

stereotype of the adopted child as a perfect, ideal child. Although this view pops up rarely in the popular imagination, several stories and movies portray adopted children in this way. You've probably encountered this view at least once, and your child might run into it, too. The musical *Annie*, based on the *Little Orphan Annie* comic strip, idealizes the little girl who steals the heart of Daddy Warbucks. It also shows her as the answer to his problems—the “happy adoptee as solution for adult loneliness,” as Christine Gaily calls it (2006, p. 74). This view also characterizes *Pollyanna*, a Disney film from 1960 starring Haley Mills, and a 2004 PBS special from the BBC. This stereotype is evident, too, in *Oliver!*—a perky 1969 musical remake of Dickens's *Oliver Twist*, with its horrific orphanage, inner city exploiters of children, and a psychologically improbable hero. Oliver shows no psychic scars from his lifetime of trauma—he is not only perfect but also perfectly resilient, with none of the behavioral challenges that many real children experience after similar ordeals. In short, Oliver is an “ideal” boy from the adult point of view. This stereotype of the ideal adopted child is just as mythical as negative stereotypes of adopted children. Both extreme stereotypes deny children the chance to become fully, imperfectly human.

### The Young Murderer or “Bad Seed”

**Myth: Adopted children are more likely than non-adopted children to have a mental illness.**

The notion of the “bad seed” has been with us forever. This idea holds that adopted children come from flawed genetic backgrounds; read: poor and dumb, at best, or drug-addicted and criminal, at worst. This notion was publicized in 1956 in a movie titled *The Bad Seed*, starring Nora Kelly and Patty McCormack. The film is the story of sweet, eight-year-old Rhoda, the daughter of a military officer and his wife. The little girl is the picture of a 1950s middle-class ideal: blonde white, and adorable. However, she has an evil secret: she is gradually revealed as a liar and a murderer. As her mother investigates, she learns that she herself was adopted as an infant. Her birth mother was infamous, acquitted of murder three times although she was almost certainly guilty. The mother confronts Rhoda, who admits that she murdered two people. After a third murder, the mother tries to commit suicide. Message: you can't escape your genetic back-

ground. This inspiring view of adoption was remade in 1985 for television.

Few movies had a more negative effect on people's attitudes about adoption, according to Christine Gailey (2006). She interviewed adoptive parents about films with adoption themes, and she found that many had seen *The Bad Seed* as children. However, their memories of the plot were incorrect. They remembered the murdering child, not the distressed mother, as the adoptee.

The theme of the bad seed continued in the series of *Omen* movies that began in 1976. The more modern twist in this series, reflecting current trends in international adoption, is that the children are adopted from other countries or have a foreign birth parent.

Support for the myth of the "bad seed" comes from fifty years of psychoanalysis. According to Freudians and the psychoanalytic school, adopted children cannot work out their Oedipal conflicts because they do not live with their biological parents. A very brief version of the Oedipal theory goes like this: Children feel sexual desire for and want to marry their opposite-gender parent. To make this happen, they imagine that they have to kill the same-gender parent. A major task of childhood is to resolve conflicting feelings of love, desire, and hate toward parents. According to this logic, adopted children avoid this crucial developmental task, especially if they know that they are adopted. This view, widely accepted among mental health professionals during the first half of the twentieth century, contributed to the practice of secrecy about adoption and to the recommendation that parents *not* tell their children that they were adopted.

What's wrong with these vintage clinical studies? First, studying only in-patients can skew the sample group. Second, current scientific thinking says that comparing children based on their membership in any group, such as "adopted" or "African-American," leads to faulty conclusions. (Unfortunately, such faulty correlational work is appealing to some researchers because group membership is a variable that is relatively easy to measure.) Third, adoption has changed radically over forty years, adopted children are a very diverse group, and the experience of adoption does not affect all adopted children similarly. The changing nature of adoption over time means that studies of its effects probably did not measure the same construct in 1960 as they do today. However, scientific research builds current studies on the foundation of past findings, so the older studies are often

quoted in papers published today. In this way, contradictory results based on faulty methods have been repeated for nearly fifty years.

Prejudice against adopted children and their families has supported secrecy associated with adoption. Biased attitudes about adopted children and their biological families are evident from the 1960s (e.g., Simon & Senturia, 1966) to the present (Wegar, 2000), particularly in language used about adoptive families (e.g., van den Akker, 2001). When adopted children were found to be overrepresented in mental health facilities, some authors used the mythology of gender roles to explain this situation. For example, “The anxiety around the childless state is of particular importance in those individuals whose sexual identities seem precariously balanced and where the need for a child serves to reinforce their biologic-sexual-social role, demonstrating their femininity or masculinity to both themselves and society. In cases we have seen there has always been one partner, usually the wife, much more anxious to adopt than the other” (Simon & Senturia, 1966, p. 863). Another paper offered a psychodynamic explanation: “The hostility between the parents for their childless state is projected onto the adopted child; the adopted child may act out the unconscious hostile and sexual impulses of one of the parents” (Offord, Aponte & Cross, 1969, p. 114).

