

The Adopted Child Syndrome: A Methodological Perspective

by Jerome Smith

Abstract

The term *adopted child syndrome* has repeatedly surfaced to explain behaviors in adopted children that seem rather uniquely related to their adoptive status. Specifically, these include problems in bonding, attachment disorders, lying, stealing, defiance of authority, and acts of violence. While the term has never achieved total acceptance in the professional community because of the lack of uniform empirical data, many theoreticians believe that the adopted child is in an at-risk group for developing emotional problems in as much as she/he is disproportionately represented in mental health caseloads. The use of this pseudoscientific term, which developed as a selected way to describe severe sociopathic behavior, is deeply flawed in its use of scientific and established methodology. The article identifies deviations from major research principles and operations as they directly relate to the "adopted child syndrome." Finally, a distinction is made between correlation and causation, a distinction that frequently eludes the practitioner in the field.

A SYNDROME IS A CONSTELLATION of symptoms occurring together in a disorder that represents the typical picture of the disorder (Carson & Butcher, 1992). The term *adopted child syndrome* derives from the oft-held observation that adopted children are overrepresented in caseloads of mental health professionals. The term refers to a particular form of acting out behavior that presumably is connected to a child's adoptive status. Behaviors in this repertoire include excessive preoccupation with fantasy, learning difficulties, homicides, fire setting, lack of impulse control, theft, pathological lying, defiance of authority, and running away from home. While similar to the behaviors found in the range of conduct disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), this syndrome is differentiated from the latter by its link to adoption dynamics such as unresolved issues over perceived abandonment/rejection, fantasies of birth parents, and difficulties in achieving a crystal clear identity.

I intend to show that use of this term arose through the use of flawed methods—those that deviate from a scientific or empirical model. By careful analysis of this syndrome the reader is allowed to question the methods and conclusions derived by singling out the alleged relationship between serious acting-out behavior and adoptive status. This exercise frequently leads to erroneous conclusions, based not on the availability of scientific

data, but on anecdotal and experimental phenomena. The violations of generally accepted scientific procedure lead to opinions, biases, and folklore that have little to do with reality. In this article, I endeavor to show the methodological concerns and flaws that lead to such conclusions and overgeneralizations.

The term "adopted child syndrome" is attributed to psychologist David Kirschner, and was first used in the 1984 trial of Patrick DeGellecke, an adolescent adoptee accused of setting fire to his parents' home and murdering them (Kirschner, 1995). It started a pattern of attributing murderous impulses to other adopted young people, perhaps the most well known being David Berkowitz, or "The Son of Sam." Indeed, there is a public perception that adoption carries with it, no doubt a function of the "bad seed" theory, an element of criminality. Kirschner himself stops short of making such an assertion, though he does state that adoption must be considered a risk factor, even perhaps a precipitating one.

Kirschner's position is supported by the evaluation of Dr. Kent Ravenscroft of Georgetown University, as reported by Lincoln Caplan (1990). Dr. Ravenscroft reportedly reviewed a number of clinical studies, and found that adoptees show more aggression than do non-adoptees, and that they have more intense feelings of rootlessness and low self-esteem, resulting in stealing and running away.

One should note that the term adopted child syndrome is not found in the official mental disease source book, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*; American Psychiatric Association, 1994). The closest one comes to the behaviors associated with the syndrome is found under “antisocial personality disorder.” Individuals with antisocial personality disorder are at least 18 years of age, have evidence of conduct disorder occurring prior to age 15 and have demonstrated a pervasive pattern of disregard for and violation of the rights of others. Such individuals demonstrate truancy and problems such as fighting, running away from home, persistent lying, use of drugs or alcohol, stealing, vandalism and chronic violation of rules that are imposed both at school and at home. Once 18 years old, or older, these individuals also demonstrate an inability to work on a consistent basis and are unable to function as responsible parents and are frequently involved with the law and the commission of serious crimes such as felonies; imprisonment is not an infrequent occurrence. Adoptive status (or lack of it) is *not* part of the definition of antisocial personality disorder.

Alan Dershowitz, attorney and member of the faculty at the Harvard University law school, included the adopted child syndrome in his list of spurious defenses used to explain deviant behaviors in his book *The Abuse Excuse* (1994). In addition to the case names already used in the opening paragraph of this article, Dershowitz identifies the defense as having been used by Jeremy Rifkin, a confessed murderer of 17 women, with the excuse that he was rejected by his biological mother. Dershowitz rejects the explanation that sends a dangerous message about accepting personal responsibility. “The Court should be wary of made to order syndromes such as the ‘adopted child syndrome,’ which do not meet the most basic scientific criteria” (p. 79).

