ADOPTION AS A NATIONAL PROBLEM

By Katherine Bain, M.D., and Martha M. Eliot, M.D.

Children's Bureau, Department of Health, Education and Welfare, United States Government

INTRODUCTION

We are pleased to be able to hold this panel on adoption. It indicates a social awareness of pediatricians in general, particularly those who are members of the American Academy of Pediatrics. Adoption is becoming increasingly important, particularly so to all of us who are charged with the care of children. We are particularly fortunate in having been able to attract as panel members such eminent personalities as Drs. Martha M. Eliot and Julius B. Richmond, Mr. Joseph H. Reid and Judge Justine Wise Polier. Each in his or her own way has been intimately concerned with adoption for many years, and this will become obvious from their discussions.

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Any practice or social institution which is increasing at a rapid rate deserves review by the professions involved and by the public, to see where it is going and how it is getting there. This question of adoption is a vast national problem and one that concerns medical and legal practitioners, the courts, public health, public or private social agencies. Adoptions in the United States have increased 80% in the last 10 years, and the increase appears to be continuing. The reasons for this phenomenon are probably many and mixed. Underlying them is the widespread interest in family life, in wanting children and more children as evidenced by the increase in the birth rate and in the size of families. Even college graduates, traditionally the low birth-rate group, are having bigger families today.

As a background for the more specific papers to follow, I should like to present an over-all view of the extent of the problem and some of the major issues involved.

There is no over-all national pattern of adoption procedure in the United States as defined by law or as carried out in practice. Just as laws vary from state to state—on marriage, divorce, taxation, or civil rights—so laws relating to adoption vary. Much of our legal machinery, furthermore, is concerned with the process of legalizing the status of the child, of finishing the job and tying the knot, and not with the core of the problem—the placement of a child for adoption. There are great differences in social agencies. Their practices as well as their philosophy are undergoing study and reappraisal all the time—and especially now.

One of the functions of the United States Children's Bureau is to find out what is happening to children and to report the facts to the public, so that action may be

Presented at the Annual Meeting, October 8, 1956.
Publication of this panel discussion was recommended by the Committee on Adoptions of the Academy.
ADDRESS: (S.K.) Long Island Jewish Hospital, 270-05 76th Avenue, New Hyde Park, New York.
taken. With the wide variation in adoption practices, finding the facts and adding them up for the United States is not easy. We estimate from the data available to us* that 90,000 adoption petitions were filed in the United States in 1954.

When you think of adoptions you probably think in terms of a childless couple adopting an unrelated child. Actually about one-half of the adoption petitions are filed with the court by a relative, most frequently a stepparent. This leaves about 47,000 adoptions of the kind most of us talk about.

Children get into these adoptive homes by one of two means. A social agency, having received an application from prospective adoptive parents, makes a study and selects and places a child; or an individual, who may be the mother, a doctor, a lawyer, a minister, a friend, or other type of intermediary, makes the placement. This second method is called "independent placement." The category includes everything from a "black market" transaction wherein a baby is sold, through the shades of "gray market" where, for example, a doctor may act as intermediary to the arrangements a mother has the legal right to make for her child. Of children taken by nonrelatives, about 55% or nearly 36,000 are placed by a social agency, about 45% or 21,000 independently. The percentage of independent placements is decreasing, but slowly, and it is this group of children which are the concern of all of us because of the dangers to which they are exposed.

States have approached the control of independent placements in different ways. All states permit a mother to place her own child, and some states grant this right to certain other relatives. A few states prohibit nonrelative independent placements entirely. Most of the states permit independ-

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* Reports come voluntarily to the Children's Bureau from the States. The figures used here are based on reports from 31 states supplying information on at least 90% of the adoption petitions filed in those states. Since some of the large urban states are missing, the material may not be entirely representative.
of a child. An agency accepted the baby and placed him. But on the average, a couple adopting a baby will probably be given the child of an unmarried girl in her teens, who is unable or unwilling to identify the father.

All children who are adopted are not infants. Of the nonrelative petitions filed, about one-third are for children past the age of 2 years. Unfortunately, this number is not nearly so great as it should be. Though the pool of available infants is probably drained dry by adoption, the source of supply of older children is far from exhausted. What older children are, or should be, available for adoption? There are many nonwhite in this group, born in or out of wedlock, who need adoptive homes. Though homes for these children are hard to locate, some agencies have been quite successful in finding homes for them. Some of these older children have a mixed racial background, and it is in behalf of children such as these that Pearl Buck has waged a campaign. Some have handicaps, mental or physical, but even for some of these homes can be found. Some are in family groups with strong attachments to each other. Many who should be adopted are not free for adoption because the mother or father does not release them. What constitutes parental rights varies with state laws and with interpretation by different judges. For all the children in this heterogeneous group, the job of placement is difficult. There is little or no demand. For infants we have a "sellers" market, but for older children the "salesman" in the person of the social worker has to do an intensive job. Often the family physician is in a position to strengthen her hand with the prospective adoptive parents. There is a growing feeling that many people wanting to adopt a child, but not qualifying in the "top 10%" for infants, could become interested in a preschool-age youngster and would make very desirable parents. A not-perfect home may yet be a very desirable home for a child who would otherwise grow up without really belonging to anyone.

Concern in the adoption field in the last few years has centered around the "black market." Though the cases are relatively few, they are dramatic and serve as a point of departure for action. But many independent placements made by well-motivated but uninformed intermediaries, among them doctors and lawyers, offer hazards almost as great. But from the standpoint of human unhappiness, probably the volume of tragedy is greatest in the group of children who fail to be placed for adoption.

Recently, an intelligent layman concerned over the plight of children without homes was heard to suggest a plan for finding homes for older "hard-to-place" children. Macy's has everything, said this person, why not children for adoption? Set up a booth to take applications and, with proper advertising, no doubt a flood of applicants would come in, some of whom might be acceptable as parents. If we are not to have such crazy schemes tried, then the professions must be more ingenious and more aggressive in finding solutions.

Adoption practice remains one of our most controversial social issues. There is beginning to be some agreement, however, that the fate of children deprived of adequate natural parents is a matter of public responsibility. We no longer leave this to chance, and we are working hard on defining the roles of the various professions involved. Many doctors, for example, feel perfectly competent to select a home for a baby and make a placement. The subtleties of the motive to adopt a child are actually often beyond them. The public is against delinquency and probably against "black market" in babies, but is not against independent placements. Until there is greater public understanding of what are now regarded as good adoption practices, progress will be slow. And public understanding will not come until the professions—social work, medicine, and law—reach agreement on the approach and on the practices and skills that will meet their common ends. Moreover, until there is more definitive knowledge than we now have as to the
values to the individual child of various recommended practices, knowledge that must be gained through the most skillfully planned research, many professional and nonprofessional persons will continue to raise questions about this or that practice. No one, I believe, would doubt that much more research is required to answer many of these questions. But even though we know that our knowledge is incomplete, we do have a well-developed body of practices that has been acquired through the experience of social workers, aided in many cases by psychiatrists and social scientists, and one that has as a rule given good results. It is indeed this body of experience that we have today to guide us in our joint efforts to improve this process of adoption—a process that involves so many human lives each year.

