiving. It is just love -- always pure, whole, and complete.

I love you all, now and forever.

TABLE OF CONTENTS

Abstract	II
Acknowledgements	IV
CHAPTER ONE: INTRODUCTION	1
1.1 Statement of the Problem	1
1.2 Importance of this Research	2
1.3 Organization of this Thesis	4
1.4 Investigating Adoption from a Problem-Orientated Perspective	6
CHAPTER TWO: A THEORETICAL INTRODUCTION TO ADOPTION IN THE UNITED STATES	7
2.1 An Interactionist Perspective on Deviance: Learning and Maintaining Role-Imagery	7
2.2 A Functionalist Approach to Deviance: The Shifting of Moral Boundaries	13
2.3 Labeling Theory: Primary and Secondary Deviance and Adoption as a Master Status	16
CHAPTER THREE: METHODOLOGY	21
3.1 Use of Narratives	21
3.2 Sample of Adoptees and Adoptive Parents	21
3.2.1 Source of the Sample Population	21
3.2.2 Description of the Sample Population	22
CHAPTER FOUR: ADOPTION: PAST AND PRESENT	25
4.1 The Origins of Adoption: A Cross- Cultural Perspective	25

4.2	The Early Christian Church, and English Common Law	27
4.3	Adoption in the United States: The Nineteenth and Early Twentieth Century	28
4.3.1	The Origin of Legal Adoption	28
4.3.2	The Demand for Older Children	29
4.3.3	The Growing Demand for Infants	31
4.3.4	The Development of Sealed Records	33
4.4	Adoption in the U.S. Today	38
4.4.1	Closed Adoption	38
4.4.2	Open Adoption	40
4.4.3	Uniform Adoption Act	41
4.4.4	Characteristics of Adoptive Parents	43
4.5	Auspices of Adoption Placement	45
4.5.1	Public Agencies	45
4.5.2	Private Agencies	47
4.5.3	Independent Adoption	48
4.5.4	International Adoption	49
4.5.5	Characteristics of Placements	51
4.5.6	How Demand is Being Met	52
4.5.7	The Power of Birth Parents as the Suppliers of Babies	54

CHAPTER FIVE: DIFFERENTIAL LEGAL AND SOCIAL TREATMENT OF ADOPTIVE VERSUS BIOLOGICAL FAMILIES	57
5.1 Difficulties in Forming Adoptive Families	57
5.2 Differential Treatment via Inheritance Legislation	63
5.3 Inequality via Health Insurance Coverage	66
5.4 Differential Treatment Due to a Missing Medical History	70
5.5 Favored Tax Status for Parents of Biological Children	73
5.6 Difficulties with Adoption Documentation as Legal Proof of Identity	76
CHAPTER SIX: THE STIGMA OF ADOPTION	78
6.1 Stigma in Other 'Alternative' Families	78
6.2 The Belief that Blood is Thicker than Water	81
6.3 The Unknown Biological History of the Adoptee	87
6.4 Adoptees as Pathological	90
6.5 Private Adoption, Searching, and Stigma	93
CHAPTER SEVEN: ADOPTEES' DECISIONS TO SEARCH FOR THEIR BIOLOGICAL PARENTS	96
7.1 Origins of the Search Movement	96
7.2 How 'Telling' Effects the Decision to Search	97
7.3 Communication About Adoption	99

7.4	Information About the Birth Family Available to the Adoptee	101
7.5	Influence of Shared Characteristics	103
7.6	Significant Life Events	105
7.7	Barriers to Searching	106
CHAPTER EIGHT: ADOPTION AS DEVIANCE: A SOCIOLOGICAL ANALYSIS		110
8.1	Adoption as Historically Deviant	110
8.2	Adoption as Legally Deviant	112
8.3	Adoptees as Deviant	114
8.4	Sociological Conclusions	117
CHAPTER NINE: DISCUSSION		119
9.1	Limitations of this Research	119
9.2	Suggestions for Further Research	120
9.3	The Future of Adoption in the United States	122
Bibliography		125
Appendix A		133
Appendix B		136
Appendix C		139
Curriculum Vitae		142

Chapter One

INTRODUCTION

What is out there in nature, say the definitions of American Culture, is what kinship is. Kinship is the blood relationship, the fact of shared biogenetic substance. Kinship is the mother's bond of flesh and blood with her child (Schneider 1980:107).

1.1 Statement of the Problem

The adoptive family has considerable import for many aspects of sociological inquiry. Adoption is a socially constructed relationship, with unique attributes. The legal and social construction of the adoptive family is unlike that of other alternative family types. This adoptive family is legally burdened, as will be discussed later, and may be socially stigmatized as well.

As will be described in later chapters, adoption is changing from the current "closed" adoption system, which severs all ties between the biological parents and their offspring, to a more "open" relationship, in which the adopted child may retain at least limited contact with his or her birth parents. International adoptions are increasing, as are adoptions by single, gay, or other "non-traditional" parents. Additionally, more adoptees are choosing to search for their biological parents, a trend that has rarely been examined within sociological

literature.

This analysis will address four questions:

1. What factors have influenced adoption historically, and continue to influence current practices?
2. In what ways does the legal system treat the adoptive family differently than the consanguine family?
3. Is there a stigma associated with adoption?
4. What factors are associated with adoptees' decision to search, or not to search, for their biological parents?

1.2 Importance of this Research

Numerous anthropological and sociological inquiries into the nature of the family have been undertaken. Murdock's (1949) theory of the universal nuclear family, although contested for its sweeping generalizations (Gough 1952; Levy 1955; Levy and Fallers 1959; Reiss 1972), provides insight into the social definition of the family as well as the functions served by the family, particularly the nurturance of children. The nurturance of children can be fulfilled through a variety of family forms; yet, the normative or modal family type in American culture is that of the heterosexual married couple rearing their biological offspring. American kinship is essentially perceived as biological in origin, and there is less concern with familial ties than with blood lines. Thus consanguinity is the primary means of delineating legitimate familial ties. The intent of this thesis is to examine the adoptive family

as an alternative to the biological family, with an emphasis upon the different issues that apply to adoptive and biological parents and children.

Despite substantial sociological inquiry into intact and alternative family types such as single-parent families and step-families, there has been a marked lack of research concerning adoptive families. The social and legal formation of the adoptive family and the factors that influence this formation have been largely neglected, if not ignored. While there has been inquiry into the differential treatment of the members of step-families and the possibility of stigma associated with being a step-child there has been little sociological study of the adoptive families or inquiry into the consequences of the adoptive status.

The study of the adoptive family is important because the ties are socially created. The social, rather than biological ties may have impact upon emotional relationships and the definition of roles within the adoptive family. There is considerable difference in the formation of the adoptive family vis-a-vis the consanguine family. What has not yet been investigated are the legal and social consequences of these family types. Sociologists can contribute to the understanding of the adoptive family as part of the institution of the family, and the adopted

person as a status within that institution.

1.3 Organization of this Thesis

This thesis is divided into chapters, each of which contains a separate review of the literature coupled with narratives from adoptees and adoptive parents as they relate to the issues being examined. I have, through a review and aggregation of existing research findings as well as the addition of personal narratives, presented the concepts of adoption within an array of family relationships that exist.

Chapter two offers a variety of sociological theories with which to examine the adoption phenomenon. The intent of this chapter is to provide the reader with a basic foundation of sociological theory, primarily concerning deviance theories, through which the findings of following chapters can be explained.

Chapter three offers the methodology used in this thesis.

An examination of the history of adoption and current adoption practices, primarily within the United States, is offered in chapter four. Based upon a theory of supply and demand, chapter four describes social and legal trends in adoption from it's origins through it's current system. In this chapter an investigation of current adoption trends and practices is gathered from the literature and supplemented

by narratives written by adoptees and adoptive parents.

Chapter five is dedicated to the differential legal treatment of adoptees and adoptive families as compared to biological children and biological families. In this chapter existing literature is coupled with narratives in order to investigate areas in which the adoptee and the adoptive relationship may be legally burdened in comparison to the biological child or family. This legal burdening of the adoptive family is based upon U.S. legislation which discriminates, although not necessarily with intention, against the adoptee and the adoptive family.

An investigation into the stigma of adoption is offered in chapter six. Again, this chapter has its own literature review, and is supplemented by narratives. This chapter examines the extent of the stigma surrounding adoption as well as the foundation for such.

The decision of adoptees to search for their biological families is examined in chapter seven. Existing literature and narratives are used to describe the motivations influencing adoptees to search, or inhibiting adoptees from searching, for their biological relatives.

Chapter eight draws upon existing sociological theory as a means of explaining the information presented in previous chapters.

Finally, chapter nine contains conclusions to be drawn

from this research, predictions of the future of adoption in the U.S., as well as suggestions for further sociological inquiry into the numerous issues surrounding adoption, adoptees, and adoptive families.

1.4 Investigating Adoption from a Problem-Orientated Perspective

The intent of this thesis is not to portray adoption as a harmful or hurtful method of family formation. Nor should readers assume that because there are problems associated with adoption that adoptees or adoptive families are somehow problematic themselves, or that being raised in an adoptive family is worse for children than being raised by one's biological family.

Instead, I view adoption as a legitimate means of family formation. Adoption is a means of uniting adults who wish to parent with children needing homes, and it can be very successful at the micro-level. Nevertheless, macro-level issues such as differential treatment of adoptive and biological families and the existence of stigma concerning adoption is the focus of this investigation.

Chapter Two

A THEORETICAL INTRODUCTION TO ADOPTION IN THE U.S.

The following chapters will address the historical trends that have impacted upon U.S. adoptions, as well as identify many of the problems associated with the adoption experience, past and present. The goal of this chapter is to use sociological theory to present a foundation for the examination of the presence of differential treatment of adoptive and biological families, the stigma of adoption, and the growing trend of adoptees to seek out their birth families. Although adoption can be examined through existing social psychological or family studies theoretical paradigms, this particular analysis will utilize a deviance perspective to explain the problematic issues of adoption in the U.S.

2.1 An Interactionist Perspective on Deviance: Learning and Maintaining Role-Imagery

In his explanation of the learning and maintenance of role-imagery toward the mentally ill, Scheff (1988) offers two propositions that are relevant to the negative perception of adoptees and adoptive families as well. First Scheff notes that "stereotyped imagery of mental disorder is learned in early childhood." Second, he notes that "the

stereotypes of insanity are continually reaffirmed, inadvertently, in ordinary social interaction (Scheff 1988:222)." While I do not suggest that the adoptive status is as deviant as that of the mentally ill, Scheff's propositions are helpful in explaining some of the problems that adoptees and adoptive families face.

First, there is a societal perception of the blood tie as the most legitimate type of kinship. Children learn the importance of biological connectedness from a very young age. From the moment a child is born, people physically compare the child to his or her parents. The commonalities are stressed, as family and friends comment that the child has "his mother's eyes," or "her father's nose." Using Scheff's first proposition, it is possible that *children learn stereotyped imagery of what constitutes kinship in early childhood.*

This learned stereotype of the legitimacy of the consanguine tie is taught by parents, teachers, and other members of the community. When discussing with a child "where babies come from," biological parents will simplistically explain conception, pregnancy and birth. It is doubtful that many parents without adopted children would take the time to explain that babies can also come into a home through adoption, thus inadvertently discrediting adoption as a legitimate means of family formation. With

adoptees comprising only 2% of the population, there would seem to be many children who do not acquire familiarity with adoption early on. Non-adoptees, with their lack of awareness and understanding of adoption, may not accept the non-biological tie from an early age.

Once a child reaches school age the importance of the consanguine bond may be further emphasized. Teachers may assign "family tree" projects through which children are to trace their ancestry. It is unlikely that a non-adopted child would contemplate having both biological and adoptive ancestry; instead, they are sent to interview their blood relatives to gain their one true biological history. Similar experiences can occur in science classes, in which students may be asked to perform simple genetic projects, such as determining from whom they inherited their recessive-gene eye color, for example. Sexual education classes further emphasize the biological tie, explaining conception and birth in detail, as well as the fact that children share genetic traits with their blood relatives. Adoption is often ignored in many such projects and lectures, and the consanguine link is further reinforced. Although it is often inadvertent, by not learning about adoption at an early age, the importance of the biological of family is emphasized, possibly to the detriment of the non-biological family. Children are taught early that the

most important link in their life is biological, and that their mother is the woman who birthed them, and their father the man who impregnated their mother. By default, stressing the importance of the biological tie to children can diminish the importance of the adoptive tie.

Scheff's second proposition is equally important in examining adoption as deviance. Manipulating the second proposition, I argue that the *stereotype of kinship as biological in origin is continually reaffirmed, inadvertently, in ordinary social interaction*. Although by adulthood most people learn of adoption, the importance of the blood bond continues to be reaffirmed. Cliches, such as "blood is thicker than water" characterize the non-biological tie as less legitimate than the consanguine bond. True friends may become "blood brothers," as the ritualistic mixing of a few drops of blood creates a stronger bond between friends than would otherwise exist. The use of such cliches serves to reinforce the stereotypical "biological is best" ideology, and to disparage the non-consanguine relationship, however inadvertently.

Additionally, there are cultural and societal reinforcements of the importance of biologic families. In the U.S. family reunions are often considered to be important events. These reunions often reunite many generations of relatives in a celebration of biological

kinship. Other family get-togethers generally revolve around extended blood kinship as well. In such situations, the biological tie of the relatives is often a primary focus of the event.

The mass media reinforces the strength of the blood tie as well. In soap operas, movies and sitcoms many women give birth, but rarely does a couple adopt unless it is central to the story line. Commercials now feature couples taking a home-pregnancy test, "live," so that the audience can share in the joy of pregnancy and the sorrow of infertility, with the hopes that the next test will prove positive. Women from hospital beds speak of the pain they experienced post-birth, and how an over-the-counter medication enabled them to better enjoy post-birth bonding with their child. The importance of the biological tie is reaffirmed through the mass media on a daily, and oftentimes hourly, basis.

As knowledge of the advances in reproductive technology becomes more widespread, the perception of adoption becomes more deviant. Those who pity the infertile couple because they cannot have a child "of their own" perpetuate the idea of adoption as a deviant method of family formation. People are expected to have biological offspring, and even undergo infertility treatments before they even consider adoption. Again, biological is best, and only after a couple has exhausted all of their options should they consider raising

"someone else's child."

The important characteristics of Scheff's theory of learning and maintaining role-imagery are that stereotypical imagery is learned in early childhood, and that such imagery is reaffirmed in ordinary social interaction. Although Scheff never applied his propositions to adoption as deviance, his propositions seem to fit well in an examination of such. There is a stressing of the importance of consanguinity, from early childhood through adulthood. Coupled with a lack of information about adoption, it is not surprising that differential treatment of adoptive and biological families exists. Put simply, there are too few policy makers who have enough personal experience with adoption to take the interests of the adoptive family into account on a regular basis. I am not arguing that the perception of adoption as deviant or the differential treatment of adoptive families is intentional; rather, as Scheff's role-imagery theory suggests, the stereotypical ideology of the consanguine tie as the strongest type of kinship bond is learned early in life, and continually reinforced. Adoption as a deviant method of family formation, therefore, could be the result of inadvertent teachings of society that perpetuate the adoptive family as less legitimate than the biological family.

2.2 A Functionalist Approach to Deviance: The Shifting of Moral Boundaries.

Durkheim argues that deviance is essential to social organization. To persist, societies must be able to adapt to the changing conditions of life. Deviance is evidence of flexibility in the moral order, of alternate ways of thinking and behaving. A society able to achieve a collective consciousness that was shared by all its members would eliminate deviation; it would also perish, however. Its hostility to difference would render it incapable of adaptive change (Farrell 1988:6-7).

Above all else, there has been an increased flexibility in the moral order concerning many of the issues surrounding adoption. One indication of this change in ways of thinking and behaving is the shift away from the damnation of illegitimacy to a more accepting morality in which the deviance of the bastard child is reduced, and acceptance of the unmarried mother is increased. However neither unwed motherhood or illegitimacy are totally accepted, however. Newspaper editorials, political campaigns, religious and conservative organizations very often speak of the national problem of the decline in "family values" as influenced by single-motherhood and illegitimacy.

Throughout the early and mid-twentieth century the birth certificates of illegitimate children were often marked as such, forever branding the individual as deviant. Many state laws did, and in some cases still do, refer to illegitimate children and adoptees as "bastards," a term

indicative of a deviant status, and afforded these persons fewer rights than "legitimate" persons. The birth parents, and particularly the biological mother, were considered deviant as well, and subject to social sanctions such as isolation and condemnation for their moral deviance.

Although resistant, society has been forced to be flexible in its definition of morality, and its condemnation of those guilty of deviant moral behavior, either as the actor, the birth mother, or the result of that behavior, the illegitimate child. Threatened by an ever-growing class of deviants, those being the increasing number of single mothers and their illegitimate offspring, many of the members of our society have had to redefine deviance and become more accepting of certain behaviors and formally deviant statuses in order to hold society together. The illegitimate child can no longer be shunned and socially sanctioned, as he is part of a large group of persons whose exclusion from the collective would cause irreparable damage. As with the case of divorce, as the number of single mothers and their illegitimate offspring increase, society is redefining the deviant status to include more people who would have previously been excluded from the collective for their deviant actions.

Adoptees are a large part of this group, as are adoptive parents. A perception of each as deviant

continues, but the social sanctions associated with being an adoptive parent or an adoptee are lessening as a redefinition of the moral boundaries of acceptable behavior shifts to include more people as conformists, and less as deviants. Birth certificates are no longer marked illegitimate, yet, some residue of the bastard as deviant remains. Original birth certificates of adoptees are sealed, so as to hide the illegitimate status from the public. Adoption records are private, and intended to protect the adoptive parents from the social stigma formerly surrounding the raising of a non-biological child as a family member. But, as the population of adoptees and adoptive families becomes more visible, through international adoptions, adoptees' searches, and the stressing by social workers that adoptive parents should tell their children of their adoption from an early age, these large numbers of persons who would formerly be considered deviant are becoming more accepted.

However, this redefinition of deviance and subsequent inclusion of the members of the triad does not mean that there is any sort of collective conscious working in society to eliminate the deviation of illegitimacy or of raising other's children. Residual sanctions against these former deviants still remain. In conversation, biological parents are referred to as the "real," and "natural," parents.

Adoptees and adoptive parents are stigmatized based upon their lack of biological connectedness. The stigma is decreasing, but is still evident within society.

2.3 Labeling Theory: Primary and Secondary Deviance as well as Adoption as a Deviant Master Status

Deviance labels... discredit essential identity -- past, present, and predicted. This can have a profound effect on subsequent encounters between the labeled deviant and those who accept the validity of the label. In particular, people may exclude the deviant from the kind of routine interaction that the non-stigmatized take for granted (Farrell and Swigert 1988:220).

Labeling theory provides a strong sociological foundation for the examination of adoption in this thesis. Being labeled an "adoptee" or an "adoptive parent" can significantly impact one's status as a deviant member of society, especially within a family context.

Unlike those who are labeled as "murderers," "drug users" or other such attributed deviant statuses, it is doubtful that many who are not involved in adoption understand the consequence of the adoption label. Adoption in our society is often a "last resort" method of parenthood entered into primarily due to the infertility of a couple. As such, being an adoptee or an adoptive parent carries a stigma that has both social and legal consequences.