Theoretical Foundations

Kirschner, borrowing from his understanding of psychoanalytic theory as well as the contributions of other approaches, provides anecdotal accounts of the psychological tasks facing adoptees. He argues that, given the additional task of assimilating the good and bad images of both adoptive and birth families, an integration that results in a healthy self-image is more difficult for those who are adopted to achieve than it is for those living in their own birth families. In adoptive families where relationships are less than ideal, adoptees may lack the opportunity to interact with or discuss their

birth parents—thus the creation of constricted, secretive, and distorted views of their family lives and origins. For these adoptees, good and bad images are split, leading to invidious comparisons, with one set of parents representing the “good,” and the other set as “bad.” (The superego is thus impaired, resulting in poor impulse control and acting out behavior.) Kirschner buttresses this formulation with conclusions made by practitioners (Brinich, 1980; Schechter, 1960; Lifton, 1994).

Kirschner also draws from the writings of B.J. Lifton, an adoptee who has generalized her own unhappiness with adoption. He quotes Lifton as follows:

The child is being asked to collude in the fiction that these are his only parents and to accept that his birth heritage is disposable ... only if adopted children commit themselves fully to the identity of the adoptive clan can they have the adoptive parents' love. Already abandoned by the birth mother, the adopted child feels no choice but to abandon her and, by so doing, to abandon his real self. The early, potential self that is still attached to the birth mother is unacceptable to the adoptive parents and, therefore, must become unacceptable to the child. (Lifton, 1994, pp. 50–51)

While Lifton is entitled to her point of view, essentially it is autobiographical and anecdotal. The purpose underlying theories is to discover what causes extremes in behavior that result in acting-out behavior in some serious form. With reference to the question at hand, the more specific question is what is there about the adoption experience that can be linked to such horrendous actions.

In the literature, one finds a plethora of theories, some from psychoanalytic circles with many variant forms, some from a sociological framework, while others are of a humanistic/existential bent. Grotevant and McRoy cover this range quite adequately (1988). Of particular importance are their findings, which point to a link between hereditary background and behavior—or at the very least, an interactive effect between genetic predisposition and environmental influences. Of all the theories mentioned, I find plausibility in the concepts of nurturing and holding environments, i.e., giving a child a firm sense of belonging and who he/she really is and communicating in an open and candid manner. Indeed, a strong sense of self is inseparable from a firm sense of belonging. From these beginning foundations, there are perceptions and interpretations, which result in a range of self images from extremely negative (e.g., the “ugly

duckling,” with all the associated undesirable baggage, to a quite positive self-image (i.e., feeling really good about oneself, believing in one’s inherent self-goodness), with many variations between these two polar positions.

Methodological Issues

The adopted child syndrome, as an explanation of antisocial behavior, belies the scientific approach to understanding any phenomenon. There are serious methodological issues that must be considered in evaluating Kirschner’s results. A first inescapable question is how *representative* these anti-social adoptees are of all adoptees. It begs the question of differentiating between clinical and nonclinical populations among those who are adopted. A basic research principle is that one can only generalize findings from a sample to a similar population, i.e., to the population from which the sample was drawn. Thus if one’s sample is made up of adoptees that are brought in for treatment of an emotional problem, one cannot generalize these findings to the entire group simply because they share something in common: their adoptive status.

Assertions to the effect of the existence of an adopted child syndrome are without empirical foundation. In order to state that there is something unique about adoption that leads to such serious acting-out behavior, one must look at a comparison between adopted and nonadopted persons. A researcher from Rutgers University points to the limitations that are accruable when the cohort under investigation cannot be considered representative and lacking in the use of control groups (Brodzinsky, 1993).

Kerlinger, an educational psychologist, adroitly addresses the problems of the “post hoc fallacy” (1986). When the scientist is seeking to explain a phenomenon that has already occurred, she or he is confronted with the unpleasant fact of not having any control over causes with real explanatory power. This can lead to erroneous interpretations of the research data, regardless of the plausibility of what appears to be a cause–effect association. This type of research falls into the category of “ex post facto” research. One cannot make a causal connection because there are a number of variables, any one of which, or in combination with other variables, might result in the behavior under investigation. A lack of control of the antecedent independent variables is the most serious flaw in this type of research. By looking at the phenomenon of adopted serial killers, and then retrospectively looking backward in their lives to find a common cause, any number of possible explanations can

emerge: hereditary traits, child-rearing practices, age of placement, idiosyncratic interpretation of the child placing event, parental personalities, and environmental circumstances, just to name a few. All the foregoing may be considered to be independent variables and the behavioral phenomenon (of unchecked aggression) the dependent variable.