THE ROLE OF THE SOCIAL AGENCY IN ADOPTION

By Joseph H. Reid

Executive Director, Child Welfare League of America, Inc.

In discussing the role of the social agency in adoption, the first thing to be noted is that it has been changed radically in the past 30 years. Thirty years ago, social agencies had to send workers out into the community to find children to adopt—nice, normal, blue-eyed, white infants. No one clamored at their doors for children. Misconceptions concerning illegitimacy and heredity, social disapproval of the unmarried mother and her offspring, and many other psychological reasons made adoption unpopular. But in part through the work of adoption agencies themselves, through research and education of medicine and other sciences, and a gradually enlightened public opinion, attitudes toward adoption in the United States are totally different.

There is perhaps no area of social work that is more controversial. There is no group of social agencies that has poorer public relations than adoption agencies, and perhaps there is no area in child welfare in which doctors, lawyers and social workers seem to have as much conflicting opinion as in adoption.

I am particularly glad to be talking to pediatricians tonight about the necessary role of the social agency in adoption for they have always been an integral part of the functioning of adoption agencies. More than any other branch of medicine, they often have an intimate understanding of adoption agencies. Many have served on the staff of adoption agencies, or as consultants. All of you, as practitioners, have been confronted with the problems of the adopted child and his family, and the problems of the unmarried mother.

First let me state unequivocally as my personal opinion and the opinion of most social workers that society is best served if the adoption of children who are not related to the adoptive parents is conducted through the offices of a social agency. Many of us think it premature, in the face of limited social agency financial resources and the shortage of trained social workers, to seek laws at this time to enforce such a pattern, but it is our considered judgment that the pattern in the United States should be that adoption be conducted only through social agencies.

Our reasons for believing this are several, but most important is the fact that we believe that adoption is not merely a matter of private contracts between natural parents and adoptive parents. Society has a vital stake in what happens to a child who becomes a member of a family by adoption. In so fundamental a change a child has the right as a helpless minor to the protection of society. The natural parents have not only the right but the responsibility to make certain that since they are not able to raise their child personally, they are providing for him in the soundest way possible. And, finally, the adoption parents have a right to all the protections that law and science can afford.
In a country where it is estimated reliably that there are some 10 couples seeking to adopt an infant for every infant who is available for adoption, this group of citizens who must seek fulfillment of their wish for parenthood through adoption, have a right to know that they have had an equal chance with others to obtain a child—that neither favor, nor money, nor social position, nor knowing the right person, has either handicapped or enhanced their chances. Their being chosen out of a number of others for the satisfactions and responsibilities of raising a child has been based wholly upon their capacity as parents. The only way that these protections and guarantees can be given is through an organization whose operations are open to public scrutiny and which is authorized by the state to conduct adoption, on the basis of a study which reveals that their standards are sound and that they have the necessary equipment to do a thorough job. Few, if any individuals, whether they be social workers, pediatricians, or lawyers, can meet these qualifications.

You will note my emphasis on individual practitioners regardless of their professional discipline. I do not think there is any room here for arguments as to whether doctors, lawyers, or social workers are best qualified to arrange adoptions. Obviously, each has his part to play within his special competence. None can fulfill this service alone. The emphasis here is upon an institution or agency which by its very nature possesses the resources that cannot be available to the individual practitioner. This may be likened, for instance, to a hospital able to provide far more protection for the patient needing surgery than is the individual physician in his own office regardless of his competence as an individual. The fact that thousands of adoptions arranged by well-meaning individuals have turned out successfully is no more argument against the necessity for social agencies than is the fact that thousands of deliveries made in homes without accident is an argument against hospital confinements.

The facilities that the social agency possesses and which the individual practitioner does not, include the following:

Staff that brings to bear the competence of several disciplines essential in adoptions. These include social workers, trained and experienced in such matters as understanding the motivations and conflicts of the unmarried mother, interviewing and obtaining comprehensive and accurate social histories of adoptive applicants, a thorough knowledge of the laws pertaining to adoption, and knowledge of the utilization of other disciplines; pediatricians, with competence to assess the physical condition of a child and his potential physical development (I need not belabor this); psychiatrists, who can help with such problems as are involved in difficult questions of the motivation of some adoptive parents, questions concerning the probable adjustment of older children who have suffered emotional damage and who may or may not be able to accept or be acceptable to the average family; geneticists, to advise on questions of heredity; lawyers, thoroughly acquainted with the myriad legal questions surrounding adoptions; psychologists, who, in spite of the overwhelming evidence of the inadequacy of infant testing for predictive purposes, still have an important place in the clinical examination of children prior to adoption; and the several other disciplines such as anthropology, sociology and religion.

The social agency is financed to give the time necessary for careful counseling of natural parents, including the unmarried mother, to make certain that they have come to an intelligent and carefully considered decision to release their child for adoption and are fully aware of resources other than adoption to solve their problem. Further, social agencies are increasingly acquiring resources to finance medical care provided by the girl’s own personal physician, housing during the period of her pregnancy, and—of tremendous importance—counseling after the girl has delivered her child and must make an adjustment in her own personal life.

Both the natural parents and society have
a right to know that when there are many applicants for a child, the child goes to the home best able to insure his happiness. Adoption should not be finding children for parents; it should be finding parents for children. The adoption agency is the only resource that can choose from many applicants.

The adoption agency has other resources which the individual practitioner does not possess. It can provide good foster home care for the child whose adoption cannot be immediately culminated. It can give continuing consultation to adoptive parents on the problems of raising a child and it can carry the responsibility of taking back the child if the adoption does not succeed no matter what the reason.

When we talk of independent adoptions, we are only talking about infant adoptions. There is no demand for the handicapped child, for the older child, for the child of minority groups. Only the adoption agency serves these children, and the astounding rise that has taken place in the adoption of what have been called “babies for the brave”—the blind, the handicapped, the emotionally damaged—has come about only because the adoption agencies have convinced adoptive parents, who initially sought the infant of their dreams, of the deep satisfaction to be had in being parents to older or handicapped children.