The biological label confers a legitimate blood tie between parent and child. The adoptive label instead

stresses the lack of a blood tie, and a subsequent lack of authenticity of the adoptive family vis a vis the consanguine family. Well meaning friends may point out that a woman is an "adoptive" mother with no intent to convey this as a deviant status. However, within the context of the normative or modal biological family, labeling a mother as "adoptive" can hinder her acceptance as a legitimate parent, or as legitimate as the biological mother. Similarly, children who are introduced to friends as an "adoptee" may be unfairly treated as deviant on the basis of the non-consanguine tie that they share with their adoptive parents. Labeling adoptees and adoptive parents as deviant serves to legitimate the consanguine bond, offering a reference point for what family types are "normal," and which are not. Once labeled deviant, differential legal and social treatment of the deviant person or family becomes not only acceptable but often encouraged. Such differential treatment of adoptees and adoptive parents is examined in detail in chapters five and six of this thesis.

Lemert (1988) has contributed the ideas of primary and secondary deviance to labeling theory. Primary deviations "remain primary... as long as they are rationalized or otherwise dealt with as functions of a socially acceptable role" (Lemert 1988:224). It is not until "a person begins to employ his deviant behavior or a role based upon it as a

means of defense, attack, or adjustment to the overt and covert problems created by the consequent societal reaction to him, [that] his deviation is secondary" (Lemert 1988:224).

Adopting a child, or being adopted, can best be viewed as a primary deviation. The act of adoption is rationalized as being a positive option for infertile couples, and a way for unwanted children to be placed with families. But, adoption is not the normative method of family formation, and therefore carries a deviant label. Adoption is "second best" to biological parenthood, which results in the roles and behaviors associated with adoption to be labeled as deviant.

Adoption can become a secondary deviation as well. When faced with social and legal penalties for adopting a child or searching for one's biological history, adoptive parents and adoptees may react with "hostilities and resentment beginning to focus upon those doing the penalizing" (Lemert 1988:225). A number of adoptees have, for example, responded to the legal barriers that inhibit finding one's birth family by breaking into closed government files. Such deviant activity is a reaction to the social and legal penalties that coincide with being an adoptee or an adoptive parent.

The final aspect of labeling theory to be addressed in

this chapter is that of adoption as a deviant master status. Becker (1988:226) states that "one of the most crucial steps in the process of building a stable pattern of deviant behavior is likely to be the experience of being caught and publicly labeled as a deviant." While the adoptee or adoptive parent status is not always a master status, it can be in some circumstances.

As discussed previously, at events such as family reunions in which there is a celebration of consanguinity, being an adoptee, and therefore not biologically related to anyone present, could be a dominating deviant status. Being an adoptive mother can be a master status for a woman at a friend's baby shower when other mothers are discussing pregnancy and labor pains, something which the adoptive mother has not experienced. In such instances being an adoptee or an adoptive mother can override being simply someone's daughter, or mother. The adoptive status serves to further differentiate the adoptee or adoptive parent and can become more important than the more general role of child or parent. Adoptees and adoptive mothers, for example, may be identified as deviant by other members within a gathering. Being an adoptive mother may not affect a woman's ability to parent her child, or enjoy in a friend's baby shower, but if others react to the adoptive mother by excluding her from activities or discussions her

status as an adoptive parent may serve to isolate her from the "normal" population of mothers.

This chapter is designed to offer a theoretical framework with which to examine the differential legal treatment of adoptees and adoptive parents, the stigma of adoption, and the decision of adoptees to search for their biological parents. The different perspectives briefly outlined herein should be used to gain a better understanding of the problematic issues associated with adoption presented throughout the remainder of this thesis.

Chapter Three

METHODOLOGY

3.1 Use of Narratives

Chapters four, five, and six in this thesis use data from personal narratives from adoptees and adoptive parents. These narratives are used to supplement the literature reviews presented in each chapter. In the absence of systematic sampling, the data generated through the narratives is not generalizable to the larger adoption population, but it does provide insight and will strengthen and enrich the other findings.

3.2 Sample of Adoptees and Adoptive Parents

3.2.1 Source of the Sample Population

I have questioned adoptees and adoptive parents concerning their personal experiences with adoption in United States¹. The samples were obtained from two sources, the Usenet newsgroup "alt.adoption," and two Internet mailing lists, "adoptees@ucsd.edu" and "adoption@think.com²." The newsgroup is a public

¹ Internal Review Board Application submitted to Virginia Polytechnic Institute and State University can be found in Appendix A.

² The address of this mailing list has changed since the writing of this thesis. The new address is "adoption@listserv.law.cornell.edu."

discussion group comprised of the members of the adoption triad (adoptees, adoptive parents and birth parents), although any person with access to the Usenet computer service can join this group. The two internet mailing lists from which I have obtained respondents are both "private" and "moderated,"³ meaning that they are not accessible to the general public. The first, "adoption@think.com" is open to all members of the triad. The second listserv, "adoptees@ucsd.edu," is open only to adoptees. Both forums, newsgroups and mailing lists, contain hundreds of adoptees, adoptive parents and birth parents.

A letter briefly explaining the purpose of this research was electronically mailed to each of these sources (see Appendix A-1). Interested readers were encouraged to send a private e-mail to my electronic account. I then sent an informed consent form via e-mail to interested parties (see Appendix A-2). All further correspondence was conducted through private e-mail.

3.2.2 Description of the Sample Populations

A total of 27 adoptive parents and 51 adoptees returned a signed informed consent form indicating their willingness to participate in my research. A survey, in two parts, was

³ The moderators of both adoption@think.com and adoptees@ucsd.edu have both given me their written permission to use their respective listservs as a means of collecting narratives.

sent to each member of the respective populations (see Appendix A-3). I asked respondents to answer questions applicable to their adoption circumstances and ignore questions that were not applicable. A total of 15 adoptive parents and 41 adoptees responded to the first mailing. A total of 16 adoptive parents and 29 adoptees responded to the second mailing. Appendix C shows descriptive characteristics of the samples.

The respondents are not representative of the population of adoptees and adoptive parents. First, this is a self-selected sample. The respondents may have had personal reasons, such as a very positive or negative experience with adoption, for responding. Second, this population is drawn from electronic search and support groups. The adoptees' mailing list, for example, is often a forum for discussing problematic issues of adoptees and is a source of information for searching adoptees. Discussions of the adoption-triad mailing list often focus upon problematic issues such as dealing with birth parents and difficulties associated with raising adopted children. Next, all of the sample is computer literate and has access to Internet and Usenet newsgroups and mailing lists. Thus, they might differ from the general population of adoptees and adoptive parents. The narratives collected, therefore, are intended to enrich the other findings in this project

and not intended to be generalizable to the adoption population.

Chapter Four

ADOPTION: PAST AND PRESENT

In this chapter I present a history of adoption, as well as an account of the current trends and practices occurring in U.S. adoptions. I suggest that the supply of and demand for adoptable children can be used to explain both the history of adoption, and adoption as it is practiced today.

4.1 The Origins of Adoption: A Cross-Cultural Perspective

The legal adoption of non-kin is a relatively recent phenomenon within the United States. However, it can be traced back to the Code of Hammurabi (2250 B.C.) in which adoption was the permanent transfer of a child to his or her adoptive family and could not be undone. Samuels (1990:1) notes the historical purposes of adoption as being "to provide for ancestor worship, to supplement the population, to ensure enough workers, to continue the family name, and to keep wealth in the family." Brodzinsky and Schechter (1990:IX) add that "from the time of antiquity, adoption has been a means of securing heirs, satisfying political requirements, meeting religious needs, securing additional labor for the family, and building family alliances." The interests of the child were rarely considered. Rather,

children were used to satisfy parents' needs for heirs or laborers -- children had a price, and a purpose.

In ancient Rome, two forms of adoption existed -- full and simple. In full adoption (*adrogatio*), an adult male, with public approval, became "the head of a family, [bringing] with him into his new family not only his property but his decedents" (Waltner 1990:9). In simple adoption (*adoptio*), male children were legally transferred from the birth family to the adoptive family⁴ (Waltner 1990). Simple adoption was also improved "a child's lot by having the child adopted upward into a rich heirless family," or legitimated "a child from a concubine" (Shalev 1989:38).

Waltner (1990:10-12) reports that adoption was rather commonplace in many early societies, for example, in Hindu law, where "the chief aim of adoption was the maintenance of the ancestral line." In Oceanic societies, there was a "preference for adopting the child of a relative or a friend rather than a child of unknown parentage," and in Japan, "promising young men were adopted by families with no sons,

⁴ Waltner (1990) states that through simple adoption, all ties between the child and his biological parents were severed, except under the code of Justinian (d. 565). During this brief time in Roman history, an adopted-out son often succeeded his biological father. Nims (1928:9) contradicts Waltner, stating "Under the Roman law the child had a property interest in his father's estate and could not be disinherited." I have found no additional evidence to support or refute either position.

or by those whose sons possessed only minor talent." During the Ming and early Ch'ing Chinese periods "one was encouraged, virtually required to adopt an heir if one had none."

4.2 *The Early Christian Church, and English Common Law*

The early Christian church and many early modern European societies whose laws were based upon the English common law were less supportive of adoption. Prost de Royer, an eighteenth-century French jurist, described the prevailing early Christian attitude toward adoption time:

We believe without a doubt that adoptions are contrary to the laws of nature and those of Christianity, which cause us to regard the rights a father has over his children as sacred rights, and thus inalienable, and the duties and obligations a father has toward his children as personal obligations which may not be transferred to strangers (as cited in Waltner 1990:8-9).

English common law was adamantly against adoption as well, and only a special act of Parliament could grant an adoption (Samuels 1990). There were no English statutes concerning adoption until 1926 (Ben-Or 1976; Gitlin 1987; Samuels 1990), over 75 years after the passage of the first United States law providing for the adoption of children, The Massachusetts Statute of 1851. American adoption laws, therefore, were not patterned after English common law, but rather after the laws of Spain and France, which followed

the practices of Roman law.

4.3 Adoption in the United States: The Nineteenth and Early Twentieth Century

4.3.1 The Origin of Legal Adoption

Ben-Or (1976) has documented that families informally practiced adoption in Massachusetts for over 150 years before the first American adoption law was passed. Often, this informal adoption took the form of indentured servitude; placing children into homes where they could learn a trade and get an education in exchange for their service to the adoptive family (Ben-Or 1976; Shalev 1989). Adoptees worked, but were not typically considered members of their adoptive families. During the middle 1800s, "orphan trains" transported unwanted children from the urban East to the rural West, where families cared for them until they turned 18. At this time the children would be "provided with a Bible, two sets of clothing, and a cash sum of \$50" and left on their own (Samuels 1990:2). These children were unlikely to inherit from their caretakers or enjoy the more stable family life of biological children.

Throughout the nineteenth and the early twentieth century, the only statute pertinent to adoption was the legal change of the child's name to that of his or her adoptive parents (Ben-Or 1976). The first adoption statutes did not protect the rights or welfare of the child, but

rather protected the rights of the adoptive parents and secured the "contractual integrity of the transaction" (Samuels 1990:4). At this time there was no "parental fitness test" for adoptive parents. All that was required, and only in cases where a child was to be considered a member of the adoptive family, was a petition to change the adoptee's surname from that of the biological family to that of the adoptive family. Also, the adoptee had to be included in the adoptive parent's last will and testament, inasmuch as the child would not normally inherit should the adoptive parents die intestate. Schmidt (1963:39) reports that "for many years...the only statutory requirements involved registration of the fact of a new parent-child relationship created with adoption. This registration process was similar to that required for the transfer of chattel." Many states during the mid- to late- nineteenth century, including Louisiana, Texas, and Iowa, transferred parental rights by deed, "in every respect like an instrument drawn up for the transfer of property" (Nims 1928:XV).

4.3.2 *The Demand for Older Children*

Not surprisingly, as children were expected to contribute economically to the family, it was difficult to find homes for infants or very young children during the nineteenth century. According to Zelizer (1985:173),

"unwanted babies, or those whose parents could not afford to keep them, were more likely to die than be adopted." Single mothers had few options for placing their infants at this time. Many abandoned their babies in public places or left them in foundling asylums. Mothers who could afford the fee left their young child with so called "baby farmers," "usually middle-aged women [who] built a profitable enterprise by boarding mostly illegitimate babies" (Zelizer 1985:174).

A baby had limited sales value; sometimes it took no more than 25 cents to obtain one. Thus, the baby farmer made her profits by charging mothers a "surrender fee," and only rarely by placing children. Unquestionably, it was a buyer's market (Zelizer 1985:174).

Not only did the buyers want older, strong, and healthy children, they usually wanted boys. Boys were placed three times as often as were girls, and most boys placed were at least ten years old (Zelizer 1985). Girls who were placed in adoptive homes often found themselves as servants, caring for the adoptive parent's children and assigned domestic chores.

The beautiful, loveable homes that we read about, where people who are lying awake nights ready to take to their hearts the undesirable children of society for the dear children's sake, are few and far between. In the spring a farmer's fancy...turns to thoughts of a good, strong boy...who is not afraid to work...At all seasons of the year the demand is good for girls...to take care of the children and work around the house (Hall 1899, as quoted in Zelizer 1990:179).

The demand for older children remained strong until the passage of many of the U.S. child-labor laws.

4.3.3 *The Growing Demand for Infants*

The passage of the Fair Labor Standards Act in 1938 greatly restricted the use of children as laborers through constraints such as minimum ages for child laborers, hours children could work, and the types of labor they could undertake. There was a dramatic shift to the adoption of children "for love" during this period. The cost of adopting children was increasing, while their value as laborers was decreasing. This shifted the social class of adoptive parents from farm families who adopted children as workers to more middle-class businessmen and their wives who adopted children for "sentimental" reasons (Zelizer 1985:192).

In the 1930s and 1940s Zelizer (1985:190) suggests that adoption "turned into a glamorous and romanticized search as a number of well-known entertainment and political figures proudly and publicly joined the rank of adoptive parents." Zelizer notes that such celebrities as Minnie Maddern Fiske, Al Jolsen, Gracie Allen and George Burns, Mayor La Guardia, Babe Ruth, and Eddie Rickenbacker popularized adoption by publicly adopting children.

There was another shift during the 1930s through the 1950s from the adoption of older children to the adoption of

infants. As demand for infants grew, they became much more costly and more difficult for adoptive parents to acquire. Baby brokers selling black market infants turned huge profits.

Between 1930 and 1950 [Mrs. Georgia Tann, executive of the Tennessee Children's Home Society] placed over 1,000 children in some fifteen states, making more than a million dollars profit. In another case, Marcus Siegel, a Brooklyn attorney and baby broker, collected about \$160,000 in only eighteen months of business. The price tag for a black market baby rose from an estimated \$1,000 in the 1930s to \$5,000 in the late 1940s. By 1951 some babies sold for as much as \$10,000 (Zelizer 1985:199).

While all states and the federal government have implemented strict regulations regarding baby selling, it was estimated in 1975 that as many as 5,000 infants were sold in the U.S. every year, some costing as much as \$25,000 (Zelizer 1985).

The abuses found within adoption practices during the middle-twentieth century fostered the passage of a large number of state laws concerning the placement of children. Some states outlawed independent adoption completely, mandating that only state approved agencies could place children. Others, while allowing private lawyers to facilitate the adoption of children, have enacted strict regulations concerning the eligibility of potential parents, and require extensive physical, financial, emotional, social and criminal background checks, as well as home studies and

numerous follow-up visits from social workers after the placement of a child.

4.3.4 *The Development of Sealed Records*

It was not until the early- to middle-twentieth century in the United States that the modern system of legally regulated adoption developed. Adoption as indentured servitude did still occur; however, many more childless couples were adopting as a means of parenting (Lifton 1988). There was a change from the earlier laws which were intended to protect parental rights, to laws intended to protect the health and welfare of the child. In 1917 Minnesota passed the first law which sealed all adoption records. This law was designed to protect the adoptee and the adoptive family from birth parents who might later decide to reclaim their biological child. The demand for children who would be full fledged members of the adoptive family, rather than laborers, helped to get sealed records legislation passed. In response to the threat of birth parents reclaiming their children adoption agencies developed. Agencies, through increased adoption regulation and sealed records, worked to protect the interests of the child.

Until the early twentieth century in America many adoptees not only knew, but inherited from their biological parents. With the passage of the adoption laws requiring sealed records came the passage of laws requiring the

complete termination of the ties between biological parents and their adopted-out offspring. Early adoption laws were designed to create a legal family "as if" it were a consanguine family. From the total severance of all biological ties, to the customary physical and social matching of the characteristics of the biological and adoptive parents⁵, the adoptive couple has been historically encouraged to pass the child off as a consanguine offspring and to raise an adoptive child "as their own."

The closed system with its coinciding sealed records was developed in the early to mid-1900s to protect all members of the triad -- the birth parents, the adoptive parents, and the adoptee. The birth mother was typified as a "loose" woman and harshly stigmatized by society:

The birth mother strikes a bargain with society, for doing the best for her child she can restore her own virtue. The primary objective of adoption is to legitimate the child, the counseling given by social workers is clear: the mother should forget her own selfish needs and give the child a new, better life unmarked by the stigma of illegitimacy. Once the child is surrendered, the mother's sin is exorcised and her virtue

⁵ This physical comparison between the biological and adoptive parents is not as prevalent today as in past generations. This is primarily due to the reduced number of children placed for adoption, as well as the increased number of couples adopting inter-racially, or adopting older or disabled children. However, through both agency and private adoptions of healthy, white infants, the physical characteristics, social history, and religiosity of both sets of parents are often part of the placement process.

reinstated (Lifton, 1988; as cited in Shalev, 1989:41).

The birth mother, then, can begin life anew, unfettered by the stigma of unwed motherhood or the challenges of raising an illegitimate offspring. The adoptee, likewise, will not be burdened by the stigma of illegitimacy. Sealed records banish the tainted history of the child forever, as all legal, social, and emotional ties to the child's heritage are hidden from the public and the adoptee.

Closed records were designed to serve the adoptive parents' interests as well. Through closed adoption a legal family is formed "as if" it were a biological family. Historically, sealed records and the physical matching of children to their adoptive parents not only allowed, but encouraged, adoptive parents to pass off a child as "their own." In addition:

One of the overwhelming considerations in child placement was the need to convince prospective parents that they would not be "contaminated" by the act of adoption. Prospective adoptive parents were wary of the adopted child's illegitimate birth and what it might imply for both their current social status and their child's future behavior. The threat of a genetically defective child innately predisposed toward immorality and possible criminal behavior was very much in the minds of childless couples (Feigelman and Silverman, 1986:219).

Concealment of the child's history theoretically allows the adoptive family to forge strong familial ties, gives the adoptive parents complete authority as the "only" parents of

their adopted child, and allows adoptive parents to hide their infertility from others. Sachdev (1989) cites three other reasons for sealing adoption records: 1) adoptive parents fear that their children might someday leave them for their biological parents; 2) their authority as parents could be questioned if birth parents were in contact with the adopted child; and 3) the adoptive family needs to be protected from the birth parents and possible disruption of the adoptive family.