The term *correlation* is used in measuring the strength of a relationship between two variables. (Actually, “correlation” is a more precise form of a relation-

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ship, i.e., one in which the variables are in the interval category.) Age and income are examples. But correlation does not equate with causation. Two variables may be highly, even perfectly correlated (i.e., $r = 1.00$ or -1.00) which does not necessarily translate into cause and effect. There are three specific criteria to be met to infer causation: (1) one variable must precede the other in time (e.g., we know that pregnancy and sexual intercourse are related, but we also know that the intercourse must precede the pregnancy); (2) the relationship holds time after time, without variation—thus the two variables are empirically correlated with each other; and (3) there are no overarching variables which may account for the observed relationship (Lazarsfeld, 1959).

While studies of clinical populations suggest an association between adoptive status and emotional/behavioral problems, research on nonclinical populations, comparing adopted children with their nonadopted counterparts on particular personality characteristics

have brought forth mixed results. Some studies reveal few differences (Benson, Sharma, & Roehlkepartain, 1994) while others suggest significant differences. (Brodzinsky & Schechter, 1990). Such variations may be partly due to the fact that different evaluators use different outcome measures as well as different sample size and statistical testing used in evaluating outcome. It can thus be concluded that differences in methodology result in outcome differences (Smith, 1997).

Use of a control group as a basis of comparison may be the model, but from a practical point of view, it is simply not possible. As an alternative, researchers turn to matching as a way to equalize groups of subjects. Matching has its limitations, however. One problem is that the more variables the various groups are matched on, the more difficult it is to find appropriate matches. A second problem is that unless the variable on which the matching occurs is directly related to the dependent variable, the matching has been a waste of time. For example, if matched on the variable “age at time of placement” is not related to the dependent variable, the matching is worthless. Yet it is a way to determine the nature of, and degree of difference, between adoptees that have acted out and nonadoptees that have acted out as well.

There is another methodological consideration that is germane to this discussion. It has to do with an interpretation of a relationship that is said to be spurious. A spurious relationship suggests a false or a misleading relationship. Strictly speaking, however, there is no such thing as a “spurious relationship,” according to sociologist Morris Rosenberg in his excellent book, *The Logic of Survey Analysis* (1968). Rosenberg states that it is customary to use the term “spurious relationship” in referring to a case in which there is no meaningful or inherent link between the two variables under consideration; the relationship is due only to the fact that each of the variables happens to be accidentally associated with some other variable. If the relationship disappears when a third variable is controlled, statistical analysis itself cannot determine whether the original relationship was spurious or the third variable had an intervening effect. In cases where the third variable explains part but not all of the original relationship, such a variable is considered to be a suppressor variable (Schuerman, 1983).

Relationships Between Adopted Child Syndrome and Methodology

While it may be true that there is a statistical relationship between emotional disturbance (severe enough

in its manifestation to warrant a trip to an agency or mental health clinic) and adoptive status, the issue of direct effect explanation is quite another matter. For example, one can determine the existence of a relationship between two variables by comparing the respective percentages of emotionally disturbed, acting out youngsters in the adoptive and nonadopted groups but this is not to say that adoptive status explains the relationship. By holding a third variable constant, e.g., “perceived maternal rejection” in each group, one can determine if the original relationship is strengthened, remains the same, is weakened, or is not existing at all. When the original relationship disappears via this procedure, we say that the original relationship was a spurious (false) one; while it appeared to be a relationship, it was due to some other factor (Fortune & Reid, 1999).

Evaluation

Often, practitioners, researchers and lawyers use “data” to support their views, even data derived from a biased sample. This is rather obvious when one reads about the debate in adoption circles in regard to openness in adoption (Gritter, 1997; Baran & Pannor, 1984). In a similar vein, B. J. Lifton, an adoption activist whose rantings about the (closed records) system of adoption stirs up strong feelings, arouses the public by giving credence to the adopted child syndrome. Despite the fact that Kirschner himself subsequently admitted the non-existence of such a syndrome and was supported by other experts in this view, still Lifton used the argument that “most adoptees exhibit some of the traits of the adopted child syndrome,” including theft, pathological lying, learning disabilities, setting fires, defiance of authority, preoccupation with excessive fantasy, lack of impulse control, and running away from home. As “evidence,” Lifton updated her earlier accusation of a connection between adoption secrecy and “the famous murderers of the century,” including David Berkowitz, Kenneth Bianchi (the “Hillside Strangler”), Joseph Klingler (the “Philadelphia Shoemaker”), Joel Rifkin, and Gerald Stano (killer of 32 people in Florida) (Carp, 1998). In fact, Lifton goes even further in her denunciation of adoption by referring to the adoption experiences as “cumulative adoption trauma” (1994). While one can empathize with her emotional pain, irrespective of its source, one should understand that it is not adoption itself, nor is it the institution of adoption that is pathogenic, but perhaps it is how adoption is processed by the individual. Certainly there are too many well-

functioning adoptees in this world (at least 84%) by Kadushin's conservative estimate (1988) to give credence to the cathartic expression of one, albeit well-educated, adoption rights advocate.