Time limits me from telling about the radical changes that have taken place in adoption agencies’ practice. Suffice it to say that every effort is being made to eliminate practices of adoption agencies that are based on misconceptions, myths and unscientific assumptions. This is being accomplished by scrutinizing every adoption practice in the light of modern scientific knowledge from every discipline that has bearing upon adoption practice. False concepts, including excessive “matching,” holding children for study to try to insure the perfect baby, and costly and unnecessary procedures that create delay in placement, are rapidly being eliminated.

No individual practitioner, whatever his discipline, can assure the same responsible role that the adoption agency plays. Independent practice cannot increase even by one the number of children available for adoption. It seems to me, therefore, that all of us have a responsibility to examine our personal and professional pride, or whatever blocks keep us from supporting the development of strong, adequate adoption agencies. For it is only as social agencies have the support of and become the responsibility of all interested professionals that we prevent children from having to suffer from the inadequacies of the adults who bore them.

DISCUSSION

Question. Are data available to prove that the child who is placed by an agency turns out better or worse than the one who is placed in a casual way?

Answer. There are some studies which have been made on independent versus agency placements. The best known is perhaps the Amatruda and Baldwin study at the Clinic of Child Development at Yale University (1951). Dr. Amatruda studied 100 agency placements and 100 independent placements. Her findings indicate 86% successful placements under agency auspices, with only 46% of the independent placements successful. A statewide study currently being conducted in Florida should bring to light additional data on the subject.

Question. How much should the question of the differences between own and adopted child be clarified with adoptive parents?

Answer. It should be explored to the extent that some determination can be made about the relative ease with which the prospective adoptive parents can accept a child who was not born to them. The realistic differences between an own and an adopted child must involve the adoptive parents first in acceptance of the fact that they were not able to have a child of their own. Later, they will need to be involved in sharing this information with the child in such a way that he will be able to understand and accept the fact of his adoptive status. The couple who must continue to
fantasy that the child is their own usually also create, in fantasy, an image of a child, setting up in many instances unrealistic expectations and demands which are difficult for both agencies and children to meet.

**Question.** Why shouldn’t family adoptions be submitted to the same review as the nonfamily adoption in the absence of at least one of the natural parents?

**Answer.** The history of adoption practice in our country indicates that community acceptance of review of nonrelative adoptions has developed slowly. We probably need even further acceptance and participation by the community in this practice before it could also be applied to family adoptions. Furthermore, implicit in the adoption of a child by a nonrelative is the principle that parental rights have knowingly been terminated with the understanding that this was in the best interest of the child, and planning should proceed accordingly. Until the community can also accept that even where parental rights have not been terminated, review might also be indicated to be in the best interest of the child, such review will be difficult to achieve.

**Question.** What percentage of illegitimate children are of mixed racial background and what is thought of placing these children in homes where parents are not of mixed blood?

**Answer.** Figures indicate that 64% of children born out of wedlock are nonwhite. While not all of these are of mixed racial background, a good proportion of them are. There are no figures to indicate the exact number. Those children who are of mixed racial background can be placed with parents who are not, providing that the parents can unequivocally accept the differences in background and also in appearance, should there be any. For some of these children, placement is considered neither wise nor appropriate with families where the differences are too marked, not because of family acceptance but because of prejudiced attitudes that will seriously hurt the child’s status.

**Question.** If there is a supply of adoptable children over the infancy age in this country, why are there adoptions of war orphans from overseas? If the war orphans provide more emotional appeal, should we not be concerned about the suitability of such a home?

**Answer.** The supply of adoptable children over the infancy age in this country have not received the same publicity and attention that the war orphan has. Tragically, there are few agencies in the United States equipped to work with older children. We should be concerned about the suitability of American families who wish to adopt overseas children. Unfortunately, until recently anyone who wanted could get a child. Many tragic situations have developed, including people later changing their minds and trying to return the child to the country of origin. An international social welfare organization, International Social Service, is making strong efforts to protect children and families as they facilitate the adoption of war orphans.

**ADOPTION AND LAW**

**By Hon. Justine Wise Polier**

*Judge, Domestic Relations Court, New York City*

Legal Aspects of Adoption is hardly a title to excite the lay person or the professional person as a rule. Yet, in a very real sense law in this field as in many other areas of life not only limits and defines the rights of individuals; it also in a very real sense expresses the social standards and customs and at times even the ideals of our society. It sometimes lags behind sadly, and sometimes seems in advance of what we actually do.

Adoption means the legal or judicial sanction which places upon a man and wife the full and permanent obligations, rights and privileges of natural parents in regard to a child whom they have chosen to be
The legal protection of adoptive parents must, to be meaningful, include not only adequate laws to establish the full legal relationship of parents to child and child to parents, it must also embrace provisions for the protection of both adoptive parents and adopted child from unwarranted attacks by natural parents or third persons upon the new family that has been established through the process of adoption. This in turn requires not only laws to create mutual obligations and rights between adoptive parents and the adopted child, it requires provisions that will protect the privacy of these families such as authorization by the natural parents to a social agency to place for adoption rather than consent to a specific adoption. It requires laws to secure the full rights of inheritance to the adopted child. Here again no laws are sufficient unless they are supported by adequate social and administrative procedures. These must provide the careful investigation of all aspects of the natural family, the social and medical study of the child, the careful selection of the right adoptive home for each child, supervision during the initial period prior to legal adoption, and careful fulfillment of all legal requirements if subsequent uncertainties, mishaps and insecurity are to be avoided.

Finally, and central to the purpose of adoption is the promotion of the best interests of the child whose natural parents cannot or will not be parents in a true sense. Here we are not dealing with natural parents or would-be adoptive parents who are making a choice. For the most part we are speaking of infants or very young children who cannot speak for themselves and who are making no choice. In regard to them the state, through laws and judicial decisions, is assuming a role of approving a plan for their life which will determine who their parents are to be, and therefore where they are to live, how they are to be educated, what their economic and social position is to be, and most important what kind of human relations will be theirs. As we have learned more about adoption and realized the full possibilities of the crea-
tion of new family units by the law of adoption, we have also learned the tragedies that too often flow from the ill-considered, haphazard placement of children by people of good intentions as well as by those who seek to make a profit through the purchase or sale of children.

It is therefore not surprising that the Children’s Bureau in Washington has been steadily urging that placement for adoption should be made only by agencies authorized to make such placements by the State Departments of Welfare. Nor is it surprising that there are an increasing number of states that are seeking to prevent the placement of children by individuals or groups that are subject to no supervision. While it is not surprising to find resistance among Americans to any legal restrictions that seem to interfere with individual freedom, there is a growing recognition that just as we require by law preparation and proof of qualification for the practice of law, medicine, dentistry or even the underwriting of insurance, there is a duty to require proof of ability before any person or agency, outside the immediate members of a child’s family, shall be entrusted to determine the future life of a child through adoptive placement. Experience has also shown that to protect the interests of the child, it is necessary that responsibility be fixed on someone so that any family to whom a child is entrusted for adoption shall see that the legal adoption is consummated. The agency which consents to the adoption and not the mother. However, where the mother turns the child over to a private family, the law requires that the mother be a party to the subsequent adoption proceedings in the absence of proof that she has abandoned the child.