By 1940 most states had statutes requiring a termination of the rights of the biological parents, and a legal establishment of the adoptive relationship. By the 1970s all 50 states had passed legislation in which the adopted child is to be "legally-reborn" upon finalization of the adoption, during which the birth parents' names are replaced with the adopted parents' names on the child's birth certificate. It is through this rebirth that all legal, social and kinship ties between biological parents and their adopted out offspring are severed⁶, and the legal adoptive family is formed. Since the passage of sealed records legislation, little has changed concerning adoption in the United States. Adoption is regulated by the

⁶ There are a few exceptions to the total severance of legal ties between the birth parents and their offspring, the most notable of which is inheritance, which will be discussed in a later section of this paper.

individual states. Nevertheless, most states adhere to: 1) the complete severance of all ties between the biological parents and their relinquished offspring; 2) the confidentiality of the birth parents', adoptive parents', and adoptees' identity through the "sealing" of all records pertaining to the adoption; and 3) the "legal rebirth" of the adopted child through the issuance of an amended birth certificate in which the adoptive parent's names replace the biological parent's names.

Throughout this history of adoption a few characteristics stand out. First, adoption legislation is influenced by the supply of, and demand for, children. As the supply of children has decreased, and the demand for healthy white infants has risen, there has been a shift away from the adoption of older children. No longer needed for their economic contributions to the family, older children are much more difficult for agencies to place. Secondly, legislation has been developed in order to protect the best interest of the child. Sealed records are intended to provide the child with a legitimate status. Severance of all biological ties is supposed to encourage the adoptive parents to raise the adoptee "as if" he or she were their biological offspring.

4.4 Adoption in the U.S. Today

Legal adoption has changed significantly over time. Today, approximately 50,000 children, half of which are healthy infants and the other half older or special needs children, become available for adoption annually in the United States (Waldman and Caplan, 1994). With the social stigma of unwed motherhood declining, more and more unwed mothers are keeping their illegitimate children. In fact, only 2% of unmarried mothers placed their biological offspring for adoption in the 1980s, a drop from 9% in the mid-1960s (Waldman and Caplan, 1994). Since the legalization of abortion in 1973 the supply of adoptable children has declined. With the supply of adoptable children and especially healthy white infants decreasing, birth parents are gaining more control over the adoption of their children, and adoption practices have changed accordingly. The system of adoption, including the characteristics of adoptive parents, types of placements, the traditional "closed" system and its developing "open" counterpart, and the legal regulation of adoption in the 1990s, will now be examined.

4.4.1 Closed Adoption

By law, adoptions in 47 of the 50 states are closed, meaning that all records of the child's history before

placement are "sealed" from the public, the adoptive parents, and the adoptee. There is no contact between the adoptee and his or her biological family. Once an adoption is finalized, the child is "legally reborn" via an amended birth certificate which lists the adoptive parents as "mother" and "father" and erases all links to the child's biological parents.

As previously mentioned, only Alaska, Hawaii, and Kansas permit all adoptees access to their original birth certificate upon reaching the age of majority. Ohio allows only those adoptees born prior to 1964 access to their original birth certificate. Despite the closed status of adoptions in the majority of states, certain types of information are allowed, and in some instances even required, to be passed on to the adoptive parents and the adoptee. Although the information available varies greatly by state, adoptees often can, upon reaching the age of majority, receive "non-identifying" information about their birth families. Additionally, most states mandate the collection and disclosure of the child's medical history prior to adoption. Still other states require that the biological parents' social, medical, ethnic and educational backgrounds be disclosed to the adoptive parents.

There is little evidence that the theoretical benefits of sealed records and closed adoption are beneficial to, or

desired by, the members of the triad. In his study of perceptions of triad members toward open records, Sachdev (1990) found that 88.5% of birth mothers, 69.7% of adoptive parents, and 81.1% of adoptees favor the release of identifying information (such as the original birth certificate) to adoptees. Feigelman and Silverman (1986) find that only 26% of adoptive parents agree that adoption records should remain sealed. Such perspectives by adoptive parents and adoptees, as well as the growing power of biological parents as the "suppliers" of children in great demand, have paved the way toward open adoption in the U.S.

4.4.2 Open Adoption

Open adoption began in earnest during the late 1970s and early 1980s. All legal records in open adoptions are sealed, and an amended birth certificate is issued yet some amount of contact between the biological and adoptive families remains. This contact can be either voluntary or court mandated, and it can occur whether the placement is through an agency or an independent intermediary. The amount of contact between the families involved varies widely, from the birth parent's selecting the adoptive parents with no future interactions, to the exchanging of letters and pictures through an intermediary, to in-person contact and "visitation" rights of the birth parents (Groth et al., 1987).

Proponents of open adoption of older children argue that "most older children find it extremely difficult, if not impossible, to suddenly erase 10 or more years of relationships, experience, and family history without endangering their basic security and identity" (Borgman 1982:219). This argument has been applied to younger children as well. Proponents of open adoption suggest that "closed adoption automatically leads to emotional problems in adopted children," and that "open adoption [is] humanizing" (Curtis 1986:442-443). Benefits are available to the birth and adoptive parents as well. Birth parents are allowed to grieve for their lost child and to know that the child is being raised in a good home. Adoptive parents can know the health and social history of the child's biological parents and ask questions that may help them to deal with problems that the child may encounter. Research to date overwhelmingly finds that a clear majority of birth and adoptive parents are moderately to highly satisfied with the agreed upon levels of contact and the openness of their adoptions (Berry 1993; Etter 1993; Gross 1993).

4.4.3 Uniform Adoption Act

The National Conference of Commissioners on Uniform State Laws (NCUSL) has proposed the standardization of all

state adoption laws⁷. Highlights of this proposal include:

- 1) Any "individual, corporation, business trust, estate, trust, partnership, association, agency, joint venture, government, governmental subdivision or instrumentality, public corporation, or any other legal or commercial entity," may act as an intermediary in an adoption.
- 2) Advertisements for children would be legal in every state.
- 3) The Interstate Compact, which regulates the transfer of children across state lines, would be eliminated.
- 4) There is no revocation period by which a birth mother may change her mind if she consented to relinquish more than 72 hours after the birth of her child. Women who consent before that time have only 120 hours in which to change their mind.
- 5) A Guardian in Adoption, who is granted all of the rights of a biological parent, may be appointed by the court. A birth mother could release her rights to her attorney who would then be the sole individual responsible for relinquishing the child and consenting to the adoption.
- 6) All adoption records must be retained permanently, and sealed for 99 years after the date of the adoptees birth. Anyone releasing information from those records would be guilty of a felony.
- 7) Open adoptions would not be enforceable by the courts, and would depend solely upon the adoptive parents' willingness to participate in any sort of contact (National Conference of Commissioners on Uniform State Laws 1994).

The opponents of this legislation are numerous. Birth parent organizations such as Concerned United Birthparents fear that this act will take away many rights of the biological parents. The National Committee on Adoption, which lobbies for quick termination of parental rights and

⁷ NCUSSL is a 100 year old organization comprised primarily of attorneys who oversee legislation such as the Uniform Commercial Code and the Uniform Banking Code.

the continued confidentiality of adoption records, opposes this legislation because it wishes to see more agency adoptions and fewer intermediary adoptions. American Adoption Congress, an adoptees-rights and pro-open records organization, opposes this legislation, as does The Child Welfare League of America and The National Association of Social Workers. While the lack of uniform state laws presents problems (as will be discussed in the following chapter) few organizations view the Uniform Adoption Act as a solution.

4.4.4 *Characteristics of Adoptive Parents*

Due to the lack of any central data collection facility, accurate data concerning adoption are unavailable. Bachrach, London, and Meza (1991) use data from the 1988 National Survey of Family Growth to estimate attempts to adopt. They found that of the approximately 2 million women aged 15-44 who had ever sought to adopt, 31% were successful. Of the 1.2 million women who did not adopt, some never took formal steps toward adopting. Still others ceased seeking an adopted child because of the birth of their own biological offspring, changes in their life circumstances, a decision to remain childless, the barriers to adoption, or an inability to obtain a suitable child. In 1988 approximately 200,000 women were attempting to adopt a child, or roughly 3.3 women desiring to adopt for every

annual adoption. The primary reason for seeking to adopt, especially among non-black women, was the inability to produce biological offspring (Bachrach, London and Meza 1991).

Bachrach (1986) details the characteristics of adoptive mothers in the U.S. The mean age of mothers at the time of adoption was 28.9 years. About 69.9% of adoptive mothers had no children at the time of adoption, and 99.3% of these mothers were currently married. About 56.7% of adoptive mothers were high school graduates, and 41.5% of adoptive mothers had at least some educational experience beyond high school. Only 1.7% of adoptive mothers had less than 12 years of education. Bachrach further reports that only 2.3% of adopted children lived below the poverty level. These findings approximate those by Bonham (1977), who reported that women who are college graduates, have a higher than average family income, and who are unable to have their own biological offspring, are more likely than other women to have adopted a child.

Wingard (1987) examined the characteristics of adoptive parents, by type of adoption, from data collected in California in 1969-70 and 1981-82. The characteristics of adoptive parents changed in that 11 year period. There was a decline in the number of children placed for adoption, from 9% of children born to never-married women prior to

1973 to 4% between 1973-81, and only 2% from 1982-1988, (Bachrach, Stolley and London 1992). Coupled with the increase in the number of infertile couples seeking to adopt, the cost of adopting a child rose by approximately 200 to 300% in only 10 years.

Additionally, as Wingard (1987) suggests, single-parent adoptions have increased as well, from 4% to 9% during 1969-1982 via independent adoptions, and from 1% to 8% in agency adoptions.

4.5 Auspices of Adoption Placement

Using the most recent statistics then available, Flango (1990) reports that there were 104,088 adoptions in 1986, 51,157 of which were adoptions by non-relatives. An additional 10,019 were foreign-born children adopted in 1986. Adopted children were placed through three primary intermediaries: public agencies (39%), private agencies (29%), and independent placements without agency involvement (31%).

4.5.1 Public Agencies

Public agencies, which are non-profit organizations licensed by the state have seen great changes in the types of children they receive for placement with adoptive families. Most healthy newborns are now adopted independently or through private agencies, which leaves

public agencies with primarily older, special needs, or minority children. Fees paid by the adoptive parents are often nominal or waived entirely. In fact, most states offer subsidies to parents who are willing to adopt hard-to-place children. Since these state-supported agencies typically have only older, minority and special-needs children available, they often relax the criteria necessary to become an adoptive parent, thus allowing single, older, and sometimes homosexual persons to adopt.

There has been strong advocacy within the black community to move black children out of foster care and into permanent adoptive homes. Until the 1980s and 1990s, white couples were rarely allowed to adopt black children. In fact, in 1972 the National Association of Black Social Workers vehemently opposed transracial adoption, claiming that it was "cultural genocide" to raise a black child in a white home (Waldman and Caplan 1994, p.64). Many states have worked to overturn such an ideology, and white parents are increasingly being allowed to adopt minority children. However, this issue is undergoing another round of black advocacy of intra-racial adoption. A single white mother described her attempt to adopt a black child:

I applied to adopt an older, special needs child through my county of residence in 1987, was assigned a social worker in 1989, and two years later found my son in our support group newsletter. It was an interracial placement, so

there were a few more hoops for us to go through. My son was 7½ at the time of placement, and I was his sixth home. Race was not an issue for me, but it was for the Department of Children's Services. My son had reached the age of being considered unadoptable; he had been on Sunday's Child, to Black Adoption Fairs, in the California Waiting Children book twice, in the Open Door newsletter twice (second time was when I saw him), but a match [with a black family] was not found, so placement in a white family was [approved]. I have to say that the wait was ridiculous, and it was because I am white (and possibly because I am single) (Internet survey, Adoptive Mother).

4.5.2 Private Agencies

Private agencies can be either non-profit or for-profit and religiously affiliated or non-denominational, and they vary greatly in terms of the types of children that they place and the qualifications of adoptive parents. Some are very much like the public agencies described above. Others may charge over \$30,000 in fees, have very strict age, religion, marital status and length of marriage requirements for adoptive parents to meet, and place only healthy newborn infants and young children. Many of the non-profit private agencies only place healthy newborns with infertile couples -- a condition which must be certified by a physician. An adoptive mother who used a private agency describes her experience:

We had tried to conceive in various ways for over 2 years. My husband had a vasectomy, which we attempted to reverse. It worked, but then I had problems conceiving. We decided that having a child was the most important thing, and that it might actually be less stressful to find someone

who was pregnant and did not want to be than to continue down the uncertain path of more extreme infertility treatments. We signed up with a private agency in July, 1990. In August, 1990 we had our first birth mother contact. This birth mother failed to relinquish in October, 1990. We met another birth mother in January 1991 and had our son in our arms in April (Internet survey, Adoptive Mother).

4.5.3 Independent Adoption

Due to the often long wait at many public agencies as well as the strict qualifications that adoptive parents often face especially when adopting a newborn, more and more couples chose independent adoption, in which there is no agency involvement beyond that mandated by law. For example, a pre-adoption home-study is often required by states and available only through licensed agencies. Independent placements often are mediated by attorneys, physicians, clergy persons, adoption facilitators, or by the adoptive couple themselves. This type of placement is illegal in Connecticut, Delaware, Massachusetts, Michigan, Minnesota, and South Dakota (Flango 1990). Usually, parents advertise in local and national newspapers, send out bulk mailings to prospective birth parents, and "network" with family, friends, churches, hospitals, and family planning clinics, thereby avoiding having an agency as an intermediary in attracting a birth mother. Independent adoptions are usually very costly and they usually require an attorney during the final stage of adoption in which the

adoptive parents legally gain parental rights to the child placed in their home. Private adoption has grown increasingly common as a result of the decreasing availability of adoptable children. Adoptive couples who, due to their age, religion, length of marriage or other characteristics, would not qualify for parenthood thorough a public agency can adopt privately. An adoptive mother through an Internet survey reported her experience with independent adoption:

I wanted children very badly. I was devastated when the doctors told me I could not have any (by the way, they were wrong). [My husband and I] decided to adopt as soon as possible. I called several agencies, but the waiting lists were overflowing and they wouldn't even take any applications. It seemed that private adoption was the only option. Our adoption was a private one, arranged through a physician that was known by my mother's gynecologist. There were 3 lawyers involved because we wanted to do everything legally. The first lawyer claimed to represent us, but we felt he was representing the birth mother and himself. The fee he wanted to charge was exorbitant and our [second] lawyer told us not to pay as the charges could never be justified in a court of law. [The first lawyer] brought the fee down to a legally defensible one, and we got our son when he was released from the hospital at 3 days old (Internet survey, Adoptive Mother).

4.5.4 International Adoption

Increasingly, more couples are adopting foreign-born children, through public, private, and independent placements. The wait for a healthy child from another country can be considerably shorter than in the United

States, and continued birth parent involvement in the child's life is typically quite rare. The qualifications for adoption required by foreign governments vary greatly from country to country. Most couples that adopt foreign-born children must pay agency fees; translations to and from the host-countries' native language; attorneys' fees; medical costs for child and mother; documentation and other fees; birth country lawyers' and court costs; U.S. lawyers' and court costs; a required "donation" to a foreign orphanage; and transportation costs, for multiple trips made by the adoptive parents to the foreign country for interviews and to transport the child to the U.S. (Sullivan 1990). An adoptive father found the circumstances surrounding the adoption of his foreign-born daughter to be much more positive than those of adopting a domestically-born child:

[My wife and I] started with the county social service system in 1988, thinking that we would work through the county, perhaps adopting a special needs child. After a couple years with the social worker strongly recommending against several children we had considered (in some cases because proceedings were already underway, in other cases because of extreme misgivings of their impact on our lives), we got a recommendation from the social worker to work through an independent adoption agency. After three years with them, we had talked with two birth mothers and were gaining the dubious honor of being the people in the book [of prospective adoptive parents] the longest. We then heard that Lutheran Social Services was looking for prospective adoptive parents for their Colombian adoption program. We signed up with

them and went through the requisite classes and document generation. Our dossier was prepared and ready in September 1992. We flew to Bogota, Colombia in April of 1993 and were handed a three month old girl (Internet survey, Adoptive Father).

4.5.5 Characteristics of Placements

Regardless of whether an adoption is facilitated by an agency, or independently, the method by which one adopts, most adoptions follow a typical pattern. Adoptive parents must first undergo a home-study in which most states require adoptive parents to undergo criminal background checks, as well as physical and psychological examinations.

Prospective parents must provide information about their fertility status, social and educational history, religious status, motivation for adopting, financial status, and past and current marital status. Often a state approved social worker travels to the home to observe the details of its features, such as the number of bedrooms, availability of smoke-detectors, and types of pets. Home-studies vary greatly from state to state. One adoptive mother I surveyed reported her home-study experience:

We had to go through the whole home-study process, which, I can say with all honesty, was THE most stressful experience of my entire life. We had to defend our neighborhood (the social worker claimed we lived in a 'transient area'). We live close to the river -- usually considered an advantage -- but we had to describe how we planned to prevent our child from falling and drowning. We had to insert plugs into the electrical sockets months before the baby was expected to arrive. We had to reveal our financial details, and I was quizzed

about why my previous marriage ended. We also had to give detailed information about our childhoods. On one of the five home-study appointments we had my husband and I were interviewed separately. When there was an area of difference of opinion between my husband and I the social worker would play that up in order to provoke a response. I remember my heart just sank on one occasion, convinced that we would never qualify for a baby. I cried and cried in despair. The clincher, however, was this... we had always planned that my husband would be the one to quit his job and stay home with the baby, while I continued to work. This is because my job was way more secure than my husband's job, and, he is more domestically inclined than I. But, we were called in to talk with our social worker's supervisor who told us we would be approved ONLY if I agreed to be the one to stay home. They further said that, if it was up to them, they would refuse our application on the basis that my husband is Catholic and I am from a Jewish background. They held all the cards; so we agreed that I would stay home (Internet survey, Adoptive Mother).

4.5.6 How Demand is Being Met

Probably the biggest change in adoption practices is due to the limited availability of desired children. With approximately three women seeking to adopt for every adoption in the U.S., both birth and adoptive parents are facing changes in their roles. Birth parents are gaining power as the holders of children in demand. With this increasing power birth parents are able to dictate the terms of an adoption. Through the use of profiles, birth parents are selecting the couples that they want to parent their children, often meeting the couple before any placement occurs. In a growing number of cases the adoptive parents

may even be present when the child is born. Additionally, many birth parents are opting for open adoptions, and the maintaining of at least some level of contact with their adopted out child. Whether through letters or actual meetings, birth parents are asserting themselves and their need to remain a part of their child's life.

Adoptive parents are learning to take adoption into their own hands, and away from the public agencies that dictate who can, and cannot, parent. Through independent adoption, adoptive parents are actively seeking out their children rather than waiting for an agency to find one for them. More and more parents are placing newspaper advertisements to attract birth mothers, and sending profiles to doctors, clergypersons, and family planning clinics throughout the nation. Potential adoptive parents may have business cards printed up, which they pass out to virtually anyone with whom they come in contact.

Adoptive parents are also finding children in foreign countries. With the supply of domestic youngsters low, adoptive parents are able to find young children, and even infants, in other countries. Foreign adoption has an added benefit for adoptive parents who do not want any birth parent involvement. Often the birth parents of these foreign children are unknown, and rarely, if ever, does any foreign country mandate that the adoptive family provide

updates concerning the child to the birth parent.