More recent, and more sophisticated, comparisons of large groups of adopted and non-adopted children have found no differences in general mental health (Brodzinsky, Radice, Huffman, & Merkler, 1987; Brodzinsky, Schechter, Braff, & Singer, 1984; Cederblad, Hook, Irhammar, & Mercke, 1999; Miller, Fan, Christensen, Grotevant, & Van Dulmen 2000). My own research with more than seventeen thousand U.S. families found no differences in depression, anxiety, or delinquency, although adopted adolescents had higher rates of suicide attempts than did non-adopted young people (7.6 percent vs. 3.1 percent), even when the two groups had the same levels of depression and aggression. The good news is that a lot of family time together and good communication helped to protect adolescents from making suicide attempts. One study came to different conclusions: it found higher levels of attention-deficit hyperactivity disorder and oppositional defiant disorder among domestically adopted children than among non-adopted youth (Simmel, Brooks, Barth, & Hinshaw, 2001). The children with clinical ADHD and ODD were more likely to have been adopted after

age two, to have had multiple foster home placements, and to have experienced abuse or neglect, than adopted children with mild symptoms.

Two new theoretical papers propose that adoption does not constitute a fundamental risk for negative outcomes because the experience of adoption is determined by culture, society, and communities, as much as by families (Leon, 2002; Smith, 2001). Recent work also highlights the potential confounding effect of anti-adoption bias and stigma (Johnson, 2002; Leon, 2002; Wegar, 2000). Four theories guide adoption research. First, the stress and coping model of adoption adjustment notes the changing nature of adoption since 1970 and considers biological influences or environmental factors, which could be cultural or interpersonal (Brodzinsky, 1990). However, this model assumes that “adopted children are at increased risk for various psychological and academic problems” (Brodzinsky, 1990, p. 3). The theory proposes that children’s cognitive appraisals and coping mechanisms influence adjustment, and that these develop with age. By elementary school, children understand that in order to be adopted, their birth parents had to relinquish them. Children may mourn the loss of their birth parents, and possibly other losses, such as that of their birth culture and language (Brodzinsky, Singer & Braff, 1984). Cultural and interpersonal factors receive little attention in this model, however. As Leon (2002) points out, a child’s increasing exposure in elementary school to the Western emphasis on biological families as “real” and adoptive families as “deviant” could explain this shift in adopted children’s reactions to adoption, as much as the development in cognition during this period. Researchers need to take an expanded perspective on adoption that includes not only family-level factors but also cultural biases.

Why should you care about theories or scientific history? This background matters because the early studies have had a long-term influence on adoption research. They are still cited as “scientific” truth. Unfortunately, they are sometimes still quoted uncritically in references for adoption professionals, pediatricians, and parents. For example, a recent child development manual for pediatricians echoes psychodynamic rationalizations from the 1960s: “Adopted children feel unwanted, and adoptive parents may have feelings of hostility because of their inability to have children of their own” (Gupta, 1999, p. 186). These manuals are the scaffolding that holds up conclusions your social workers will use to make recommen-

dations about your child. Be ready to question authorities—social workers and other adoption professionals—when it looks like they are falling into the trap of bogus science.

## The Poor Student

### **Myth: Adopted children have low IQs, have learning disabilities, and do poorly in school.**

As described earlier, some school counselors and social workers believe this myth and pass it on to clients, colleagues, and children. This section will show you the facts.

Early studies in behavioral genetics asked whether IQ was inherited, and used adoption studies to answer the question. This theory is a variation on the idea of the “bad seed”—both suggest that genes can determine your life. The answer, though, was complicated. There is a strong relationship between children’s IQ and their biological parents’ IQ. But at the same time, adopted children had average IQs about ten points higher than those of their biological parents (DeFries, Plomin, & Fulker, 1994; Scarr & Weinberg, 1976; Schiff, Duyme, Dumaret, & Tomkiewicz, 1982). There were no differences in IQ between internationally and domestically adopted children. A long-term U.S. study found that adopted children had average or above-average scores on the subtests that would show whether they were learning-disabled (Rhea & Corley, 1994). All children in this data set were adopted domestically as infants (Wadsworth, DeFries, & Fulker, 1993).. Later studies on the IQs of internationally adopted children are summarized below.

Studies of the correlation between adoption and placement in special education classes have yielded mixed results. Two Dutch psychologists compared the cognitive development and school performance of a group of adopted children, their non-adopted siblings, and children still in institutions (for example, orphanages). The IQs of adopted children were, on average, twenty points higher than the average for the children still in institutions, and roughly the same as those of non-adopted siblings. However, adopted children were twice as likely as non-adopted siblings to be in special education classes. A group of U.S. scientists followed adopted children from birth and found that at age twelve they were no different from non-