There are therefore very significant differences in the resulting legal relations when the mother surrenders the child to an agency and when she places the child with a private family until the adoption is approved by the Surrogate’s Court. Prior to the approval of the adoption, the mother has the right in either situation to seek to secure the return of the custody of the child by instituting a habeas corpus proceeding. However, in the case where she has surrendered the child to an agency, the burden of proof is on her to show that the return of the custody of the child will be in the best interests of the child. In the case where she has turned the child over to a private family, the situation is the reverse, i.e., the burden is upon the family to show that it would be contrary to the interests of the child for the child to be returned. This burden upon the family becomes an even heavier one in view of the fact that without the mother’s consent the family will never be able to adopt the child.

There are other very practical differences because, in the case where the child is turned over to a private family, the claim is usually made, and often with some basis in fact, that the mother of the child turned the child over under such emotional and/or financial stress that she was unable to make a free choice.

While the law authorizes private adop-
tions, as well as adoptions through social agencies, it recognizes that certain evils have grown up about private adoptions and has made certain practices in connection therewith illegal. For example, the law prohibits any one other than an authorized agency or the legal custodian of the child from placing the child. This means that neither a physician, lawyer nor relative may take the child from the mother in order to turn it over to a family for adoption without disclosing to the mother the identity of the family. Violation of this prohibition makes the intermediary guilty of a misdemeanor.

The law likewise prohibits any one from paying any compensation to the mother or the mother receiving any compensation for the placement of the child. The family with whom the child is placed has the right to pay and the mother has the right to receive her actual medical and hospital expenses, but nothing more. It is illegal to even pay for the board and care of the mother. It is likewise illegal to make any payment to an intermediary (other than an authorized agency) or for any one (other than an authorized agency) to receive any compensation for services other than hospital and medical care.

The fact that there has been illegal conduct in connection with the placement of the child does not bar the Surrogate from approving the adoption, and in many cases, particularly where no compensation has been paid other than hospital and medical expenses and the board and care of the mother, the Surrogate approves the adoption provided the mother appears before the court and gives her consent. This is also frequently true where compensation has been paid.

In other words, there is a difference between the question of whether the law has been violated in connection with the proposed adoption and the question of whether the adoption shall be approved. This dichotomy is a natural one, since it is the function of the court before whom the adoption comes to determine whether there is a consent of the mother and whether the adoption is in the best interests of the child.

District attorneys have in varying degrees shown an interest in prosecuting violations involving the payment of compensation over and above the board and care of the mother and also of intermediaries who engage in a course of conduct even though there is no proof that they have received compensation therefor.

The actual application of the criminal law reflects, to a considerable degree, a recognition of the fact that one of the principal causes of private adoptions in violation of the law is the failure of the community to provide adequate facilities and help for the unmarried mother.

There is no doubt that the most important thing that the community can do for the sake of the unmarried mother and her child is to extend and make better known the availability of help for the unmarried mother.

Earlier I referred to law not only as a sanction and expression of rights and duties fixed by legislative process but as an ideal. The legal concepts around adoption have developed greatly during the past decades during which adoption has become not a furtive occasional action, but an accepted custom.

We have moved forward in accepting the idea of adoption of infants surrendered, for the most part, by unwed mothers. We have even gotten to the point where we bemoan the fact that there are more would-be adoptive parents than there are infants available for adoption. In the meantime, we have done little to question old laws and traditions that permit parents to retain parental rights even though they never can or will be parents in a true sense. An annual visit to an institution or even one in 2 years is regarded as sufficient to maintain parental rights and condemn a child to institutional life until he becomes an adult. Incurable mental illness of a sole surviving parent is not regarded as sufficient reason to explore the terminating of parental rights and the possibility of adoption. Even a limited interest by grandparents and other relatives
who cannot or will not share their home with a child generally precludes consideration of adoption.

Likewise, the enlarged concept of adoption for older children, and children with problems, and the great potential of happiness for adoptive parents of such children and for the children themselves has not been accepted. The responsibility of agencies, the community and the State to enact laws with proper judicial safeguards, so that many children who are growing up in institutions and who are 17 are released into an alien world without a family, requires thought and action. Only recently a group of New York child caring agencies, on making a study of their population, acknowledged that almost 20% of their charges should be or should have been placed for adoption.

In short we need laws to protect the natural parent, the adoptive parents, the adopted child. These laws in many ways are inevitably restrictive. If, however, we are truly concerned with the welfare of children—apart from our own personal or comparatively narrow fields of professional activity we must also face the need of securing laws that will free children for adoption, whose only hope for a happy childhood and the experience of family life lies in adoption. It is only through such laws that the number of families who can fulfill their own dream of a family with children can be enlarged. Such laws, however, can play such a positive role only as they are implemented by adequate services with trained and understanding personnel to meet the needs of natural parents, adoptive parents and children whose best hope for a family in its full meaning lies in adoption.

Laws and social action when thus joined become not only a defensive weapon against wrongdoing but a force in the forging of a healthier and better community.

**DISCUSSION**

**Question.** Are there any moves toward improving the laws of divorce which interfere with good formation of the new family in divorce, i.e., shuttling of a child between one parent and the other?

**Answer.** The matter of variation in our divorce laws throughout the United States continues, and efforts to achieve a uniform divorce law do not seem likely to meet with any success. The question of custody and visitation would remain a serious social problem, regardless of any changes in our divorce laws. Unfortunately, because our divorce proceedings are regarded as adversary proceedings in which the innocent person is entitled to the divorce, our courts too generally assume that a young child should be placed in the custody of the mother, or that the innocent party is entitled to the custody of the children as a matter of right. In matters of visitation, the rights of the father are too often considered in terms of equalizing things as far as possible, even though the arrangements for visitation may impair the child's welfare.

While we give lip service to what is in the best interest of the child, we have not gotten to a point where we have either the personnel or the commitment to really determine in each case what will give the child the best opportunity for growing up in as healthy and normal a fashion as possible where parents are divorced. The knowledge and skill that are available through the medical profession are too rarely employed. A legalistic procedure, and the lack of insight in regard to the relations of the child to both of his parents have prevented us from moving forward as we must in this field.