Increasingly, agencies are working to fill the demand for families for special needs, older, and minority children. Single parents are being recruited to adopt hard-to-place children, as are less affluent couples who could not usually afford the costs associated with adopting a healthy white infant or a foreign youngster. Agencies who place the less desirable children are relaxing their financial and age requirements and relaxing the qualifications necessary to become a parent in order to find homes for these children. Interracial adoptions are increasing, as are adoptions by homosexual singles and couples. Such creative methods are an effect of supply and demand, and will continue as long as children need homes, and parents want children.

4.5.7 *The Power of Birth Parents as Suppliers of Babies*

As birth parents gain more control over adoptions, adoptive parents are becoming threatened, and taking action. As a result of such well publicized adoption disruption cases, such as the cases of Baby Jessica and Baby Richard, adoptive parents are responding with calls for changes in legislation. In Illinois, for example, legislation mandating the "best interests of the child" has been passed. This change in the law supposedly gives rights to the child. For example, the law is to now take into consideration how

long the child has been in an adoptive home, whether or not the adoption was ever finalized, in order to determine if a birth parent may regain custody of their relinquished offspring. Such laws limit the power of birth parents dramatically. In the case of Baby Richard, the adoptive parents were able to legally adopt him even though his birth father began legal action to regain custody of his son only 57 days after the birth. Adoptive parents are able to appeal decisions for years, and then cite "best interest" legislation in order to keep the child.

The passage of uniform adoption laws would strip away the power of birth parents even more. Birth parents would be able to sign away all rights to their children prior to their birth, a decision that is irrevocable within a matter of days. Birth fathers would not need to be notified of the birth of a child, instead they would be expected to register with individual state registries if they even suspect that they might have impregnated a woman. Additionally, courts would be able to assign a guardian to the child, whose purpose would be relinquishing the child. This guardian would have full privilege to select the adoptive family, thereby stripping the birth parents of this important decision.

Many organizations are opposed to such legislation. Yet, it is passing. Adoptive parents wishing to regain

control of the adoption process, and who are against open adoptions, are working diligently to pass "best interests" legislation. Such laws are definitely in the best interests of the adoptive parents. Whether or not they serve the best interests of the child is highly questionable.

Adoption in America in the 1990s is legally diverse. This chapter has examined major trends in adoption law and practices, as well as the process by which people adopt. As the supply of available children diminished the holder of this resource gained power. In other words, birth parents become more able to dictate the terms of adoptions (such as the level of openness) when their resource, healthy children, is in short supply. With the demand for children out-pacing their supply, independent and foreign adoption has developed as a means of supplying adoptive parents with the children that they seek.

Chapter Five

DIFFERENTIAL LEGAL AND SOCIAL TREATMENT OF ADOPTIVE VERSUS BIOLOGICAL FAMILIES

The legal creation of an adoptive family "as if" it were a biological family does not always translate into equitable legal and social treatment of adoptive and biological families. In this chapter I examine factors that make the adoptive relationship less legitimate than the biological relationship. Adoptive and biological families are treated differently. State adoption statutes create adoptive families "as if" they are biological families -- theoretically entitled to the same rights and burdened by the same responsibilities. Yet adoptees and adoptive families often are the target of discriminatory outcomes in terms of considerations such as equity of treatment through formation of the legal family, health insurance, inheritance statutes, tax deductions for dependent children, and medical treatment.

5.1 Difficulties of Forming Adoptive Families

While adoption has grown more acceptable, the adoptive family has not yet attained as legitimate a status as the biologically related family. The formation of the adoptive family is made difficult via: 1) regulations governing which parents may adopt; 2) the lack of "prep time" to

prepare for the arrival of a new child; 3) the costs associated with adoption; 4) employer benefits offered to adoptive v.s. biological parents; 5) waiting periods proceeding the finalization of an adoption; and, 6) the threat of adoption disruption.

Unlike parents who produce biological offspring, potential adoptive parents face strict governmental and agency regulations that dictate which couples may earn the "privilege" of parenthood. While discrimination based upon age, race, religion and disability is illegal in virtually every area of society, it is not only practiced, but stressed, throughout adoption.⁸ Adoptive parents must prove parental eligibility; undergo physical, emotional, and financial scrutiny; and become "utterly dependent upon the grace of social workers" who will ultimately decide their "fitness" as potential parents (Bartholet 1993). White middle-class couples (the largest group of adoptive parents) still find it difficult to adopt minority children, and less affluent couples and single parents find themselves able to adopt only the "undesireables" -- older or disabled children

⁸

According to Bartholet (1993), "Some recent court-made law prohibits use of such factors as race, age, religion, marital status, and sexual orientation to absolutely preclude an adoptive applicant from consideration or prevent a child's placement. But, these rulings are of limited significance given the enormous discretion that adoptive agencies have to consider these and other factors in arriving at a final determination of parental fitness."

(Bartholet 1993).

An added difference between adoptive and biological parentage is the lack of time to prepare for the arrival of an adopted child. Biological parents have nine-months in which to orient themselves toward proper parenting. Through pregnancy, a traditional "rite of passage," the biological parents adjust to the idea of family development or enlargement. This also allows the community to recognize and accept a new family. The adoptive family, on the other hand, often receives little prior notice of their new offspring's arrival. An adoptive family working with an agency may wait for years, receiving notice of an available child only days before placement.

The actual acceptance of a child into an adoptive family is markedly different from that of a birth. Most adoptive parents pay for their child's birth. Only a few states require insurers to pay maternity costs for the pregnancy and delivery of an adopted child. One of the most progressive states in terms of health coverage of adoptees, Arizona, offers such a law. Pursuant to Arizona code 20-934-H:

"Any contract issued that provides coverage for maternity benefits shall also provide that the maternity benefits apply to the costs of the birth of any child legally adopted by the insured if all of the following are true: 1. The child is adopted within one year of birth. 2. The insured is legally obligated to pay the cost of birth.

3. All preexisting conditions and other limitations have been met by the insured. 4. The insured has notified the insurer of his acceptability to adopt children within sixty days after such approval."

Nevertheless, many adoptive families would not be extended this coverage, such as in a case where only placement, but not finalization, occurs within the first year of the child's life.

A growing trend among U.S. employers is offering subsidies to adopting couples. Wendy's, Inc., founded by Dave Thomas, an adoptee who found his birth family, pays up to \$4,000 of their employees' adoption costs and up to \$6,000 for the adoption of special-needs children. Both Digital, Inc., and The Walt Disney Co. offer employees up to \$2,500 to cover adoption expenses. Humana, Inc., of Louisville, KY, pays up to \$1,200. While these stipends do not even begin to cover the thousands of dollars spent by adoptive parents, they are indicative of a growing acceptance of the legal family. Wendy's, Inc. reports that 18% of companies offered such financial stipends to adoptive couples in 1992, up from only 3% in 1991 (Wall Street Journal, 1994). Additionally, a few employers offer similar paid leave and benefits for adoptive and biological parents.

The legally-mandated waiting period, during which an adoption may not be finalized, is another obstacle to the formation of an adoptive family. Unlike a biological child,

who is legally and socially considered the offspring of his or her parents from the moment of birth adopted children can remain in an adoption-limbo for years after placement. Each state imposes a waiting period, which can vary from a few weeks to a few months, during which the birth parent(s) may at any time and for any reason reclaim their biological child. From a socio-legal perspective, a fear which leads to the adoptive relationship being viewed as less legitimate than that of consanguinity is the threat of disruption by which the adoptive parents will be forced to return their child to the biological parents, or will choose to do so. Like marriage, adoption is a legal union which can be legally dissolved. However, unlike marriage and adoption the legal dissolution of the consanguine tie is negatively sanctioned in our society. Husbands and wives divorce everyday, but consanguine parents cannot "divorce" their children, severing the biological tie forever, except through forced termination of parental rights or a voluntary adoption.

The American news media has thoroughly covered such cases of adoption disruption as Baby Jessica and Baby Richard. After an intensive custody battle in Michigan, two and one-half year old Jessica DeBoar was returned to her biological parents, after living from infancy with the couple who wished to adopt her. A similar case is occurring

now in Illinois, dubbed by the media as the 'Baby Richard' case. Baby Richard's biological mother put this days-old infant up for adoption, after informing the biological father that the child had died. When the biological father learned the truth, 57 days after the relinquishment, he immediately began legal proceedings to regain custody of his son. Although the Illinois Supreme Court has given custody of Baby Richard to his biological father, the boy is now 3½ years old, and still in the physical custody of his adoptive parents who are appealing the decision.

Cases such as these, in which adoption is disrupted following placement, can make adoptive parents fear that their child too might be reclaimed by a birth parent. Parents may fear becoming too attached to their adopted children, as the adoption may be later overturned. Such cases are rare, but the fact that they are so well-publicized could create a greater feeling of adoption as a less legitimate way of forming a family, inasmuch as it can be overturned years after placement occurs. Many birth parent support groups, such as Concerned United Birthparents (CUB), are fighting diligently for the rights of biological parents to regain custody of their children after relinquishment. The threat of disruption, as well as the opportunity for birth parents' to decide not to relinquish after negotiating with and accepting money from an adoptive

couple has become such a potential threat that some insurance agencies are offering "Change of Mind" policies by which adoptive parents can recoup their financial investments should the adoption fall through (Chastain 1991; Gilbert 1991). Perhaps as many as 25% of adoptions "fall through" either when a birth mother changes her mind, an inexperienced attorney performs inadequately, or the adoptive parents either withdraw from adoption or are declared unfit to adopt (Chastain 1991). Such disruptions, regardless of the cause, make adoption a less secure method of forming a family.

5.2 Differential Treatment via Inheritance Legislation

A vivid example of the differences between the consanguine and adoptive relationship is found in inheritance legislation. Most modern statutes regarding intestate inheritance provide that the adopted child is totally severed from his or her biological family and can inherit only from and through his or her adoptive family. Six states⁹ have adhered to this most severe form of legal separation through their enactment of the Uniform Adoption Act (UAA), by which the adoption decree "eliminates the parental rights and responsibilities of natural parents, and

⁹ Arkansas, Montana, New Mexico, North Dakota, Ohio, and Oklahoma.

terminates the entire legal relationship between the individual who has been adopted and all of his [biological] relatives, including his natural parents" (Cohen 1991). In this case, the adopted child is to treat and be treated by his or her biological parents as either a total stranger or dead, for inheritance and all other purposes. Despite such attempts to completely sever the ties between the biological parent and the adoptive child, "unless a statutory authority is found, adopted children do not inherit from the adopting parent" (Henner 1985). There are very few states in which such statutory authority does not exist, where inheritance rights are not automatically conferred to the adoptee upon adoption. This practice, based upon early English common law which dictated that illegitimate children were to be treated as "filuis nullvis" - a child of no one and thus unable to inherit, has been modernized in most states in order to give an illegitimate child the same status as a legitimate child, at least where the mother's estate is concerned (Henner 1985). However, very few states permit an illegitimate child, whether adopted out or not, to inherit from his or her biological father's estate.

In some jurisdictions, the adoptee may inherit only from the biological family, and not from adoptive relatives (Cohen 1991). Yet other states' statutes mandate that the adopted child inherits from both the adoptive and biological

parents, should they die intestate. Louisiana Article 214, for example, states that:

the adopted person and his lawful decedents are relieved of all of their legal duties and divested of all of their legal rights with regard to the blood parent or parents and other blood relatives, except the right to inheritance from them.

Louisiana law goes so far as to state that:

the right of adopted person to inherit from blood parents and other blood relatives can constitute compelling reason for opening of sealed records of adoption,¹⁰ [and that] an adopted person's desire to determine his legal right of inheritance from his natural parents, as recognized by LSA-CC Article 214 is a 'Compelling Reason,' within meaning of provision of this section providing that sealed package containing original certificate of birth shall be opened only on order of competent court for compelling reason and only to the extent necessary.¹¹

Other states that allow the adopted child to inherit from both the biological and adoptive parents include Maine, in which the "termination order severs all legal rights between adoptee and birth parents - except inheritance rights" (Section 4056), and Nebraska, where Section 43-106.01 states that "nothing contained in this section shall impair the right of [the biological child adopted out of the family] to inherit." Every state allows adopted out children to inherit via last will and testament but the statutory differences regarding both class gifts and

¹⁰ Larned v. Parker, App. 1978, 360 So 2d 906.

¹¹ Massey v. Parker, App. 1978, 362 So 2d 1195.

intestate inheritance vary widely among jurisdictions. Some states favor the biological relationship, others the adoptive, and yet others with no legislation whatsoever regulating inheritance by adopted children. Such lack of regularity among the states can create a confusing atmosphere for adoptees and adoptive families.

5.3 Inequality In the Health Insurance Coverage

Like inheritance laws, health insurance regulations differ greatly among the states. The general trend, occurring primarily within the past five years, has been to force insurance agencies to offer the same coverage to adopted and biological children¹². States differ on: 1) when coverage for the adopted child begins; and 2) what, if any, pre-existing conditions allow an agency to deny coverage to the adoptee.

¹²

During the composition of this thesis President Clinton signed into law the Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) which states, in part, "Health plans must provide coverage for dependent children placed with a participant for adoption under the same terms as apply to the participant's natural children. A child is considered 'placed for adoption' at the time the participant assumes and retains a legal obligation for total or partial support of the child in anticipation of adoption. In addition, a plan may not restrict the coverage of a dependent child adopted by or placed for adoption with a participant solely because of a pre-existing condition of such child at the time the child would otherwise become eligible for coverage if the adoption or placement for adoption occurs while the participant is eligible for coverage under the plan." This Act is not all-inclusive. Government agencies and non-profit organizations, for example, need not abide by this Act and may continue to be subjected to the laws of their individual states, as explained in this chapter.

Coverage may begin at birth, placement, or upon the finalization of the adoption. Hawaii mandates that coverage will begin upon the date of birth of the adopted child "provided that the insured gives written notice to the insurer of the insured's intent to adopt the child prior to the child's date of birth or within 30 days after the child's birth" (Section 431:10A-116). More often, states legislate that coverage should begin upon the child's placement with his or her adoptive family. Minnesota law, for example, requires coverage "effective from the date of placement for the purpose of adoption" (Section 62A.27). California mandates coverage "from and after the moment the child is placed in the physical custody of the insured for adoption" (Section 10119A). Other states require coverage to begin once a petition to adopt has been filed, and still other states, such as Georgia, legislate that "the coverage for the adopted child shall be effective from the final decree of adoption" (Section 33-23-22A). An adoptive mother whom I surveyed explained her difficulties in gaining health insurance coverage for her child:

The adoption agency we worked with required a letter from our insurance company (or employer, if insured at work) stating that the child would be covered by medical insurance from the time of placement. The company I worked for would not give me such a letter, stating that coverage would not be effective until legal finalization. At that time there were no state insurance laws requiring coverage, and the company was self-

insured anyway (so even if there were insurance company laws, apparently [this company] would not have to abide by them). In lieu of the insurance letters, we had to submit notarized statements that we would personally be responsible for all health-related costs incurred between placement and coverage (Internet survey, Adoptive Mother).

Most states hold that agencies may not deny coverage to an adoptee with any condition pre-dating the issuance of coverage, as explained above. In Indiana, for example, "the policy or plan may not contain any provision concerning the preexisting condition limitations, insurability, eligibility, or health underwriting approval that solely concerns adopted children" (Section 27-8-21A). Ohio supports this legislation also, in which "no individual or group policy of sickness and accident insurance providing family coverage may be delivered, issued for delivery, or renewed in this state on or after January 1, 1989, unless the policy covers adopted children of the insured on the same basis as other dependents" (Section 3923.40). To the contrary, Missouri insurance laws specifically allow insurers to deny coverage to adopted children with certain conditions, stating that, "coverage shall include the necessary care and treatment of medical conditions existing prior to the date of placement provided that no coverage shall be required for any child placed for adoption, if the prospective adoptive parents knew, or should have known, that the child had an HIV or AIDS related illness at the

time of placement" (Section 376.817-2). However, the majority of states have passed legislation which does not allow for such active discrimination and refusal of coverage if applicable only to adopted, and not biological, children.

While regulation of the health insurance industry has increased, the adoptive relationship is still less legitimate than the consanguine relationship. For example, under the Hawaiian legislation coverage begins at birth only if the adoptive parents inform the insurer of their intent to adopt within 30 days of the child's birth. This means that the vast number of children, who are not placed until well after this one month period, may either be denied coverage due to a preexisting condition or remain uninsured until the adoption is finalized. In other states, where insurance regulations are either very limited or lacking altogether, insurers may demand proof of insurability for an adopted child, including a full medical history, and deny the child coverage for any number of conditions pre-dating either placement or adoption. The restrictions placed upon many adopted parents regarding issuance of coverage of adopted children, while providing such coverage without restrictions to biological children, further stresses the adoptive relationship by operationally defining it as less legitimate than that of the consanguine relationship.

5.4 Differential Treatment Because of a Missing Medical History

Adoptees, who typically lack a full medical history, can encounter problems with insurance and medical treatment later in life as well. An adoptee explained her difficulty in obtaining insurance:

I had a hard time with medical and life insurance. I didn't know what my grandfather had died from, and they questioned that. I wasn't able to check off any illnesses that had been in my family... I think [the insurance company] thought that I was trying to hide something (Internet survey, Female Adoptee).

Other adoptees have detailed difficulties in obtaining proper medical treatment or being treated differently from non-adoptees who have access to a full medical history. Some of the adoptees whom I surveyed reported receiving differential treatment from their physicians, involving everything from extra tests to a hysterectomy (because cancer **might** run in the family), since a medical history was unavailable. One adoptee, found to be diabetic, was advised to abort her child on the basis of her unknown medical history. Another adoptee, who is partly Portuguese, was often assumed to be bi-racial based upon his darker skin. He was subjected to tests for sickle-cell anemia and other race-specific diseases by his employer, the U.S. Navy, who assumed that he was black. One adoptee reported that:

Medical information became very important to me in

1986, when my adopted brother died of cancer. If we'd known that a history of cancer ran in his family we would have paid more attention to the funny-looking mole on his back, and not let him blow it off until he was riddled with malignant melanoma. I still feel bitter and frustrated about this (Internet survey, Female Adoptee).

While it is becoming more common, especially in open adoptions, to share accurate and updated medical information with the adoptee and the adoptive family, closed records still hinder this process. Adoptees may be able to learn that their biological parents were "healthy" at the time of birth, but such information is not typically updated on an annual basis. In most cases the adoptee will never learn of medical problems that occur within the biological family after placement. Usually the last medical information an adoptee receives about his or her birth family is from the time of birth, which may change dramatically in future years.

A lack of a complete medical history further burdens the legal relationship because of the threat of the adoption of a "defective" child. Through a review of lawsuits against adoption agencies, DeWoody (1993) has defined four bases of agency liability where an adoptee's medical history is concerned. DeWoody first describes *intentional misrepresentation*, in which an agency makes a statement about the child's health or background with the assumption that the parent(s) will rely upon the statement in deciding

whether to adopt. The agency must know, or strongly suspect, that the statement is false in order to be guilty of intentional misrepresentation (*Burr v. Board of County Commissioners*). *Deliberate concealment* which occurs if an agency does not disclose information about the child's health or background even though it is material to the decision to adopt is another basis for liability (*Michael J. v. Los Angeles County Department of Adoptions*). A third basis of liability is that of *negligent disclosure*, by which an agency volunteers inaccurate information about a child when they should have known that the information was incorrect (*Meracle v. Children's Service Society of Wisconsin*). Finally, *negligent withholding of information* occurs when an agency voluntarily shares some information about a child's history, but withholds details germane to the decision to adopt (*M.H. and J.L.H. v. Cartias Family Services*). The threat of such actions on the part of an adoption agency can lead to fears about the child's history, which can in turn further burden the legal relationship. There are thirty-six states that mandate the collection and disclosure of the medical histories of the birthparents to the adoptive parents. Twenty states require the collection or disclosure of other biological relatives' medical histories. The genetic histories of the birthparents must be collected and disclosed in eighteen states, and ten

states require disclosure of the biological parent's social history, including such information as marital status, educational background, religion, and the circumstances surrounding the adoption (DeWoody 1993).

5.5 Favored Tax Status for Parents of Biological Children

The Internal Revenue Code gives favored treatment to taxpayers with dependent children. According to Kasper (1993), a Certified Public Accountant, "the taxpayer-parent may claim additional exemption from tax for otherwise taxable income, use a more favorable tax rate schedule that produces a lower tax at most levels of income, or receive credits against the tax liability otherwise due." The most favored relationships are between the taxpayer-parent and his or her biological children (as well as those children's dependents) and between the taxpayer-parent and his or her step-children. The adoptive parents can be excluded from favored treatment, or, more likely, face additional requirements and restrictions to gain entitlement to such a favored tax status (Kasper 1993).

In order for the taxpayer-parent to benefit from dependency exemptions from his or her biological and step children, three tests must be met. First, the support test, in its simplest form, mandates that over one-half of the dependents' support must be provided by the taxpayer seeking

the exemption (IRC Section 32). There are additional ways for the taxpayer to meet the support requirement, including a multiple support agreement (IRC Section 152-a and 152-c), and a custodial support agreement (IRC Section 152-e-1). Second, the relationship test is satisfied if the dependent is considered a son, daughter, or descendant of either the son or daughter (IRC Section 152-a-1), a stepson or stepdaughter of the taxpayer (IRC Section 152-a-2), or qualified through other relationships established by either blood or marriage (IRC Section 152-a-3 through 152-a-8). None of these classifications specifically qualifies an adopted child for dependency status. Third, the residency test requires that the dependent be either a United States citizen or a national of the United States, or a resident of Canada, Mexico or the United States (IRC Section 152-b-3).

With additional requirements, the parent of an adopted child can qualify for this favored tax status. If a formal application for adoption has been filed for an adoptee placed by an authorized agency, the child is considered to be a dependent of the taxpayer immediately¹³. The taxpayer must attach a statement including the child's name, the name

¹³ An authorized agency, as defined by Treasury Regulations Section 1.152-2(c)(2), is any agency which is authorized by a state, the District of Columbia, a possession of the United States, a foreign country, or a political subdivision of any of the foregoing, to place a child for adoption (Kasper 1993).

and address of the placement agency, and the date the formal adoption application was filed¹⁴. In cases where an adoption occurred through an unauthorized placement service, such a through private lawyers, or by United States citizens living abroad, the adopted child must reside with the taxpayer for a full fiscal year in order to be claimed as a dependent (Kasper 1993).

Further clouding the relationship between the taxpayer and his or her adopted child are the tax regulations covering medical and adoption expenses. Payment for medical services of an adopted child prior to placement in the taxpayer's home are deductible only if: 1) the child is considered a dependent at the time of medical treatment, 2) the payments are not meant to be reimbursements to the adoption intermediary prior to adoption negotiations, and 3) the expenses were incurred for the care of the child, rather than the biological mother (Kasper 1993). As of January 1, 1987, the federal deduction of adoption related expenses was completely repealed (Kasper 1993). Most states, however, do allow for a deduction of adoption expenses.

The increased requirements for dependency status as well as the lack of such deductions as medical and adoption expenses further burdens the relationship between the

¹⁴ Treasury regulations Section 1.152-2(c).

adopted child and his or her legal family. While the adopted child is legally the child of the adoptive parents, the favored tax status afforded to biological and step children is not similarly afforded to adopted children, especially if the adopted child has not lived with the legal family for a full year prior to tax filing.

5.6 Difficulties with Adoption Documentation as Legal Proof of Identity

A few of the adoptees and adoptive parents whom I surveyed reported difficulties utilizing their adoption documentation, specifically their amended birth certificate, for legal transactions. The primary problems were encountered by parents of different-race children, and by adoptees themselves. Parents have reported problems 'proving' parentage to their children's school administrators, as well as to customs officials who have questioned the validity of the adoption documents. Adoptees report similar difficulties. One was challenged in his attempt to obtain a drivers' license, another in her attempt to get a passport. The latter adoptee explains:

When I was 18 years old, my adoptive father, who is from the Netherlands, wanted to take my mother and me to his family reunion, so I had to get a passport. I had never had any problem before using my amended birth certificate because it did have the state seal on it. This was not good enough for the passport office, however, because my birth certificate was filed 1 year and 3 months after my birth (when my adoption became final).

We had to go to the agency [through which I was adopted] and then to juvenile court to get some type of certification that said [my amended certificate] was indeed the only birth certificate available to me, and that it was valid. The whole process was unpleasant and make me feel like I was not considered "as legal" as someone who had an original birth certificate (Internet survey, Female Adoptee).

Conclusions which can be drawn from this chapter, perhaps, provide a logical transition to subsequent discussions of the stigma of adoption, which is often the result of both social ideologies, and the differential treatment above.

Chapter Six

THE STIGMA OF ADOPTION

First there are the abominations of the body - the various physical deformities. Next there are the blemishes of individual character... Finally there are the tribal stigma that can be transmitted through lineages and equally contaminate all members of a family. In all these various instances of stigma... the same sociological features are found: an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us (Goffman 1968, pp.14-15, as cited in Page 1984, pp. 4-5).

Much current adoption legislation in the United States was designed to reduce the stigmatization of all members of the adoptive triad. Sealed records were designed to save each of the parties from their own stigmatizing status. Infertile couples can parent, while hiding their infertility. Bastard children can become legitimate. "Loose" birth mothers can shed their promiscuous past and avoid the stigma of single-motherhood. However, in the process of removing these stigmas from the triad members new stigmas develop, and are strengthened by the closed record-system currently in place. This chapter explores the stigma of being adopted and adopting in the United States.

6.1 Stigma in Other 'Alternative' Families

In recent years sociologists have begun to explore

"alternative" family types -- single-parent and step-families, and the stigma associated with these groups. Much recent research has addressed the formation of these families, the functional effectiveness of such families, and the contrasts between the "traditional" nuclear family and alternative forms. For example, there has been considerable sociological inquiry into the step-family as an alternative type. Research supports a less favorable perception of the step-parent to step-child relationship than that of biological parent to child relationships (Ganong and Coleman 1983; Bryan, Ganong, Coleman and Bryan 1985). Recently some sociobiologists have presented a **biological-discrimination** hypothesis, which suggests that a non-biological tie can result in a weaker emotional bond between parent and child. Flinn (1988, as cited in Coleman and Ganong 1991:196) suggests that "motivational and emotional aspects of parenthood are lacking for step-parents because of the absence of genetic ties." Coleman and Ganong (1991:196) further note that "stepfathers interact less positively with their stepchildren than their own children (Flinn 1988). They are also more likely to neglect (Wilson, Daly and Weghorst 1980) and to inflict physical and sexual abuse on their stepchildren (Lightcap, Kurland and Burgess 1982)." The lack of a biological tie may be related to a diminished emotional connectedness between parent and child which could

coincide with a societal perception that adoption is not as authentic a method of family formation as is biological parenthood. Such a hypothesis, if accurate, or if believed whether or not it is accurate, may contribute to the stigma of the adoptive relationship.

Children of divorce, living with a single parent, can be perceived less favorably than children from intact families. In their study of children from divorced families, Ball, Newman and Scheuren (1984) find very negative stereotypes attached to such children. They find that teachers expect children of divorce to have more problems at school and to not perform as well as their counterparts from two-parent, non-divorced families. Santrock (1975) found that young boys growing up without a father are viewed by their teachers as less advanced in moral development than boys growing up with their fathers in the home. Negative stereotypes are much more commonly associated with children of such non-traditional family structures than with children of intact, two-parent families (Amato 1991). Such stigmatization of these non-traditional family structures, especially in the case of the step-parent relationship, provides a biological precedence for an understanding of why adoption might be stigmatized as well.

6.2 The Belief that Blood is Thicker than Water

In a society where childbearing is considered "natural," childlessness is regarded as abnormal, discrediting and stigmatizing (Miall 1986; 1990). It is difficult for an infertile person to conceal this condition if he or she chooses to adopt. As first reported in chapter three, many adoptive couples must reveal their fertility status to their adoption agency, as certified by their physician.

In years past there were attempts made to conceal this stigma. Physical matching¹⁵ of the adoptive parents and the biological child encouraged the adoptive parents to deceptively present the child as their biological progeny. However, the decrease of matching coupled with an increase in trans-cultural and international adoptions means that the adoptive couple must acknowledge their infertility publicly. Noticeable physical differences between the parents and the child make infertility and adoption public and more open to the scrutiny of others. This phenomenon is evident even in

¹⁵ This physical comparison between the biological and adoptive parents is not as prevalent today as in past generations. This is primarily due to the reduced number of children placed for adoption, as well as the increased number of couples adopting inter-racially, or adopting older or disabled children. However, during agency adoptions of white infants, the physical characteristics, social history, and religiosity of both sets of parents are often part of the placement process.

the case of biological children who do not resemble their parents. Often if a child looks significantly different from either parent the legitimacy of the child may be called into question through allusions, often intended to be humorous, to the child's parentage.

Social workers may ask how "hard" the couple "worked" to get pregnant. Friends, who would never think of asking how a biological child was conceived, may question a woman about the invasive and very personal infertility treatments that she has undergone, or ask which partner has "something wrong" with them. On this subject, one respondent stated:

Society doesn't know how to deal with adoption, and so reacts in strange ways sometimes. [People will say] "You're adopted, how sad." It's just not completely accepted, partly because the assumption is that normal reproduction has failed. People who would never dream of asking personal questions will ask whether I know my birth parents, and whether my adoptive parents are infertile (Internet survey, Female Adoptee).

Treatments for infertility, which are often costly, invasive, humiliating and dangerous, contribute greatly to the stigma of adoption in that adoption is "second best" for many adoptive couples. Infertility treatments reinforce the legitimacy of the biological tie, encouraging infertile couples to keep trying for "one of their own."

The infertile are conditioned to experience their loss as devastation, and they pursue infertility treatment with ever-increasing enthusiasm. It is considered "natural" to want your "own" child, even at the cost of years of quite unnatural

treatment at the hands of the high-tech infertility specialists (Bartholet 1993:164).

The stigma of the adoptive relationship is largely based upon the social norm that couples would, and should, rather parent their biological offspring, rather than someone else's child. As one adoptee explained:

As I experienced it, society does not validate the adoptive family in the same way as the biological family. As my adoptive father noted, people would ask him "why do you want to take on someone else's problem." It makes public the infertility issues of the parents, which may remain unresolved even with the adoption of children. In closed adoptions the premise is a lie -- even if the truth is told about the adoptee's status, the desire is still for the child to behave as if they are wholly the children of their adoptive parents... On the flip side, the adoptive parents pretend that this [adoption] is what they have always wanted, that we [adoptees] are chosen and not second choice to repair their unfortunate infertility (Internet survey, Female Adoptee).

"Real" parents, it seems, are those who contribute to the child's genetic makeup. Consanguinity is the primary factor determining kinship. Biological parents, despite the fact that they have given their child up for adoption, are typically referred to as either the "natural," or "real" parents, implying a "unnatural" or less than "real" adoptive relationship. An adoptive mother wrote:

I can't remember how many times I've been asked if my kids are 'really mine.' I always answer "of course," but since my husband and I are white, and my two daughters are bi-racial, I am continually questioned. People will actually argue with me until I admit to the fact that my children are adopted, to which some people reply with an "I

told you that they weren't really yours" attitude, if not with those exact words (Internet survey, Adoptive Mother).

Adoptees are not immune to such comments either. One particularly traumatizing incident is related by an adoptee who was told as a child, by one of her peers, "Why should you [obey your adoptive mother]? She's not even related to you. She doesn't love you the way a real mother would" (Remsburg and Remsburg 1981).

After adopting, a couple may be asked if they ever plan to have biological children. A number of adoptive parents whom I surveyed reported hearing comments such as "It's too bad that you couldn't have your own children." Couples who are able to conceive after adopting a child may be congratulated on finally having "their own" child, and even asked if they would still adopt, had they have known that they would have a biological child. One survey respondent told me of a friend who asked, after she became pregnant, if she would now "return" her 2 year old adopted child. This "blood is thicker than water" ideology can permeate the adoptive family, as one adoptee describes:

My brother was creating our family tree for a seventh-grade assignment. When he called our paternal grandmother to ask for information on our great-grandparents she told him that she wouldn't give it to him because they weren't a part of his family tree. She said that she had no information on his family to give him (Internet survey, Female Adoptee).

This lack of legitimacy occurs not only in the parent-child relationship, but between siblings as well. If a couple has both adopted and consanguine children they may be asked how their "own" child feels about his or her adopted siblings. Family, friends and strangers alike may ask the adoptive parents how much information they have about their new child's "real" parents, or if they have adopted more than one child, whether or not the children are "related," stressing the legitimacy between siblings related by blood, but not those related only by blood. Sibling rivalries, common in both consanguine and adoptive families, can become especially cruel in the latter. It is not uncommon for a biological child to taunt his adopted sibling with comments such as "you aren't my real brother," or make references to the adopted child's being unwanted by his or her "natural" parents. Additionally, siblings are known to tease one another about their consanguinity, or lack thereof. Adoption is used as an attempt to stigmatize a consanguine sibling with the threat of a less legitimate status; in fact, a recent episode of the popular television sitcom Home Improvement featured just this, an younger sibling being told that he is an adopted child, and not a "real" member of the family. Such references to adoption status, whether true or not, serve to reinforce the legitimacy of the consanguine relationship, and perpetuate the stigma of the

adoptive relationship.

In addition, many adoptive parents are congratulated for their "altruistic" behavior in adopting someone else's child.

The clear implication is that people would not adopt for the same reasons that they would produce a child -- they would not expect to enjoy the same pleasures or experience the same kind of giving-and-getting relationship. Therefore, some aberrational and perhaps altruistic motive must be involved (Bartholet 1993:167).

The children may be considered "lucky" to have been adopted by a secure and loving couple; "saved" from their birth families, poverty, and what is assumed to be a dismal childhood. More than likely a clear majority of comments made to members of the triad are well-intentioned, and the stigma applied to adoption is not intentional. People may perceive themselves to be very accepting of adoption, but not understand that their comments serve to reinforce the idea that biological families are more legitimate, more real, than are adoptive families. The stigmatization of adoption described herein is so pervasive within society that most people have become inured to these invidious distinctions, and may even fail to recognize them. Indeed, stigmatization is much more noticeable by the target (Goffman 1968), that being the members of the adoptive family.

6.3 The Unknown Biological History of the Adoptee

My adoptive grandmother was very against adoption. My parents (infertile at the time, although they went on to have two biological children) were warned by my grandmother that should they adopt, the child was sure to be the "devil's spawn." In her mind an illegitimate child, an unwanted child, certainly came from an unwholesome background at best, and an evil one at worst. When my parents adopted my brother my grandmother soon changed her mind, congratulating my parents on being "lucky" enough to get a good child. Her stern warnings quickly returned, however, when my parents sought to adopt a second child; she felt that my parents could never again be so lucky. Again, with my arrival, my grandmother changed her mind. Her opinion was based upon the stigma of illegitimacy, and the perception of birth parents as "unwholesome" and "immoral."

The stereotype of the birth mother as a "fallen woman" contributes greatly to the stigma of adoption (Shalev 1989). Through the secret parenthood of the adopted child, upheld through the severance of all legal ties and the concealment of the child's social history, the threat of unwholesome lineage can stigmatize the adoptee in the eyes of the adoptive parents, and the community. Without a detailed and accurate social history, fears of the birth mother's reason

for relinquishment, such as a child conceived by rape or incest, a history of alcohol or drug abuse, or an impaired mental status can stigmatize the adopted relationship within the family, and through the perceptions of the community at large. Some adoptees report being taunted as children by their peers, and sometimes even adults, concerning their either unknown or unattractive social history. One adoptee told me:

In the fifth grade, I told a girl that I was adopted. The next day she told me that her mother said that she couldn't play with me anymore. I was puzzled, and it wasn't until I was much older that it occurred to me that her mother assumed that I was illegitimate. I was, but she had no way of knowing that, as if it mattered anyway (Internet survey, Female Adoptee).

Although various studies have revealed relatively low levels of inter-familial stigmatization (Campbell, Silverman, and Patti 1991; Kirk 1964; 1985; Sachdev 1992) it does occur. Partridge (1991:199) maintains that "adoptive parents typically experience some competitiveness with their child's birth parents which leads them to minimize the importance of those other parents to the child." Adoptive parents may also disparage the birth parents, and in turn disparage the adopted child on the basis of the biological connection. Campbell, Silverman and Patti (1991:332) relate the story of one adoptee whose parents told her that her biological parents were "trash," inferring that the adoptee

was no better, and subjecting the adoptee to discreditable stigma in a manner of "guilt by association." Another adoptee in the Campbell study reported that "every time I misbehaved [in my adoptive home], I was informed of coming from the gutter" (Campbell, Silverman and Patti 1991). Yet other adoptees may be stigmatized through the lack of communication about their adoption. Within some families adoption is a taboo subject, sometimes even denied outright. An adoptee explained:

My mother certainly seemed to think that there was great shame in not having given birth to me. My adoption, and the adoption of their second child, was a family secret, so secret that it was not even to be discussed **within** the family (Internet survey, Female Adoptee).

As Partridge (1991:202) notes, "an important aspect of secrecy is the easily made assumption that if one is not allowed to know something, especially about oneself, it must be bad." Such an assumption, whether correct or not, can lead to the conclusion that the adoptee him or herself is somehow "bad" as well.

Although it has little basis in fact, the "cultural fantasy" of the adopted child as a "bad seed" is pervasive. Media stories about violent or shocking crimes committed by an adoptee are quick to point out this status, suggesting that it is somehow correlated with the commission of such crimes. Even television sitcoms capitalize upon this

negative view of adoptees, as evidenced through a recent episode of Seinfeld. When talking about Joel Rifkin, an adoptee who has been charged with the murders of at least 18 women in NY, a character on the show, explained: "You know why Rifkin was a serial killer? Because he was adopted, just like Son-of-Sam was adopted. So, apparently adoption leads to serial killing." Although meant to be humorous, media portrayals such as this do not serve to reduce the stigma associated with the adoptee, or to change the sometimes negative perception of adoption within our society.