**Question.** Do law schools prepare lawyers or judges for the important field of adoption?

**Answer.** For the most part, law schools do not prepare either lawyers or judges for the important field of adoption or indeed for any field of law which deals in personal relations rather than property rights. Fortunately, there is beginning to be some effort among a few of our law schools to introduce an understanding of social problems, and to teach problems of family law in such a way as to encompass not only...
legal rights but the social and psychological problems of which lawyers and judges must be aware.

**Question.** Would you comment on the rights and duty of the state as differing from the rights and duty of the natural parents, adoptive parents and social agencies?

**Answer.** I have referred to some of the rights and duties of the state in regard to the adoptive child. If I were to sum up, I would say that the state has the responsibility to see that any child who is deprived of its natural parents shall be placed in an adoptive home where he or she will have the greatest likelihood to grow up as a normal and well-adjusted member of society. This obligation may in part be delegated to social agencies, but the state cannot surrender or abrogate its responsibility to see that such a home is provided if voluntary agencies fail, and it cannot avoid its obligation to establish direct services if there are inadequate voluntary services in the community. The state also has, and will continue to have, the responsibility for setting standards in this field and supervising the work of any voluntary agencies to which it delegates its basic responsibility.

**Question.** Under what legal jurisdiction does an adoption agency exist? In my state (Vermont) an enlarging of facilities is needed.

**Answer.** Voluntary adoption agencies are generally created by a charter approved by the Executive Department of the state, after investigation by the State Department of Social Welfare or its equivalent. Where voluntary agency services are inadequate, citizens must either be prepared to enlarge existing services, creating a new organization, or see that the public department establishes direct services for children who need adoptive care, as has been done by many states throughout the country.

**Question.** Can you discuss the hetero-religious ban on adoptions? Also the part it plays in perpetuating independent adoptions.

**Question.** Would you care to comment on the relationship of religion to adoption?

a) Insofar as attitudes of different religions may affect adoption procedures?

b) With respect to the determination of the child's religion and the resultant choice of adoptive parents?

**Answer.** It is my belief, that to the extent that children who need adoptive homes can be placed in homes of the same faith as that of their parents, this should be done, except in those cases where the parent or parents freely choose to have their children placed in a home of another faith. Americans have the right to choose and change their faiths and those of their children. That a parent decides to surrender his or her child for adoption does not abrogate this right or transfer it to any other person, official, institution, or the State.

When no adoptive home of the child's faith is available for the child, it is the duty of the State and indeed of the voluntary agencies to see that, in the interests of the child's welfare, he shall be placed in the best adoptive home available. No person or religious institution, no public department, and no State has the right to say to a defenseless child, “You have no home, but because of your race or religion you shall stay in an institution until you are 16 or 17, and then be turned out into a world in which you have no one to whom you belong.”

### SOME PSYCHOLOGIC CONSIDERATIONS IN ADOPTION PRACTICE

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In a consideration of adoption practice psychologic factors occupy a prominent place. Ultimately the objective of adoption practice is the provision of the most favorable psychological circumstances for the child, the adoptive parents, and the natural
parents. The psychological maturity and orientation of the professional workers involved in such practice must also be considered, since much of adoption practice historically has stemmed from the feelings and attitudes of professional workers.

In a brief discussion as this necessarily must be, one can deal only with certain highlights of the psychiatric implications of adoption practice. For purpose of organization these will be taken up under considerations relating to the child, the adoptive parents, the natural parents, and the professional worker. Certainly in practice it is not possible to isolate these considerations and I emphasize that this presentation is organized in this manner only for purposes of brevity.

THE CHILD

As other speakers have already emphasized, adoption practice has undergone a major shift in emphasis in recent years. Rather than limiting ourselves to a concern predominantly for the adoptive parents, we have introduced considerations relating to the psychological development of the adopted child much more fully on the basis of accumulating scientific evidence. This shift in emphasis has a very healthy connotation in that it reflects professional, more objective, and more balanced concern for all individuals involved in the adoption.

A significant trend has been in the direction of earlier placement of children for adoption. The scientific evidence to support this trend stems from the observations of Spitz, Goldfarb and others on the unfortunate sequelae of the separation of infants from their mothers. In addition to the scientific evidence which emphasizes the need of the human infant for a primary relationship with parent figures, humane considerations would emphasize the desirability for this trend. Indeed it is somewhat surprising that we did not come to this practice at a much earlier point on purely humanitarian considerations.

It is important that those of us who have responsibility for communicating scientific data not permit distortions or overinterpretations from the data. I would emphasize that Spitz’s observations were made on infants over 6 months of age who had had the opportunity to form a primary relationship with their mothers and were abruptly separated. Under most clinical circumstances this is not the situation which prevails. Indeed, prior to the infant’s development of a capacity to recognize visually parent figures (under 4 to 5 months), it may be that the provision of comfortable care by multiple parent substitutes may not be associated with severe hazard. Again I must caution that I am not suggesting that we defer early adoptive placements when these are possible or that we attempt to justify group care of young infants. I do believe, however, it is inappropriate to attempt to force natural mothers to surrender their children before they are psychologically ready because we are so overdetermined to prevent “early trauma.” Also we have come to learn more about the most effective techniques with which one can accomplish separation when this becomes necessary for the infant or the young child.

Although we are familiar with the adverse effects of the lack of an opportunity to develop an early primary relationship, we must keep in mind that these data are drawn largely on a statistical evaluation of individuals who have undergone such experiences. Indications are that some individuals survive early maternal deprivation better than others. In brief we are not aware of all of the factors which determine outcome and therefore in any given situation it becomes extremely difficult to render a prognosis. As professional workers we must be very cautious, for we all encounter cases as we grow professionally in which the end result did not turn out as unfavorably as we were inclined to predict. This holds true for children being reared in their families as well as for those separated from their natural parents. We need to know much more about the circumstances of separation, the age at which it occurred,
the new setting into which the child is moving, and perhaps the inherent capacity (constitutional?) of the individual to deal with these problems. Obviously, much research concerning these problems will need to be done before we can prognosticate concerning specific adoption alternatives more clearly. In this we are not alone in the field of adoptions for we know relatively little concerning the potential development of a young child being reared in his own family. Indeed the varied conditions which occur quite spontaneously under circumstances of adoption practice should offer a very rich opportunity to observe the impact of a variety of factors on personality development.

Another set of problems concerning the child and adoption practice concerns his development of an awareness of the fact that he is adopted. I know of no professional group currently that would oppose the child's being informed concerning the fact that he is adopted. Adoptive parents can be helped to understand that the child's adoption need not pervade all conversation with the child. The matter can be dealt with spontaneously as opportunities develop and always in words which the child can understand. It is helpful if parents can wait to respond to questions and be guided in their answers by the level at which the child is raising questions. The freedom with which questions will be raised may be a reflection of the degree of integration of the child into the family unit and the trust which he feels in his adoptive parents.