6.4 Adoptees as Pathological

Research concerning adoptees has consistently examined adoptees and their psychological, behavioral and academic problems, as well as the difficulties that adoptees have interacting with their peers. Adoptees make up only about 2% of the child population in the United States, but they represent approximately 4% to 5% of children referred to outpatient mental health facilities, and between 10% and 15% of children in residential care facilities (Brodzinsky 1990). Much research indicates that adopted children are more likely to exhibit behavioral problems such as aggression, stealing, lying, oppositional behavior, running away, and hyperactivity than are non-adopted children

(Brodzinsky 1990). Adoptees tend to feel more isolated from the outside world than non-adoptees, and have more difficulty making friends and sustaining lasting relationships (Blos 1962; Clamar 1978; Lawrence 1976; Schwartz 1967; Weeks, Derdeyn, Ransom and Boll 1977). It has been found that adoptees have lower levels of self-esteem than do non-adoptees (Brodzinsky 1990; Sants 1965; Sorosky, Baran and Panner 1975). Adoptees are more likely than non-adoptees to report feelings of inferiority (Frisk 1964; Lawrence 1976; Sorosky, Baran and Panner 1978; Weeks et al. 1977). They tend to be more fearful than non-adoptees (Blos 1962; Lifshitz, Baum, Balgur and Cohen 1975; Nemovicher 1960; Schwartz 1967). Adoptees are more at risk also for feelings of insecurity than are non-adoptees (Frisk 1964; Lifshitz et al. 1975; Schwartz 1967; Weeks et al. 1977). It has also been noted that adopted persons report more feelings of loneliness than do their non-adopted counterparts (Lifshitz et al. 1975; Sorosky et al. 1978; Triseliotis 1973). Additionally, adoptees tend to lack self-confidence (Lawrence 1976; Lifshitz et al. 1975; Weeks et al. 1977) and have a poor self-image (Blos 1962; Frisk 1964; Lawrence 1976; Weeks et al. 1977) in comparison to their non-adopted counterparts.

These findings, however, must be viewed cautiously. The studies described above tended to concentrate on

adoptees in clinical settings, thereby starting with a biased unit of analysis. Adoptees are a "hidden population," as they usually cannot be identified by any physical characteristics and all records concerning which children are adopted are sealed from public view. This makes studying adoptees a challenge, as the samples are most often drawn from clinical settings or adoption-rights organizations. In addition, due to the secrecy surrounding adoption, many samples are small and unrepresentative of the adopted population as a whole. Yet, the image of the 'damaged' adoptee persists in both research and society.

However, new research is questioning such negative images of the adoptee. The Search Institute, a non-profit organization that studies children and adolescents, just released a study of 715 adoptive families, consisting of 881 adoptees, the largest study published to date. As reported by Tamar (1994), adoptees are no more likely to suffer from mental health or identity problems than are biological adolescents. Additionally, the adoptees in this study scored higher on many indicators of well-being such as friendship and academic achievement. About 55% of the adoptees, who lived primarily in the Midwest, scored high on measurements of self-esteem, as compared to only 45% of all teenagers in a previous, national Search Institute survey. They also found that adoptees reported "fewer signs of high-

risk behavior such as binge drinking and theft than did adolescents in the national sample" (Tamer 1994). The authors cautioned that the results might differ substantially for children adopted after age three, as only infant through age three placements were included in this study.

6.5 Private Adoption, Searching, and Stigma

Some of the stigmatization surrounding adoption can be traced to the emergence of private adoption and the search movement. Although private adoption is the only means by which some people can adopt, especially if they are seeking a healthy white infant, the high costs and sometimes questionable methods of finding a child can give adoption a very negative image. College newspapers are flooded with classified advertisements from prospective adoptive parents offering to pay a birth mother's "expenses" in exchange for her child. State statutes may or may not be very clear in what constitutes "expenses." In all 50 states baby-selling is illegal, yet providing a birth mother with a car, a luxury apartment, shopping sprees, and cash are not necessarily against the law. Private adoption has been referred to as "grey market" adoption by some research professionals; indicating a perception of less than legitimate adoption practices.

Private adoption also contributes to the stigma of adoption through the practice of advertising for children. Such advertisements, often in college newspapers, are located only a few columns away from advertisements for pets, household appliances and used cars. Although this method of connecting birth parents seems to yield results, it also creates an impression of children as commodities. The Uniform Adoption Act, if passed, would allow adoptive parents to seek children through the classifieds, and biological parents to advertise for parents for their child. The stigmatization of adoption as a situation in which children can be equated with commodities such as the popular Cabbage Patch (tm) dolls who come complete with their own adoption papers, seems to have some roots within private adoption.

In some ways the search movement, in which adoptees and birth parents seek out one another years after the adoption occurred, contributes to the stigmatization of adoption as well. Isn't searching for the lost birth-bond an indication that the adoptive ties are not as strong as are blood ties? The adoptees whom I surveyed would probably answer this question with a resounding "no," yet the search for one's birth parents could very well be interpreted by others as a reaction to a life spent in a less than legitimate family. The search movement can stigmatize adoption in that it

appears to be an indication that indeed, blood is thicker than water. The search movement, as well as an examination of the motives adoptees have for searching, will be examined in the next chapter.

Chapter Seven

ADOPTees' DECISIONS TO SEARCH FOR THEIR BIRTH PARENTS

7.1 Origins of the Search Movement

The first study of adoptees who searched for their birth parents was written in 1954 by Jean Paton (1954; 1960; 1988), founder of the adoptees'-rights organization Orphan Voyage. Adoptees such as Florence Anna Fisher (1973), founder of the adoptees'-rights group Adoptees' Liberty Movement Association (ALMA) in 1971, and Betty Jean Lifton (1975;1988), authored two of the first detailed accounts of growing up adopted, and searching for one's biological parents. These three women, the originators of the adoptees' search movement in the United States, started a trend that has grown significantly in recent years. Since the movement's beginnings in the late 1960s and early 1970s the proportion of adoptees searching for birth relatives has increased rapidly.

This chapter examines five factors that may influence adoptees to search for their biological parents: 1) how and when the adoptee learns of his or her adoptive status; 2) the level of communication about adoption within the family; 3) the amount of information about the biological parents available to the adoptee; 4) the physical and personality

characteristics shared by the adoptee and adoptive family members, and 5) significant life events, such as pregnancy or death of an adoptive parent.

7.2 How and When Adoptees Learn of their Adoption

To date, little research has examined the age at which an adoptee learns of his or her adoption, and the method by which this knowledge is conveyed, as a factor influencing adoptees' decisions to search. Sorosky, Baran, and Panor (1974) report that 36% of their sample of adoptees who had completed a search (n=11) did not learn of their adoption until after age 10. An additional 45% of these adoptees learned of their adoption between the ages of 5 and 10 years. The remaining adoptees were told of their adoption before age 5. Although most of the adoptees in this study were told of their adoption by their parents, 64% of the sample found the revelation to be a "traumatic experience" (p.200), which upset them at the time.

Dukette (1975:549), in an examination of 70 adoptees, reports that "all who found out [about their adoption] from persons other than their parents were resentful, and when this was combined with adverse conditions within the family, the adoptive relationship was irreparably damaged." In another study, Campbell, Silverman and Patti (1991) report that 70% of the adult adoptees surveyed (n=133) had "always

known" of their adoption, with no information available about how this revelation occurred, or if the adoptee found the experience to be traumatic. None of these authors suggests that the age at which the adoptee is told, who makes the revelation, or the manner in which this occurs is related to whether or not an adoptee will choose to search. Most adoption professionals now urge adoptive parents to tell their children about their adoption from a very young age (Rohr 1971), but no conclusive evidence has yet connected the transfer of knowledge about adoption and the subsequent decision of the adoptee to search, or not to search.

Of the searchers I surveyed (n=29), 86.2% had "always known" of their adoption. They had been told as they were growing up and do not remember a specific time in which they learned of their adoption. An additional 10.3% learned of their adoption between the ages of five and ten years. Only one adoptee was not told of his adoption until after age 10.

I figured out that something was different when I found my amended birth certificate with reference to a mother other than my adoptive mother. My adoptive mother and I had an 'official' discussion on the topic for the first time when I was around 16 or so. This angered me to some extent for years afterward (Internet survey, Male Adoptee).

Additionally, 92.5% of the searching adoptees I surveyed reported that being told was not at all traumatic. The adoptees who responded to this survey were all told of their

adoption by their adoptive parents, and most, 85.2%, had fond remembrances of being read children's books concerning adoption by their parents, or otherwise being made to feel special. As one adoptee told me through the Internet, "I don't remember ever not knowing that I was adopted. One of my dad's nicknames for me was 'darlin 'dopted daughter.' I was always treated like a special gift."

7.3 Communication About Adoption

How does the level of communication within the adoptive family impact upon the adoptees' decision to search? In their review of twelve adoption-search studies, Bertocci and Schechter (1991) report dissatisfaction with the level of communication and the negativity of communication that occurred within adoptive families. Rosenzweig-Smith (1988:418) reports that 10% of adoptees in her sample (n=30) report the "lack of freedom to discuss adoptive status" as a significant motivator for their search. Kirk (1959) examines this phenomenon in terms of the adoptive parents' acknowledgement or rejection of differences between themselves and their adopted children. According to DiGiulio (1987:563):

Parents who acknowledge the difference tend to regard themselves as different from the biological parents, perhaps as substitute parents; regard the child's life experiences and concerns as different from those of a natural-born child; try to understand and empathize with the biological

parents; and speak freely with the child about the adoption and encourage the child's questions and curiosity. In contrast, adoptive parents who reject the difference tend to consider themselves to be no different from biological parents; regard the child's life experiences and concerns to be the same as those of a natural-born child; avoid reference to the biological parents or depersonalize them; and abstain from speaking about the adoption and attempt to squelch the child's curiosity.

If adoption is a taboo subject in the home, or if the adoptive parents are otherwise uncomfortable talking openly with their child about adoption, the adoptee will feel more of a need to search for their biological parents. In homes where there is more of an acknowledgement of differences, in which the adoptive parents are more open to communication, adoptees will be less prone to search for their biological parents.

From my survey, approximately 33% of searchers reported little or no discussions about adoption within their adoptive families, especially concerning their search. The other 66% of searchers reported that their parents were generally open in talking about adoption, although some the parents were perceived by the adoptees as feeling "threatened" when talking about searching. Regardless of the amount of communication the adoptees had with their parents, all of the searchers whom I surveyed wanted more information about their birth families.

7.4 Information About the Birth Family Available to the Adoptee

The level and openness of communication within the adoptive family has been closely related to the amount of information that the adoptee has about his or her birth family, which has been noted as a factor influencing adoptees' searches. In their study of 133 adoptees who had been reunited with at least one birth parent, Campbell, Silverman and Patti (1991) report that adoptive parents told 32% of adoptees that they had no information about the biological parents. Of the adoptive parents who did have identifying or background information about the biological parents, only half shared that information with their adopted children. Sachdev (1992) reports that over 87% of searching adoptees were dissatisfied with the limited knowledge they had about their birth parents and desired to know more. In Rosenzweig-Smith's (1988) study 58 adoptees reported the desire for more information as a significant reason for searching.

Most adoptees who wanted more information about their biological parents asked their adoptive parents for that information. In a 1981 survey of 372 adoptive families, 69% of adoptees questioned their adoptive parents about their birth parents. The other 31% of adoptive parents reported that their children had never asked for information about

their birth parents (Feigelman and Silverman 1986).

The information that adoptees seek can vary; some cite the desire to know their social history, genealogical background, circumstances surrounding the adoption, and/or medical and genetic information (Campbell et al. 1991; Pacheco and Eme 1993; Rosenzweig-Smith 1988; Sachdev 1992; Sorosky et al. 1974). In the only report of such data published to date, Pacheco and Eme (1993) report that 71% of searching adoptees' needs for information were satisfied by their reunion.

All of the searching adoptees that I surveyed were looking for some sort of information about their birth families. Even the two non-searchers in my sample wanted to know more about their birth families. About 52% of adoptees¹⁶ were seeking medical information, and 45% wanted to know their biological ethnicity.

I did desire medical information, and this was my driving force. But, lack of ethnic history, personal history, seemed to be a compromiser as time passed. Like baggage, it got heavier and heavier. Finally, I had to stop, put it down, and look around (Internet survey, Male Adoptee).

Other adoptees were "just curious" about what they might learn, or they wanted to know why they were relinquished. The religion of one's birth parents was sought out by 11% of

¹⁶ Percentages will exceed 100 percent because each respondent was able to write in more than one type of information they were seeking.

the adoptees. As one adoptee stated:

Certain religious rites were required if my biological parents were not Jewish. I originally requested information from the agency for the purpose of determining my parent's religion. Later I learned that certain rites could not be performed if I did not know the status, living or dead, of my birth parents. Therefore, this became a critical area of my search (Internet survey, Male Adoptee).

An additional 66% of searchers were seeking any information that would make them feel more "complete," or to fill a "void" that they felt was present in their lives. In our society members are inexorably linked to the life cycle: birth and death are a part of everyone's life, although the adoptee does not always know much about the former. As one adoptee reported:

I hope that searching will give me a sense of connectedness to the human race, and to my birth family in particular. I would like to know the reason I was put up for adoption, in my birth parent's own words. These reasons are important to me because I have always felt 'unrelated' and 'unconnected' to the rest of humanity as a result of my adoption (Internet survey, Female Adoptee).

7.5 Influence of Shared Characteristics

Bertocci and Schechter (1987) report that 60% of their sample of searching adoptees cited the lack of physical similarities as significant reason to search. Of the adoptees I surveyed, 70.3% cited a desire to find someone who looks like themselves as a motive to search. For example, one adoptee responded:

I love my adoptive family, but it was hard growing up with them sometimes. I wonder, often, where did I get my curly hair? Did I inherit my height from someone? Where did I get these big ears? I'd just like to look like **someone** in the world (Internet survey, Male Adoptee).

Some qualitative studies have examined the relationship between shared physical and personality traits and the desire to search. Partridge (1991) reports that adoptees are unable to make many physical comparisons between themselves and their adoptive family members. Adoptees often receive fewer parental comments about their physical appearance than do non-adoptees (Partridge 1991). Since they may not resemble their adoptive parents, adoptees may feel "different" or "deviant." Often physical similarity is discussed as part of "identity formation" in the psychological literature. It has been reported that:

adopted adolescents also find it difficult to establish their sense of identity... because of the lack of information about their biological family, they struggle with the problem of integrating their inherited traits into the people who they are. With the dramatic physical changes of adolescence, adoptees do not have the usual biological reference points (Berman and Bufferd 1986:5).

About 52% of searchers whom I surveyed felt that they were very different from their adoptive families in terms of personality characteristics. As one respondent said:

I have a good relationship with my adoptive family. The major difference I have experienced in my life is that my parents and I don't think alike, and not in a generational-gap sort of way.

We don't have the same thought processes. We don't think in the same patterns. That makes it hard for us to understand each other most of the time (Internet survey, Female Adoptee).

Biological children grow up with comments such as "Oh, you have daddy's hair," or "You and Auntie Pam have the same sense of humor!" Adoptees do not experience these sorts of connections. The results of my surveys indicated that many adoptees would like to make such comparisons.

7.6 Significant Life Events

The advent of some sort of significant life event or life-course transition seems to be a significant influence in adoptees' decisions to search for their birth parents. Four studies cited pregnancy or the birth of a child as a reason for beginning a search (Campbell et al. 1991; Pacheco and Eme 1993; Rosenzweig-Smith 1988; Sorosky et al. 1974). Health problems accounted for 14 to 20% of the variation in search motivations (Pacheco and Eme 1993; Rosenzweig-Smith 1988, respectively). Other life events that can encourage adoptees to search are engagement or marriage and the death of one or both adoptive parents (Campbell et al. 1991; Pacheco and Eme 1993; Sachdev 1992; Sorosky et al. 1974).

About 37% of respondents I surveyed reported that the birth or adoption of their own child motivated their search. For example, one adoptee stated:

The birth of my son prompted my search. I had a

fantastic and easy pregnancy and labor, but to think that a woman could go through all that and still have the strength to give up a baby was very overwhelming to me. I was very emotional after the birth, and I don't know if I could have relinquished my child at that point (Internet survey, Female Adoptee).

Two adoptees reported the death of a family member was a significant factor in their search. Approximately 15% cited an engagement or marriage as a reason. An additional three adoptees reported that reaching age of majority spurred them on. It is doubtful that any one life event is the sole reason for searching, but certain events, such as the birth of a child, seem to instigate the process.

7.7 Barriers to Searching

Despite the abundance of factors that can motivate adoptees to search, there can be a number of barriers to embarking upon such an activity. First, all fifty states have minimum age requirements concerning which adoptees may receive non-identifying information about their birth parents, or register with a mutual consent registry. Three adoptees surveyed reported age to be an obstacle in the path of their search.

Adoptive parents seem to be the biggest barrier to searching among adoptees whom I surveyed. There is a social attitude that searching somehow invalidates the adoptive relationship -- that adoptees are looking for a new set of

parents. About 44% of the adoptees in my survey reported that their parents were an obstacle to searching. Some adoptees felt guilty for searching, or delayed searching because they felt that their parents would feel hurt. About 14% of adoptees whom I surveyed chose not to tell their parents of their search efforts. Of the adoptees who did tell their parents of their search, 66% of adoptive parents responded positively. Some adoptees reported that their adoptive parents were very helpful, offering financial and emotional assistance. Other adoptive parents were accepting, but not overly supportive of their child's search.

Other less-frequently mentioned barriers to searching were a lack of finances, time, and knowledge about how to search. Searching can be very costly and time-consuming, and many adoptees do not know what information is legally available. For this reason adoption search businesses are forming that charge from a few hundred to a few thousand dollars for a search.

According to the American Adoption Congress, there are more than 60,000 Americans searching for lost biological relatives. Although sealed records make a search very difficult, a high percentage of these searchers are eventually successful in finding their biological kin. Some of the states have passed legislation to enable adoptees and

birth parents to find one another more easily. Currently, Alabama, Alaska and Kansas will release the identity of the birth parents to the adoptees over 18. Ohio releases original birth certificates to adoptees born prior to 1964.

A few states, such as Hawaii and New Jersey, allow adoption agencies to perform intermediary searches. In this situation an agency will make a reasonable attempt to locate the birth family members, for a fee, and attempt to initiate contact. If the person found wishes no contact the agency will not give the searcher any identifying information. If the person found is receptive to contact, the agency will usually give out the searcher's full name, phone and address.

At least 22 states now offer mutual consent registries to adoptees and birth parents. In this situation both the adoptee and birth parent must register with the state, for a fee, in order for contact to occur. Sometimes the consent of the adoptive parents is also necessary, regardless of the age of the adoptee. If the necessary parties all register, a match is made and the family members will be put in contact with one another. However, in some states, if one party fails to register, such as a birth father who didn't know about his child but was named on the birth certificate non-the-less, the remaining members of the family will not be put in contact with one another.

The following chapter will again draw upon sociological theory in an attempt to explain the findings presented, and why adoption can be considered deviant.

Chapter Eight

ADOPTION AS DEVIANCE: A SOCIOLOGICAL ANALYSIS

Chapter two presented a number of theories of deviance which can be used to explain why adoption can be considered deviant. The intent of this chapter is to briefly draw upon the chapters concerning adoption trends, differential legal treatment of adoptees and adoptive parents, and adoptees' decision to search for their biological families in order to examine adoption as deviant from a theoretical standpoint.

8.1 Adoption as Historically Deviant

In chapter four I presented a detailed history of adoption, primarily within the United States, in which the practice of adoption and the adoptee have long been considered deviant. Historically, the early Christian Church has been against adoption, labeling the practice as an abomination of the family, and the adoptee as a bastard. I believe that a residue of the early Christian ideology concerning adoption remains today.