All workers in the field of adoptions wish they knew more about what has happened to the many children who have been adopted over the years. Obviously much information is needed. When it becomes available it may go a long way toward providing us with a deeper understanding of the entire process.

THE ADOPTIVE PARENTS

Although no reliable statistical data are present, most professional workers agree that over the past several decades there has been a considerable increase in the numbers of potential adoptive parents making application to adoption agencies. Whether this represents a greater social acceptance of adoption in our culture or reflects an increase in childlessness (and infertility) in our population one cannot say.

That there are profound interrelationships between reproductive physiology and psychologic function has been well demonstrated by the classic work of Benedek and Rubinstein. It would be an oversimplification, however, to conclude that infertility without a demonstrable organic basis is necessarily psychogenic in terms of our current state of knowledge. We have all observed families in which there is a deep desire for children and who have the problem of infertility, and others for whom we would predict—on a psychological basis—that there should be infertility when this is not the case. This paradoxical situation is an indication of the difficulties which we face in trying to arrive at judgments professionally concerning the adequacy of adoptive applicants for parenthood. Again one needs only to recall situations in which our professional judgments would have indicated the unsuitability of a couple for parenthood only to have them adopt a child through non-agency channels and observe that the end result turns out rather satisfactorily. Certainly the antagonists of agency adoptions not infrequently use the argument that we are not necessarily capable of making any better judgments than the fortuitous placements which occur under private auspices. I wish to make it clear that I would not advocate non-agency adoptive placements, but it becomes important for us to define our limitations and point toward the much needed information which we hope research endeavors will provide for us.

Perhaps the emphasis I would most like to make in this presentation is that we endeavor to move away from our overdetermined efforts to be certain that an adoptive placement turns out to “be just right.” Again one must hark back to the natural
family and point out we don’t know what emotional climate is “just right” for birth of a child. As professional workers we have tended to become so identified with the adoptive parents that we have often not given them credit for having the strength and resourcefulness which we ourselves perhaps might not possess; or at any rate in facing the problems of adoptive parents we tend to underestimate the need which a child may fulfill in their lives. Certainly the holding of babies in institutional or boarding home settings in years gone by in order to be certain that babies were physically “perfect” would appear to have been a reflection of an anxiety of professional workers rather than that of the parents. Adoptive parents face a smaller risk in terms of physical abnormalities than do natural parents under any circumstances and it seems quite irrational to endeavor to protect them from even smaller risks than those which natural parents have assumed. Indeed one might question the adequacy of adoptive applicants should they insist upon greater guarantees concerning physical status than natural parents assume.

I emphasize the positives which adoptive applicants bring, for to a considerable extent it will be our identification of courage and resourcefulness in these applicants which will determine whether or not we resolve further the problems concerning so called “hard to place” children. We are already seeing the results of pilot programs and progress which has been made in the placement of physically handicapped children. The recent article by one of our pediatric colleagues (Dr. Paul Beaven) in the Child Welfare Journal has highlighted the possibilities for the placement of mentally retarded children. Perhaps we are moving considerably toward the objective as defined by the Child Welfare League of America in 1948 that any child is adoptable when a couple can be found that is willing and capable of meeting that child’s needs. During a period of very rapid social change (particularly concerning the problems related to integration) it becomes important for us to recognize the capacities of people to care for dependent human beings irrespective of racial or religious background or physical or mental handicap. (If we include Negro and other colored children within the definition of “hard to place children,” it becomes important for us to keep this possibility in mind.)

PROFESSIONAL WORKERS

From the foregoing discussion one can recognize the importance of professional maturity in the adoption equation. Agencies may be limited in a variety of ways concerning the children and families whom they serve. Mature workers however in each of these settings can press for broader programs which will continue to reduce the numbers of children who live outside the framework of a legally constituted family unit and who are thereby deprived of the advantages of a family.

This professional maturity means that we must be in a position to evaluate adoptive applicants objectively and particularly that we must keep in mind the fact that they may have greater courage and resourcefulness than we possess. In other words, we must constantly search for what is best for the child, his natural parents, and the adoptive applicants and not, in an unconscious way, what is best within the limitations of our own personal capacities. Thus we must not permit ourselves, whether we function as social worker, psychologist, psychiatrist, or pediatrician, to become the least common denominator or the model for what is desirable for adoptive applicants. With an objective orientation we may be imaginative enough to develop new programs, to change policy, and when necessary, laws, in order that children may be provided with the intimate relationships that are possible within a family. This possibility is enhanced when professional workers have an opportunity to confer regularly as a team on cases. Blind spots tend to be erased and growth of the professional worker is stimulated by such interprofessional experiences.
NATURAL PARENTS
To this point I have said very little concerning the natural parents who give up a child, thereby making him available for adoption. I have done this because in fact we know all too little about the feelings of natural parents concerning the surrender of their children.
Certainly there are wide differences in cultural practices. Although generally it is difficult for unmarried mothers to rear their children in our culture, that is not invariably true. Certainly in some subcultures this is not the case. There are still many differences among professional people as to how tenable it is for an unmarried mother to rear a child in our culture with a favorable outcome. This is something about which we need to learn a great deal.
Certainly it is well to emphasize that as professional people, it is not our function to glibly advise parents to give up their children. Indeed, one of the great advantages of agency placements is in the help offered to unmarried parents in working through their feelings concerning the placement of the child. It becomes significant for us also to help parents understand the problems related to the maintenance of a child for long periods of time in multiple foster homes or institutional placements because they cannot get themselves to surrender the child for adoption. We can help to interpret to them some of the potential hazards for the child and at the same time respect their feelings about the child which make it difficult for them to relinquish him.
In summary, it is important to emphasize that we need to know much more about the psychiatric aspects of adoptions. The lack of information is not unique to those of us concerned with adoptions but is common to all fields related to the study of personality development. Indeed the opportunities for study offered by adoption practices can potentially throw much light on our knowledge of personality development generally because of the varied circumstances under which adoptive children have been cared for and reared. These circumstances cannot be manipulated experimentally in human beings. The observation of spontaneously occurring situations, therefore, is of considerable importance.
As we mature in our understanding of adoption practice new programs emerge which make it increasingly possible for more children to have the advantage of being reared in families. Perhaps further advances depend upon our increasing maturation as professional people which enables us to welcome and invite research developments as well as to broaden our horizons in the interests of all children.