Within many early and modern religions, sex before or outside of marriage is sinful and deviant. When intercourse results in a child, the sanctions against the mother have traditionally been passed on to the child, resulting in a deviant status. Historically, illegitimate children have

been denied many the rights given to children born within a legal marriage. Although this is changing, the adoptive status is still deviant through both social and legal mechanisms.

Adoptees are still labeled as deviant due to the circumstances of their surrender. Although it might not be accurate, adoptees may be thought of as the result of immoral actions such as promiscuity, extra-marital affairs, or even rape or incest. Adoptees often have an unknown biological history which, when coupled with the secrecy surrounding adoption, can lead people to believe that the adoptee is deviant on the basis of his biological parents possible actions. Thus the adoptee retains the bastard or illegitimate status, which continues to perpetuate the idea that adoptees are somehow abnormal, tainted, and deviant.

Once a child is labeled an "adoptee," he or she is set apart from the norm. Adoptees are non-kin by the very definition of family within our society -- that being consanguinity. Although now afforded many of the rights given to biological offspring, such as the right to inherit from one's parents, there are still many areas in which the adoptee is not treated equitably. Socially, the adoptee is treated as deviant through references to the "real" and "natural" biological parents, parents the adoptee may have never known. The adoptee is deviant because he or she was,

at least at one point, an unwanted child, which resulted in the adoptive placement.

The adoptive parent too is deviant. Often infertile, a couple is pitied when they adopt a child. Parents who have biological offspring may wonder, or even question outright, how anyone could love a child that is not "their own." An adoptive mother may be isolated by biological mothers when discussing pregnancy and birth, considered deviant because she cannot actively share in the experiences discussed. Although probably not intentional, many people treat adoptees and adoptive parents as deviant as based upon ideologies passed down from the early Christian church and early adoption practices in the United States.

8.2 Adoption as Legally Deviant

As described in chapter five, the adoptive relationship is legally burdened. Again, relying on labeling theory, I argue that the historical labeling of adoption as a deviant method of family formation has influenced legislation that discriminates against the adoptee and the adoptive family. Adoption legislation often aims to create a legal family "as if" it were a biological family, failing to take into account the significant differences between the two.

Although I hypothesize that most differential treatment is unintentional, it harms the legal family none-the-less.

Laws were not created to specifically discriminate against the adoptive family. Rather, they were created without taking the adoptive family into account. By failing to specify that the adoptee is entitled to all medical benefits available to biological children, for example, law makers have left the decision to cover adoptees up to individual agencies, which has resulted in differential coverage.

The deviant status of adoptees is further evidenced through the concealment of all adoption records from both the adoptee, and the public. Non-adoptees may get copies of any and all vital statistics records pertaining to them. Adoptees are not afforded similar rights. The biological past of the adoptee is legally concealed forever. Only by finding one's birth parents may an adoptee find out their biological history. Adoptees are not legally entitled to accurate and updated medical information. Nor are adoptees legally entitled to know their ethnic history, or even the circumstances of their birth. Information freely available to biological children is hidden from adoptees. Such differential access to what are otherwise public records reinforces the deviance of the adoptive status. The adoptive label is the means by which state agencies may actively deny information to adoptees, perpetuating the deviance of their label.

8.3 Adoptees as Deviant

Adoption is a means of negating deviance. The deviant status of being a bastard child can be negated, for example, through legal adoption. The process of adoption, however, has traditionally involved some degree of deception and subterfuge, often hiding the facts of the genuine consanguine linkages from both the adoptee and the public. In this sense, the adoption constitutes a "counterfeit" relationship which is reinforced by normative obligations of secrecy and role falsification. Adoptees who become aware of the truth may not subscribe to the concealment nor conform to the expectations of the dramaturgical disguise. Adoptees who do not conform to adoption as a "masking device" (such as those who search for their birth parents) violate another set of norms and can be labeled as deviant.

Thus, adoptees may be labeled as deviant within two different contexts. First, they may be stigmatized by the fact of their adoption and the resultant socially perceived inauthenticity of its non-consanguine ties. The attendant stigma represents one mode of primary deviance. Secondly, should an adoptee discover the deception surrounding the parent-child linkages, they may well violate the norms of secrecy and concealment and openly seek information about their "real" parents. Adoptees who search for their

biological past may be subjected to a more deviant status than non-searching adoptees. Already legally denied information, they may be socially stigmatized for searching. Searchers may be accused of not appreciating all that their adoptive family has done for them, and of hurting their adoptive parents via a search. With the passage of the Uniform Adoption Act, searching adoptees may be labeled criminals as well. The Uniform Adoption Act proposes to criminalize the search for one's biological past -- the release any information about an adoptee would be considered a felony, as would an adoptee's search for his or her biological family.

Searching, in effect, compounds the deviant status of adoption and represents a deviant mode of its own. The searcher may rebel against the secrecy and social sanctions associated with the adoptive tie and seek out the more legitimate biological link. With the importance of consanguinity continually stressed, the searcher may seek acceptance or acknowledgement as a consanguine son or daughter who better fits into the social definition of family.

Secondary deviance may occur when the adoptee internalizes the deviant identity and begins to behave in a manner consistent with his or her deviant label. The adoptee is stigmatized through no fault of his or her own,

but may internalize the deviant label none-the-less. Examples of secondary deviance among adoptees could be psychiatric disturbances, law breaking, and rebelliousness. Because of the discomfort of their undeserved deviant label, adoptees may act out or otherwise fail to conform to the deception of adoption (that of being an "as if" member of a family) thus falling into a pattern of secondary deviance.

Adoptees often seem to be caught in a "catch-22" situation. They are labeled deviant through their adoptive status -- which they have no power to control. Although all adoption laws mandate that adoption is to be a legitimate method of family formation, and adoptees are to be raised "as if" they are their adoptive parent's biological children, adoptees are offered differential treatment in many legal areas, and can be socially stigmatized for a turn of events over which the adoptee has no control. A cycle of deviance begins. Adoptees are deviant as based upon societal norms that value the consanguine tie above all others. If the adoptee searches for their biological family so as to escape that deviant status, they may again be labeled as deviant for failing to accept their adoptive tie as being as legitimate as their biological tie. Once labeled deviant, the adoptee may internalize that identity and play it out in other aspects of their lives.

8.4 Sociological Conclusions

Labeling theory offers one explanation as to why adoptees and adoptive parents may be considered deviant. The adoptive family may be labeled as deviant in order to serve as a benchmark for what family types are normative, and which are non-normative. By labeling adoption as less legitimate than consanguinity, the majority of people who are raised by their biological parents are able to reinforce the legitimacy of the consanguine tie.

Similar labeling has been applied to children raised by step-parents. However, as the number of step-families has grown, the deviance of that relationship has diminished. It is unlikely that such an occurrence will happen within the institution of adoption. Adoptions are on the decline in the United States. Advances in infertility treatments are allowing more infertile couples to parent biologically. The reduction in adoptable children is leaving more couples childless, rather than involved in an adoptive union. As a result, adoption may well continue to be considered deviant within our society, and treated differentially through legal and social means. Similarly, the stigma associated with adoption is not likely to decline.

The future of adoption in the United States, as well as the limitations of this research and suggestions for further

study will be addressed in the following chapter.

Chapter Nine

DISCUSSION

From a sociological perspective, adoption is a neglected area of study, even within the realm of family sociology. This project should provide a basic understanding of some of the issues affecting this social and legal institution to date. More attention needs to be focused upon all members of the triad, and issues such as open adoption, differential treatment of adoptive and biological families, the stigma of adoption, and the search movement.

9.1 Limitations of this Research

This project has considered adoption from a sociological perspective. However, it has left numerous areas unexamined, and is intended to be a catalyst for further research rather than a definitive work on adoption in the United States.

As is the case in much sociological research, I have examined adoption from a problem oriented perspective. This should not be interpreted to be a condemnation of adoption, but rather an exploration of the problems that exist within this useful social and legal institution. Furthermore, it should be noted that many of the problems examined herein may not be applicable to all adoptees, adoptive parents or

adoptive families.

In addition, as noted in chapter three, the sample groups surveyed for this project may not be representative of the adoption population. First, the samples were drawn from Internet adoption-discussion groups, which are often a forum for the discussion of the problematic issues related to adoption. Also, it is assumed that a large portion of the adoption population does not have the ability to access the Internet newsgroups and listserves from which I drew my sample. Therefore, the data collected and narratives used are not intended to represent the characteristics, experiences, or views of the adoptive population as a whole.

The lack of control groups, such as biological offspring and non-searching adoptees, further impedes the generalizability of these findings. For that reason, this project is intended to be a descriptive, qualitative analysis of adoption rather than a comparative analysis.

Despite the limitations, this thesis provides a foundation for further inquiry into the many aspects of adoption in the United States.

9.2 Suggestions for Further Research

Psychologists and social work researchers have contributed greatly to the examination of adoption, and the members of the triad. It is time for sociologists to

contribute their knowledge toward a better understanding of this phenomenon. There is ample room for exploration of the roles and experiences of each member of the triad.

This project has addressed primarily macro-level questions. Inquiry into micro-level issues such as identity formation and self-esteem in adoptees is warranted. Additionally, further research needs to be undertaken in order to understand the stigma of adoption, the adoptive family as an alternative family type, and the characteristics of legal versus biological ties and their importance in parental-child affect in family relationships.

Large-scale quantitative research is needed. Much of the published literature to date has used very small samples and lacked in the use of control groups. Furthermore, many samples, especially of adoptees, are drawn from clinical settings or search groups. Although these samples are the most easily accessible, research concerning non-searching adoptees and non-clinical samples is severely lacking.

The issues in need of study are very diverse. For example, how will the increased success of infertility treatment impact upon adoption as it is practiced today? How will the diminishing supply of healthy, white infants change adoption practices? The adoption of special-needs children is on the rise, as is adoption by "non-traditional" parents such as single women and gay couples. An

examination of the trends in the characteristics of adoptive parents, and the children they adopt, is warranted.

A final suggestion for further inquiry is ethics in adoption. With the increase in contested adoptions, research into the circumstances contributing to the reclaiming of an adopted-out child could contribute to our knowledge of the strength of the biological tie, and the desire of people to parent their biological progeny.

9.3 The Future of Adoption in the United States

The future is almost sure to bring more equitable treatment of adoptive families. Already, with the help of President Clinton, federal legislation has been passed barring many insurance organizations from discriminating against an adoptee on the basis of pre-existing conditions and mandating equal coverage for both adoptive and biological offspring. Although it is doubtful that many adoptive parents' insurance plans will soon cover maternity costs for a biological mother, just about any sort of national health plan would help.

The unequal medical treatment of adoptees based upon their missing medical history is changing. With open adoptions updated medical reports are most often available to the adoptee and his or her parents. In the case of closed adoptions, many agencies are allowing biological

parents to submit updates that will be kept on file should the adoptee ever request such information.

An increasing trend that is beneficial to adoptive families is that many employers are working diligently to provide adoptive parents with the same sort of benefits that biological parents receive. Many corporations offer adoptive parents unpaid leave after the arrival of a child. Fewer employers grant paid leave to adoptive parents. Another trend that will most likely grow is the partial reimbursement of adoption costs. Companies such as Wendy's, Inc., are leading the way with their adoption reimbursement plans.

Adoptive families are becoming more mainstream, which should help to reduce the stigma associated with being an adoptee. Although our society is adamant about the importance of blood ties, as adoption becomes more public the adoptive relationship should gain more legitimacy. Now that adoptive parents are urged to tell their children early on of their adoption it is becoming less secretive, and less shameful. Although there are still not many rituals that accompany the adoption of a child, most couples are choosing to have baby showers, send birth announcements, and share their adoption with friends and the community. Furthermore, in the cases of transracial or transcultural adoptions, the adoption is public knowledge on the basis of looks alone.

As more people encounter families comprised by legal rather than blood ties, the "uniqueness" of adoption should wear off, and more acceptance should take its place.

Although many organizations are lobbying to open adoption records, it is doubtful that such a practice will occur anytime soon. Confidentiality is still promised to all members of the triad, even if they no longer want it. Some legislators, such as New York Senator Serphin Maltese (R-Queens) feel that reunions are potentially damaging to adoptees. In an official letter he wrote:

I can truly understand [adoptees'] desire to be reunited with [their] biological parents. However, all of these 'reunions' do not end with the same enthusiasm and happiness. I am very much concerned for the young girl or boy who searches out their biological parents just to suffer a second rejection when their biological parents do not want to pick up the relationship (Maltese 5/16/1994).

Despite such official resistance, many birth parents and adoptees are successfully completing their searches.

These predictions are speculative. Much more research is needed in order to accurately predict the future of adoption in the United States. It is my hope that this thesis will serve as a catalyst for further investigation of the members of the adoptive triad, the formation of the legal family, and both the problematic and positive issues affecting adoptees, adoptive parents, and birth parents.

BIBLIOGRAPHY

- Amato, P.R. (1991). The 'child of divorce' as a person prototype: Bias in the recall of information about children in divorced families. Journal of Marriage and the Family, 53, 59-69.
- Bachrach, C.A. (1986). Adoption plans, adopted children, and adoptive mothers. Journal of Marriage and the Family, 48, 243-260.
- Bachrach, C.A., London, K.A., & Meza, P. (1991). On the path to adoption: Adoption seeking in the United States, 1988. Journal of Marriage and the Family, 53, 705-718.
- Bachrach, C.A, Stolley, K., & London, K.A. (1992). Relinquishment of premarital births: Evidence from the National Survey Data. Family Planning Perspectives, 24, 27-32.
- Ball, D.W., Newman, J.M., & Scheuren, W.J. (1984). Teachers' generalized expectations of children of divorce. Psychological Reports, 54, 347-353.
- Bartholet, E. (1993). Family Bonds: Adoption and the Politics of Parenting. New York: Houghton Mifflin.
- Becker, H. (1988). Deviance as a master status. In R. Farrell and V. Swigert, Eds., Social Deviance. Belmont, CA: Wadsworth Publishing Co.
- Ben-Or, J. (1976). The law of adoption in the United States: Its Massachusetts origins and the statute of 1951. The New England Historical and Genealogical Register, 130, 259-272.
- Berman, L.C., and Bufferd, R.K. (1986). Family treatment to address loss in adoptive families. Social Casework, 67, 3-11.
- Bertocci, D., and Schechter, M.D. (1991). Adopted adults' perception of their need to search: Implications for clinical practice. Smith Studies in Social Work, 61, 179-196.

- Berry, M. (1993). Adoptive parents' perceptions of, and comfort with open adoption. Child Welfare, 72, 231-256.
- Blos, P. (1962). On Adolescence. New York: Free Press.
- Bonham, G.S. (1977). Who adopts: The relationship of adoption and social-demographic characteristics of women. Journal of Marriage and the Family, 39, 295-308.
- Borgman, R. (1982). The consequences of open and closed adoption for older children. Child Welfare, 61, 217-230.
- Brodzinsky, D.M. (1990) A stress and coping model of adoption adjustment. In D.M. Brodzinsky and M.D. Schechter (Eds.), The Psychology of Adoption. New York: Oxford University Press.
- Brodzinsky, D.M., and Schechter, M.D. (1990). The Psychology of Adoption. New York: Oxford University Press.
- Bryan, S. H., Ganong, L., Coleman, M., & Bryan, L.R. (1985). Counselors' perceptions of stepparents and stepchildren. Journal of Counseling Psychology, 32, 279-282.
- Campbell, L., Silverman, P., and Patti, B. (1991). Reunions between adoptees and birth parents: The adoptees' experience. Social Work, 36, 329-336.
- Chastain, S. (1991). No kidding, insurers offer cover for adoptions gone awry. Journal of Commerce, June 17, 11A.
- Clamar, A.J. (1978). A comparative study of selected personality characteristics of 8- to 12-year-old adopted and non-adopted girls. Unpublished doctoral dissertation, New York University.
- Cohen, D.G. (1991). Adoption can have unexpected effects on inheritance and overall estate plan. Estate Planning, 18, 8-13.

- Coleman, M., and Ganong, L. (1991). Remarriage and stepfamily research in the 1980s: Increased interest in an old family form. In A. Booth, Ed., Contemporary Families: Looking Forward, Looking Back. Minneapolis, MN: National Council on Family Relations.
- Curtis, P.A. (1986). The dialectics of open versus closed adoption of infants. Child Welfare, 65, 437-446.
- DeWoody, M. (1993). Adoption and disclosure of medical and social history: A review of the law. Child Welfare, 72, 195-218.
- DiGiulio, J.F. (1987) Assuming the adoptive parent role. Social Casework, 68, 561-567.
- Dukette, R. (1975) Perspectives for agency response to the adoption record controversy. Child Welfare, 54, 545-555.
- Etter, J. (1993). Levels of cooperation and satisfaction in 56 open adoptions. Child Welfare, 72, 257-268.
- Feigelman, W. Silverman, A.R. (1986). Adoptive parents, adoptees, and the sealed record controversy. Social Casework, 67, 219-226.
- Farrell, R., and Swigert, V. (1988). Social Deviance. Belmont, CA: Wadsworth Publishing Co.
- Fisher, F.A. (1973). The Search for Anna Fisher. New York: Arthur Fields.
- Flango, V.E. (1990). Agency and private adoptions, by state. Child Welfare, 69, 263-277.
- Flinn, M. (1988). Step- and genetic parent/offspring relationships in a Caribbean village. Ethology and Sociobiology, 9, 335-369.
- Frisk, M. (1964). Identity problems and confused conceptions of the genetic ego in adopted children during adolescence. Acta Paedo Psychiatrica, 31, 6-12.
- Ganong, L.H., & Coleman, M. (1983). Stepparent: A pejorative term? Psychological Reports, 52, 919-922.
- Gilbert, E. (1991). Adoption insurance protects against change of mind. National Underwriter, July 15, 21-22.

- Gitlin, H. J. (1987). Adoptions: An Attorney's Guide to Helping Adoptive Parents. Wilmette, IL: Callaghan and Company.
- Goffman, E. (1968). Stigma. Englewood Cliffs, NJ: Prentice-Hall.
- Gough, E. K. (1952). Changing kinship usages in the setting of political and economic change among the Nayar of Malabar. Journal of the Royal Anthropological Institute, 82, 71-88.
- Gross, H. (1993). Open adoption: A research-based literature review and new data. Child Welfare, 72, 269-284.
- Groth, M., Bonnardel, D., Devis, D., Martin, J., & Vousden, H. (1987). An agency moves toward open adoption of infants. Child Welfare, 64, 247-258.
- Hall, E.T. (1899). Destitute and neglected children. Proceedings of the 26th National Conference of Charities and Correction.
- Henner, M. (1985). A Compendium of State Statutes and International Treaties in Trust and Estate Law. Westport, CT: Quorum Books.
- Kasper, L.J. (1993). Tax considerations for adopted children and foster children. Child Welfare, 72, 99-112.
- Kirk, D. (1964). Shared Fate. New York: Free Press.
- Kirk, D. (1985). Adoption Kinship: A Modern Institution in Need of Reform. Port Angeles, WA: Ben Simon.
- Lawrence, M.M. (1976). Inside, looking out of adoption. Paper presented at the meeting of the 84th Annual Convention of the American Psychological Association, Washington, DC.
- Lemert, E. (1988). Secondary deviance and role conceptions. In R. Farrell and V. Swigert, Eds., Social Deviance. Belmont, CA: Wadsworth Publishing Co.

- Levy, M.J, Jr. (1955). Some questions about Parson's treatment of the incest problem. The British Journal of Sociology, 6, 227-285.
- Levy, M.J., Jr., & Fallers, L.A. (1959). The family: Some comparative considerations. American Anthropologist, 61, 647-651.
- Lifshitz, M., Baum, R., Balgur, I., & Cohen. C. (1975). The impact of the social milieu upon the nature of adoptees' emotional difficulties. Journal of Marriage and the Family, 37. 221-228.
- Lifton, B.J. (1975). Twice Born: Memoirs of an Adopted Daughter. New York: McGraw Hill.
- Lifton, B.J. (1988). Lost and Found: The Adoption Experience. New York: Dial Press.
- Lightcap, J., Kurland, J., and Sinclair, R. (1986). Child abuse: A test of some predictions from evolutionary theory. Ethology and Sociobiology, 3, 61-67.
- Maltese, Senator S. (1994). Personal letter of correspondence to author.
- Miall, C. (1986). The stigma of involuntary childlessness. Social Problems, 33, 269-282.
- Miall, C. (1990). Perceptions of informal sanctioning and the stigma of involuntary childlessness. In Clifton D. Bryant, ed., Deviant Behavior: Readings in the Sociology of Norm Violations. New York: Hemisphere Publishing.
- Murdock, George P. (1949). Social Structure, New York: Macmillan.
- National Conference of Commissioners for Uniform State Laws. (1994). Uniform Adoption Act.
- Nemovicher, J. (1960). A comparative study of adopted boys and non-adopted boys in respect to specific personality characteristics. Dissertation Abstracts International, 20, 4722. (University Microfilms No. 60-122).
- Nims, E. (1928). The Illinois Adoption Law and its Administration. Chicago: The University of Chicago Press.

- Pacheco, F., and Eme, R. (1993). Outcomes of reunions between adoptees and biological parents. Child Welfare, 71, 53-64.
- Partridge, P.C. (1991). The particular challenges of being adopted. Smith College Studies in Social Work, March, 197-208.
- Paton, J. (1954). The Adopted Break Silence. Action, CA: Life History Center.
- Paton, J. (1960). Three Trips Home. Action, CA: Life History Center.
- Paton, J. (1988). Orphan Voyage. New York: Vintage.
- Reiss, I.L. (1972). The universality of the family: A conceptual analysis. In Ira L. Reiss, ed., Readings on the Family System. New York: Holt, Rinehart and Winston, Inc.
- Remsberg, B. & Remsburg, C. (1981). I wish my father had never found me. Family Circle, July.
- Rohr, F. (1971). How parents tell their children they are adopted. Child Welfare, 50, 298-300.
- Rosenzweig-Smith, J. (1988). Factors associated with successful reunions of adult adoptees and biological parents. Child Welfare, 67, 411-422.
- Sachdev, P. (1989a). Unlocking the Adoption Files. Lexington, MA: Lexington Books.
- Sachdev, P. (1989b). The triangle of fears, fallacies and facts. Child Welfare, 68, 491-503.
- Sachdev, P. (1992). Adoption reunion and after: A study of the search process and experience of adoptees. Child Welfare, 71, 53-68.
- Samuels, S.C. (1990). Ideal Adoption: A Comprehensive Guide to Forming an Adoptive Family. New York: Plenum Press/Insight Books.
- Santrock, J.W. (1975). Father absence, perceived maternal behavior, and moral development in boys. Child Development, 46, 753-757.

- Sants, H. (1965). Genealogical bewilderment in children with substitute parents. Child Adoption, 47, 32-42.
- Scheff, T. (1988). The social institution of insanity. In R. Farrell and V. Swigert, Eds., Social Deviance. Belmont, CA: Wadsworth Publishing Co.
- Schneider, D.M. (1980). American Kinship: A Cultural Account. Chicago: University of Chicago Press.
- Schmidt, W.D. (1963). The community and the adoption problem. In I. E. Smith, ed., Readings in Adoption. New York: Philosophical Library.
- Schwartz, E.M. (1967). A comparative study of some personality characteristics of adopted and non-adopted boys. Dissertation Abstracts International, 27, 2518-B. (University Microfilms No. 66-14, 592).
- Shalev, C. (1989). Birth Power: The Case For Surrogacy. New Haven, CT: Yale University Press.
- Sorosky, A.D., Baran, A., & Pannor, R. (1974). The reunion of adoptees and birth relatives. Journal of Youth and Adolescence, 3, 195-206.
- Sorosky, A.D., Baran, A., & Pannor, R. (1975). Identity conflicts in adoptees. American Journal of Orthopsychiatry, 45, 18-27.
- Sorosky, A.D., Baran, A., & Pannor, R. (1978). The Adoption Triangle. Garden City, New York: Doubleday.
- Sullivan, M.R. (1990). Adopt the Baby You Want. NY: Simon & Schuster.
- Tamar, L. (1994). Adopted youths are normal in self-esteem, study finds. New York Times. June 23, 14:A1.
- Triseliotis, J. (1973). In Search of Origins: The Experiences of Adopted People. London: Routledge & Kegan Paul.
- Waldman, S., & Caplan, L. (1994). The politics of adoption. Newsweek, March 21.
- Waltner, A. (1990). Getting an Heir: Adoption and the Construction of Kinship in Late Imperial China. Honolulu, HI: University of Hawaii Press.

- Weeks, R.B., Derdeyn, A.P., Ransom, J.W., & Boll, T. (1977). The self concept of adults who were adopted in infancy. Unpublished manuscript, Division of Child and Adolescent Psychiatry, University of Virginia School of Medicine.
- Wilson, M., Daly, M., and Weghorst, S. (1980). Household composition and the risk of child abuse and neglect. Journal of Biosocial Science, 12, 526-536.
- Wingard, D. (1987). Trends and characteristics of California adoptions: 1964-1982. Child Welfare, 64, 303-314.
- Zelizer, V.A. (1985). Pricing the Priceless Child: The Changing Social Value of Children. New York: Basic Books, Inc.

Appendix A-1

SOLICITATION FOR PARTICIPANTS

Dear Members of [appropriate listservs or newsgroup];

I am currently a graduate student in Sociology at Virginia Polytechnic Institute and State University and am working on a master's thesis concerning adoption. [Name of appropriate list moderator] has given me his permission to use this listserv in the hopes of finding people willing to answer a series of questions concerning adoption and adoptive families.

The main focus of my thesis examines three very important and interrelated questions: 1) Does the treatment of the adoptive family (through both legal and social mechanisms) differ from the treatment of the consanguine family? 2) Is there a stigma associated with the adoptive status? and 3) What factors are associated with adoptees' decision to search, or not to search, for his or her biological parents?

I am looking for adoptees (searchers, non-searchers, those who have found, and those who have not) and adoptive parents who are willing to answer my questions. The time it takes to respond depends entirely upon the depth of your answers - you can feel free to answer as many or as few of the questions as you like, as well as drop out of the project at any time. All responses will be kept completely confidential.

If you are an adoptee or an adoptive parent who is willing to help me to complete my masters thesis please send me a private email including your status in the triad. I will then send you more detailed project information, a participant's consent form, and the questions that I am hoping to have answered.

Thank you all for taking the time to respond and to help me complete my thesis. It is my hope that, with your help, a better understanding of the issues that adoptees and adoptive families face can be gained.

Sincerely;

Dana Kressierer
Department of Sociology
Virginia Polytechnic Institute and State University
danak@vtvml1.cc.vt.edu

APPENDIX A-2

INFORMED CONSENT FORM

Virginia Polytechnic Institute and State University Informed Consent for Participants of Investigative Projects

Title of Project: Adoptees and Adoptive Families

Principle Investigator: Dana Katherine Kressierer

Dear [name of respondent];

I. THE PURPOSE OF THIS RESEARCH PROJECT

You are invited to participate in a study examining the legal formation of the adoptive family, and many issues that adoptees and their families face. I am undertaking this research for the purpose of completing my master's thesis.

II. PROCEDURES

The procedures used in this research involve your voluntary email response to the questions sent in following emails to you. You may take as much or as little time as you like in answering the questions. If you wish to participate all you need do is indicate that you give your consent for me to use your responses in my exploration of this important issue. The directions for completing and returning the necessary consent statement will follow.

III. BENEFITS OF THIS PROJECT

Your participation in this project will provide the following information that may be helpful. 1) A better understanding of the formation of the adoptive family and how it may be treated differently than a biological family. 2) An exploration of the difficulties that adoptees face. 3) Factors that influence adoptees' decision to search. No guarantee of benefits has been made to encourage you to participate.

Copies of the final project will be made available to any interested participants through email or the US postal service. If you are interested in receiving a final copy of this thesis, please send a separate letter to danak@vtvml.cc.vt.edu requesting such.

IV. EXTENT OF ANONYMITY AND CONFIDENTIALITY

The results of this study will be kept strictly confidential. At no time will I release your identity to anyone, without your express written consent. The information you provide will have your name removed, and only a code number will identify you during analyses and any written reports of the research.

Appendix A-2 (Continued)

V. FREEDOM TO WITHDRAW

You are free not to answer any or all of the questions posed, and to withdraw from this study at any time without penalty.

VI. APPROVAL OF RESEARCH

This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University, and by the Department of Sociology.

VII. SUBJECTS PERMISSION

If you choose to participate in this project, please quote or type the following statement, with your full name typed at the bottom, and return it to me via private email. It will serve as your consent to participate:

"I have read and understand the informed consent and conditions of this project. I have had all of my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project. If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project."

[Your name], [Your position in the triad]

Should you have any questions about this research or its conduct, please contact:

Principle Investigator:

Dana Kressierer danak@vtvm1.cc.vt.edu 703-231-8977

Faculty Advisor:

Dr. Clifton Bryant bryant@vtvm1.cc.vt.edu 703-231-6878

Chair, IRB Research Division:

Dr. Ernest R. Stout 703-231-9359

APPENDIX B-1

Questions Mailed to Adoptive Parents

B.1.1 First Mailing to Adoptive Parents

1. Please explain your adoption experiences in terms of: public/private/other; foreign/domestic; waiting period to adopt; adoptive parent(s) age at placement; age of child at placement.
2. What factors prompted your decision to adopt children?
3. If you have experienced difficulties in obtaining health insurance coverage for your adopted child(ren), what were those difficulties?
4. What special arrangements, if any, have you had to make in order to ensure that your child will inherit from you should you die intestate?
5. Have you had to fulfill additional requirements, beyond what you would fulfill as a biological parent, in order to receive preferred tax status as a taxpayer with dependent adoptive children? Please explain (e.g., were there any additional restrictions or waiting periods that prohibited you from claiming your child as a dependent for the year in which he or she was placed or adopted).

B.1.2 Second Mailing to Adoptive Parents

1. Are/were you, as newly-adoptive parents, entitled to the same employer-benefit programs as are newly-biological parents working for your employer(s)? Please explain.
2. Does your employer offer any specific adoption benefits (e.g., any coverage of adoption related expenses)?
3. How did your family react when you informed them of your decision to adopt?
4. How did friends and acquaintances react when you informed them of your decision to adopt?
5. If you are in an open adoption, what sort of contact or interaction do you have with your child(ren)'s biological parents?
6. What legal difficulties, if any, have you encountered due to the fact that your child(ren) is/are adopted (e.g., proving parenthood, obtaining a passport or visa, etc.).
7. What social difficulties, if any, have you encountered due to being an adoptive, rather than a biological, parent (e.g., unwelcome comments from strangers, difficulties with child's peers, exclusion from mother's groups)?

APPENDIX B-2

Questions Mailed to Adoptees

B.2.1 First Mailing to Adoptees

1. Have you ever had any difficulties using your amended birth certificate to obtain a drivers' license, passport, or other official document? Please explain.
2. In what ways, if any, do you perceive that you have been treated differently than non-adopted persons?
3. Do you feel that adoptive families are treated differently in any way than are biological families? How so, or how not?
4. If your adoption is a closed adoption, how has your lack of medical and social information about your birth relatives effected your life?
5. Have you ever encountered a problem due to your inability to complete a familial health history form? Please explain.
6. Please describe the circumstances of your adoption (e.g., private/public/other; age at placement; presence of adopted or biological siblings in your home; your adoptive parent's marital status and age at the time of your adoption, etc.).

B.2.2 Second Mailing to Adoptees

1. Are you a searcher, non-searcher, or reunited (if the latter, did you find, or were you found)?
2. How would you explain your relationship with your adoptive parents? Do you feel as though you "belong" with them?
3. At what age were you adopted, and when and how did you learn of your adoption?
4. If you are not a searching adoptee, are there any factors associated with your decision not to search for your birth family?
5. If you are a searching adoptee, or if you have completed a search for your birth family:
 - a) what, if any, life-transition factors (such as marriage, death of an adoptive parent, pregnancy, birth of a child, etc.) influenced your decision to search? Why were these events important in that decision?
 - b) what, if any, personal factors (such as desire for medical information or to learn more about biological family, etc.) prompted you to search? Why were these factors important to you?

APPENDIX B-2 (CONTINUED)

- c) were/are there any factors discouraging you from searching?
 - d) were/are there any organizations that influence(d) your decision to search? If so, how?
 - e) what were your adoptive parent's reaction to your decision to search?
 - f) at what age did you begin an active search?
6. If you have been reunited, please briefly describe the relationship you have with your birth and adoptive families, post-reunion.
7. If you have been reunited, do you have any regrets about searching or being found? Knowing the outcome of your reunion, would you now search if you had to do it all over again?

APPENDIX C

General Characteristics of the Sample Populations

C.1. *Adoptive Parent Respondents*

	N	%
Gender (N=15)		
Male	3	20.0
Female	12	80.0
Marital Status (N=15)		
Single	2	13.3
Married	13	86.7
Number of Children Adopted by Respondent (n=15)		
One	10	66.7
Two	5	33.3
Age of Mother at First Adoption (N=15)		
Not reported	1	6.7
20-25 years	1	6.7
26-30 years	3	20.0
31-35 years	5	33.3
36-40 years	4	26.7
41-45 years	1	6.7
Age of Father at First Adoption (N=15)		
Not reported	1	6.7
No Father	2	13.3
20-25 years	1	6.7
26-30 years	3	20.0
31-35 years	4	26.7
36-40 years	3	20.0
41-45 years	1	6.7
Age of Adopted Children at Placement (n=20)		
Less than 6 months	11	55.0
6-12 months	2	10.0
1-3 years	3	15.0
3-6 years	2	10.0
6-10 years	1	5.0
Over 10 years	1	5.0

APPENDIX C (CONTINUED)

	N	%
Type of Placement (n=20)		
Public Agency	6	30.0
Private Agency	9	45.0
Independent	5	25.0
Birthplace of Child (N=20)		
Foreign	8	40.0
Domestic	12	60.0
Fertility Status at Adoption (N=15)		
Fertile	5	33.3
Infertile	10	66.7
 C.2 Adoptee Respondents		
Gender (N=41)		
Male	13	31.7
Female	28	68.3
Age at Placement (N=41)		
Less than 6 months	32	78.0
6-12 months	5	12.2
1-3 years	2	4.9
3-6 years	2	4.9
Siblings in Adoptive home (N=41)		
Not Reported	2	4.9
None	8	19.5
Adopted Siblings Only	19	46.3
Siblings Biological to Parents	7	17.1
Both Adopted and Biological Siblings	3	7.3
Step- or Half-Siblings Only	2	4.9
Adoptive Parent's Marital Status at Adoption (N=41)		
Single	0	0.0
Married	41	100.0

APPENDIX C (CONTINUED)

	N	%
Age Learned of Adoption (N=29)		
"Always Knew"	25	86.2
5-10 years	3	10.3
Over 10	1	3.5
 Search Status (N=29)		
Searching	15	51.5
Non Searching	2	6.9
Found, Not Searching	1	3.5
Completed Search	11	37.9
 Age Started Active Search (n=26)		
Not Listed	2	7.7
18-20	5	19.3
21-25	8	26.9
26-30	7	30.8
31-35	1	3.8
36-40	1	3.8
40-45	2	7.7
 Relationship with Adoptive Parents (N=29)		
Excellent	14	48.3
Good	5	17.3
Fair	7	24.1
Poor/None	3	10.3

CURRICULUM VITAE

DANA KATHERINE KRESSIERER

EDUCATION

1998 Doctoral Candidate, The Ohio State University. Expected date of completion, May 1998.

Major Areas: Family, Social Psychology, Deviant Behavior, Quantitative Methodology; Minor Areas: Sociological Theory, Gender.

1994 Master's of Science in Sociology, Virginia Polytechnic Institute and State University.

1992 Bachelor of Arts in Sociology, cum laude, Clemson University.

HONORS AND AWARDS

Dean's List

Clemson University. Spring 1988, Fall 1988, Fall 1990, Spring 1991, Fall 1991, Spring 1992

H.E. Peppers Memorial Award

Clemson University. For outstanding service to the community, May 1991

American Sociological Association Departmental Award

Clemson University. For outstanding academic achievement, May 1992

Sigma Tau Epsilon Senior Excellence Award

Clemson University. Recognizing the top student in the colleges of Arts and Sciences based on grade point, leadership, research projects and community service, May 1992

Ernest Jewell - Hardesty Moore Award

Clemson University. Recognizing the most outstanding senior undergraduate in the Department of Sociology, May 1992

HONORARY AND PROFESSIONAL AFFILIATIONS

Golden Key National Honor Society

Inducted at Clemson University, May 1991.

Sigma Tau Epsilon National Honor Society

Inducted at Clemson University, May 1990. Vice-President 1991-'92.

Alpha Kappa Delta International Honor Society

Inducted at Clemson University, May 1992.

Mid-South Sociological Association

Southern Sociological Society

American Sociological Association

PRESENTATIONS

Biestman, Kristen and Dana Kressierer. (1991)
"Migration and Abandonment: Factors Affecting Female Homelessness." **Southeastern Undergraduate Sociology Symposium**, presentation at Emory University in Atlanta, Georgia, March 1991. **Mid-South Sociological Association**, presentation by invitation at annual conference in Jackson, Mississippi, October 1991.

Kressierer, Dana and Clifton D. Bryant. (1994)
"Adoption as Deviance: Legal Parent/Child Kinship as a "Burdened" and Stigmatized Relationship." **Southern Sociological Society**, presentation at annual conference in Raleigh, North Carolina, April 1994.

PUBLICATIONS

Biestman, Kristen and Dana Kressierer. (1991)
"Migration and Abandonment: Factors Affecting Female Homelessness." Southeastern Undergraduate Sociology Symposium Proceedings. Atlanta, Georgia: Emory University Department of Sociology.

Hillery, George A., and Dana Kressierer. (1994)
"Origin, Development and Theories of Sociology," chapter 2 in Charles P. De Santo, ed., Sociology: A Pragmatic Approach, fourth edition. Textbook is under contract, to be published in the fall of 1994. Winston Salem, NC: Hunter Textbooks, Inc.

WORKS IN PROGRESS

Kressierer, Dana and Clifton D. Bryant.
"Adoption as Deviance: Legal Parent/Child Kinship as a 'Burdened' and Stigmatized Relationship."

Turner, Robert and Dana Kressierer.
"Self-Esteem: An Alternative to the Rosenberg Scale," (working title).