REFERENCES

DISCUSSION
Question. At what age should a child be told he is adopted?
Answer. It is difficult to conceive of any good reason for not telling a child he is adopted. The age at which a child should be informed that he is adopted is, therefore, a matter of communicating to him this information as he develops increasing capacity to communicate. In general, it is best to provide such information in response to the questions which children naturally raise concerning their origin and birth in words which are understandable to the child. It is preferable to be guided by his questions rather than to provide an excess of information which may be too elaborate and incomprehensible to the child. Thus occasions to provide explanations will arise re-
peatedly as the child grows and the interpretation can be increasingly more complex as the child develops an increasing capacity to understand.

Some adoptive parents tend to bring the matter of the child's adoption into all kinds of conversation with him. In this overdetermination to provide an explanation they usually are communicating their own anxiety in dealing with the questions and thus communicate this anxiety to the child. If the physician becomes aware of this problem, he may be helpful to the parents by providing an opportunity for them to discuss the background for their anxiety and, thereby, to provide a greater degree of comfort to them in their role as adoptive parents. It is also well to avoid oversimplified explanations to the child such as, "we had the opportunity of picking you from a large number of babies because we loved you so much"—lest such statements come back to haunt the adoptive parents. This is generally not an accurate statement in that very few adoptive parents have a wide choice. Secondly, when the child is criticized or disciplined, his tendency is to react with the statement that "You should have picked a child who wouldn't do this."

**Question.** You have decried group care of infants under any circumstances. Isn't this at least as good as the placement of multiple young infants in one boarding home, as commonly happens now? By the way, I am not in favor of group care except under carefully considered programs and then only for children under 3 to 4 months of age.

**Answer.** I do not differentiate the care of several young infants in one boarding home as being different from institutional care for infants. Under either circumstance, however, when such care is necessary, I would emphasize that there be continuity in the care provided by substitute mothers and that this care be as individualized as possible in order to provide for the physical and physiologic needs of the baby most comfortably.

**Question.** What age do you conceive of as ideal for the placement of infants which will still protect the best interests of the child? I am concerned by the trend to placement in the first month of life, relying on the family history for evaluating the infant.

**Answer.** I believe that a major factor in placement of the child is the natural mother's readiness for surrender of the child for adoption. Thus when the natural mother has made up her mind within the first month, and there are no significant problems in the genetic background of the child and the physical and developmental examinations are within normal limits, I do not believe we should withhold adoptive placement if the adoptive parents are willing to accept the child under these circumstances. In general, most adoptive parents are, for they assume considerably less risk than do natural parents insofar as gross congenital anomalies, severe birth injuries, etc., are concerned. Indeed I would turn the question around and say that if prospective adoptive parents insist on all kinds of unrealistic assurances concerning the future development of the child, I would have serious question concerning their capacity for parenthood. Parents must have the strength to weather the vicissitudes of rearing children and this is no less true for adoptive parents.

I feel that it is very important that we not underestimate the resourcefulness of prospective adoptive parents as I indicated in my talk. A recent experience illustrates this. A child who had successfully undergone surgery for a congenital cardiac anomaly, while still under the care of an agency, was adopted. The adoptive parents on several occasions have expressed to us their gratification at having the child. They have, however, also indicated that they regret not having had the opportunity to live through the earlier experiences of the child with him—and particularly the period surrounding the surgical procedure. I believe this illustrates that the adoptive parents can have the capacity to live through the difficult experiences which many natural parents face with considerable courage and resourcefulness.
The pediatrician concerns himself with the general health or total welfare of the child. He is interested in keeping children in good nutrition, in protecting them against infection through good hygiene and immunizations. He is equally concerned with children's emotional development, their adjustment to their families, friends and to society in general. He is interested that they grow up to be happy, well-adjusted adults and good citizens.

According to the United States Children's Bureau, the estimated number of children born out of wedlock in the United States in 1954 was 175,000. Add to this number the children who were orphaned and those children whose parents decided to give them up for one or another reasons and you have the approximate number of children in 1955 for whom of necessity, homes other than their own had to be found. Of this number close to 50,000 were adopted by nonrelatives and it is estimated that there were approximately three-quarters of a million applications for these children. A considerable number of the remainder were taken into the homes of relatives and some of these were legally adopted. Most of the remaining children were either Negro or of mixed race for whom adoptive homes, though urgently needed, are difficult to find. Since the welfare of all of these children (approximately 2% of all births) is at stake and since adoption is the best solution, we pediatricians must concern ourselves with and take an active role in adoption. To do an effective job in adoption, we must be informed of and involved in all facets of child care and child welfare. It is imperative that we understand the entire process of adoption—how it concerns the natural parents, the child, the adoptive parents and the community.

The problems of the natural parents who offer their child for adoption are grave and numerous. The decision to give up their child may or may not be the best solution of their problems. These parents must be given the opportunity to reach a decision whether they can, with or without help, provide for their child in their own home at present or eventually, or whether they are not and will not be able to assume the necessary parental role, and should, therefore, release the child for permanent placement with another family.

Similarly, the childless couple who feels the need to express love, affection and natural parental instincts to care for and raise a child, and believe that their needs can be fulfilled by adopting a child, deserves hearing and counsel. The adoptive parents may have problems which will not be solved by adoption. Furthermore, their capacity to provide the proper family life and opportunities for healthy personality development of the available child must be evaluated.

There are more facets of the adoption which must be considered. There are problems of physical and mental health of the child, of the natural parents and of the adoptive parents. There are also problems of race, religion and law which enter into adoption. In brief, adoption is an involved and highly specialized procedure which requires the knowledge and skill of trained personnel. It is unlikely that any one individual alone can successfully conduct adoption practice. Indeed, to be successful, adoption requires the efforts of a group, the social service case worker, the physician, the lawyer, the psychologist, the psychiatrist, and on occasion the geneticist and others. Adoption has rightfully become the concern of legally authorized agencies, public and private, consisting of trained personnel of many disciplines who are equipped to render service to all, the unmarried mother, the child, the adoptive parents and to the community.

If in his zeal to participate in an adoption procedure the pediatrician disregards the interests of any one of these four parties...
concerned, the results may be disastrous. Since he individually is unable to conduct the adoption procedure alone, he should refrain from acting as intermediary between the natural parents and the adoptive parents. He would do best to recommend suitable social agencies where all concerned could be helped.

The pediatrician can be a positive force or influence for good adoption practice. He can be most effective in adoption serving as a member of an authorized agency. Just how does he serve in such a setting? The pediatrician studies the natural parents' history and that of the child for inherited defects or abnormalities, or disease traits and must decide whether an infant born of a mother with disease or disease traits may be accepted by the agency. He examines the baby in the first few days of life for defects and for diseases. If the infant's condition is good, this fact is conveyed to the agency case worker. The child is then considered suitable for adoption and is accepted for placement. If the heritage is good, the agency may consider this child for immediate or early placement. The pediatrician must be aware of his limitations in estimating the future physical and mental capacities of an infant which he examines in the first few days, weeks and even in the first few months of life. It is of considerable importance that he indicate to those who urge placement directly from the nursery that the pediatrician is not infallible and should not be expected to detect all physical or mental disturbances in the first few days or weeks of life. In fact, he often fails.

If, for one or another reason, legal, social or medical, the child is not placed immediately in an adoptive home, then he is given into temporary foster care for further observation. During the stay in the foster home, the pediatrician supervises the care of these children, rendering the same attention to them as he does to those entrusted to his care in his private practice. After placement, and occasionally after adoption has been completed, the pediatrician may be asked to discuss medical or emotional problems which have arisen. He may be requested by the agency to re-examine children who have or are suspected of having problems which are believed to have antedated placement.

The pediatrician also renders valuable service as a member of the professional advisory staff of adoption agencies. His deliberations and opinions are valued in policy making, public relations and in almost all problems which arise.

Some agencies have resisted the inclusion of physicians on their staffs because of the doctor's rather conservative point of view on the question of adoptability. Social service workers often differ with the pediatrician who declares a child unadoptable because of a handicap. They know that families might be found who can accept such a child and give happiness to him and in turn derive satisfaction from doing so. It is only 7 or 8 years ago that a group of pediatricians indicated that a congenital syphilitic was unadoptable because of a handicap. They know that families might be found who can accept such a child and give happiness to him and in turn derive satisfaction from doing so. If such a child is unharmed and is cured of the disease, there is no reason for withholding from him the opportunity for family living. Children with such defects as hare-lip, dislocated hip, post-polio paralysis and even diabetic and deaf children are being adopted. Physicians in general have been inclined to expect more security for the adoptive parents than can be expected by parents giving birth to their own child. In all decisions of adoptability of a handicapped child the pediatrician and the social worker too, must be objective and render an opinion based on the social as well as the medical aspects of the case.

The reasons for nonadoptability are in fact very few. At a large conference on adoption, sponsored by The Child Welfare League of America, Inc., held in January, 1955, the following was the general feeling of most persons present, social workers, physicians, lawyers, psychologists, geneti-
cists, anthropologists and members of other disciplines:

(a) It is advantageous for any child of any age to be placed for adoption if he does not have a family of which he is part, and if a family can be found to give him the advantages of family life.

(b) Any child can be considered adoptable who can gain from family life and who has the capacity to develop in a normal environment, and for whom a family can be found which will accept him with his history and capacities. His history and examination should be such that there is reasonable assurance that the child has ability and potentialities for adjustment, that his handicaps are not such as will interfere with development of a sound child-parent relation. He should have the capacity to find and give satisfaction in family living and not require a kind of care which no parent is expected to be able to give.

(c) Not only infants but older children, and those with special needs, may bring satisfaction to parenthood.

(d) Even if a child's state or prognosis is not wholly favorable, adoptive parents may be found who, after being given full knowledge of the facts, are prepared to accept him.

I subscribe fully and without reservation to these concepts.

Since only a limited number of pediatricians can serve adoption agencies, what else, besides becoming acquainted with sound adoption procedure, can the pediatrician do to further better adoption practice?

The pediatrician should participate in teaching adoption to medical and nursing students, to interns and to residents. They should be instructed about the hospital and community social service agencies, about those concerned with service to children and specifically about those practicing adoption.

The pediatrician can be a strong force to better adoption practice by exerting his influence upon hospital authorities to make it mandatory for members of the medical staff to abstain from independent adoption placements, or not to participate in them without the aid of the hospital or community social services.

The pediatrician can and must exert his efforts to create good adoption agencies where they are needed and to improve those whose standards are below par.

The pediatrician can and must be heard when attempting to create sound legislation to help to eliminate independent and the so-called "black market adoptions."

Finally, the pediatrician should be so well versed in adoption and in all its ramifications that he can be of help in counseling adoptive parents about the special problems which adoption creates. For example, when should a child be told that he is adopted, etc.?

The welfare of a large number of children born in the United States each year depends in considerable measure on the part you play in adoption.

DISCUSSION

Question. Should the small defects, as hernias, congenital hips, etc., be remedied first, prior to adoption, or should the child be placed first and permit the adoptive parent to work through the problem with the child?

Answer. If the defect is disfiguring and can be remedied, it would be best done before placement of the child, for example, in such cases as harelip, extra digits, etc. If the defect is something like a hernia, it might be corrected before placement, if for one or another reason the child's adoption is not imminent. In the case of a protracted procedure, like the management of a congenital hip, which would take a minimum of 6 months to a year, it would be better that this child be placed in a home and the adoptive parents participate in the child's care and treatment. In all instances where the adoptive parents have already seen the child and prefer to take the child
with the defect because they wish to participate in the correction of the defect, they should be permitted to do so, if in the opinion of the case worker these parents are considered capable of handling the situation.

**Question.** How can a pediatrician become a member of an adoption agency, in other words, where does he start?

**Answer.** By volunteering to serve with an agency in his community. I shall request the State Chairmen to survey the adoption agencies in their states and to suggest that pediatricians be invited to join these agencies.

**Question.** Would you clarify how you feel a pediatrician should act when called upon by a private lawyer to examine a newborn in a hospital nursery for the purpose of adoption?

**Answer.** The pediatrician should be willing to examine any baby and render an opinion on the child's status regardless of who invites him to do so. This in no way incriminates him in adoption procedures.

**Question.** In planning for adoptive homes, you say that parents should not expect to have a perfect child any more than they can be assured that their own child would be perfect but is it not true that adoptive parents see adoptive children differently from their own children and are unable to cope with defects which arise after placement?

**Answer.** In evaluating adoptive parents, it is customary for the case worker to determine whether they are equipped to handle unforeseen problems. The development of an abnormality or defect is the sort of thing that the adoptive parents should be able to cope with provided the defect which appears does not incapacitate the child so that he is unable to adjust to family living. If the adoptive parents are unable or unwilling to accept the defect, then we would think that the placement was ill-advised from the very beginning. Should the defect be such as to interfere with his ability to adjust to family living, then the adoptive parents could and would get help from the adoption agency. For example, if it were necessary to separate the child from the adoptive home, the agency would not adhere to the limitations of time and would offer aid in any way it could. Just this type of situation points out the difference between an independent placement and agency placement. In the former, the family would be left to its own resources whereas in the agency placement the family would be assured of sympathetic and positive aid.
ADOPTIONS
Samuel Karelitz
*Pediatrics* 1957;20;366

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/20/2/366