Is There Some Truth to the Matter?

At the same time, one cannot simply dismiss the notion that there is at least some validity to the claim that adoption brings with it some inherent differences in the growth and development cycle (from nonadoptive development). Brodzinsky makes the point that negotiation of the life stages of adoptees is more cumbersome and problematic than for children growing up in their biological families (1987). Using the Eriksonian framework of resolving the nuclear conflict at each stage of development, Brodzinsky suggests that the child's ability to develop trust, become more autonomous, and work out his relationships with his parents is intricately woven into the fabric of how well the parents resolve issues of their own infertility and accept the child as their own. For the child who is placed older in life (say after age 5 or 6), the difficulty in negotiating life tasks becomes even more daunting. How the child assesses his own worth (a major issue considering the fact that he has learned that he was given up, and has feelings about it) is largely dependent on the degree of success the parents have worked out their own issues of entitlement to the child.

There is an additional problem, and one that is tied up with our "hang-up with blood." It is the media that are largely responsible for creating and maintaining distorted pictures of adoption. The adjectives used in society refer to birth parents as "real, own, natural." Adoptive parents, by contrast, then, must be "unreal" and "unnatural." The media, reflecting this societal bias, leaves the impression that adoptive parents are doing a fill-in job, for what many view as the birth parents' inability, or incapacity, or unwillingness in rearing the child. The effect of this perception is that adoptive parents are temporary caretakers, doing the real work of parents during the crucial developmental and formative years, and then stepping back as the child locates his/her biological parents at the age of majority. This is a scenario that adoptive parents resent, and they resent the media for encouraging such a stereotype.

To say that adoptive parents get short shrift in this arrangement probably would qualify for the understatement-of-the-year award. If the truth be known, the child who is adopted develops his/her sense of the good self from the myriad heart-to-heart talks with mothers and

fathers, as well as how they connect emotionally with their families. Another individual factor is how the child adapts to a hurt, whether it is a scraped knee or a vicious or insensitive remark made by a friend or acquaintance. As the hundreds of conversations that occur binding the child to parents, he/she comes away with a feeling that "here are my parents, and this is my real family." (It is not the fact that one was adopted or not that plagues the person, but that little events—the remarks made in the

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school yard or fishing pond or the neighbor kids' taunts and the bedroom prayers that stay with the child for many, many years into adulthood). Every adoptee must come to terms with the crucial question for him or her and that is, "who are my real parents, are they the ones who begot me or are they the ones that are caring for me?" As one adoptee put it, and this is what worked for him, "your parents are not the ones who gave you your genes—they are the ones who gave you your love" (personal interview).

David Kirk of Canada, himself a legend in adoption circles, recently gave a retirement address, in which he raised questions about the appropriateness of what he considers to be "scare tactics" in regard to wide-open adoption records. He bemoans the writings of Lifton (1994) along the lines discussed earlier in this paper. Kirk (1995) makes the point that while adoptees show up in disproportionate numbers in mental health caseloads, it is not because they are adopted, but because of their special and unique circumstances.

Summary

There is no evidence of an adopted child syndrome, although many children who were adopted later in their lives (and who have run the gamut of experience in our inadequate and unprofessional child care system) have had stories of abuse and neglect, and carry with them the scars and chronic anger associated therewith (Lennon, 1991.) It is not the adoption status that gives way to behavioral and attitudinal problems in youth and young adulthood, but rather the feelings of parent toward child, whether positive or negative, that lead to feelings of being desirable or undesirable. Adoption, then, is a smoke screen for other family pathology of hate and rejection. Consider the following case:

Patrick was a 13-year-old boy brought to the agency for treatment because he was forgetful and was doing failing work in class. He appeared friendly, was cooperative, aware of his surroundings, and there was no evidence of thought disturbance.

He was one of seven adopted children in his family. He denied that he has any difficulty with his adoptive status. His main difficulty was with his father, stating that he treats him poorly, calling him “dumb” and “stupid,” and always telling Patrick that there is something wrong with him. A sense of hopelessness pervades his demeanor.

He is in good contact with his surroundings and there was no evidence of thought process disturbance. There was a continuous, annoying clearing of the throat, which might be viewed as passive-aggressive behavior. He states he has no feelings about being adopted.

His main difficulty appeared to be attitudinal, reflecting a disturbance in the father-son relationship. He feels that his father treats him unkindly and identified him as always having something wrong with him. He said that he is being seen by his father negatively and has been called dumb. He feels that he has been scapegoated and blamed. He particularly noted days last year when his father got fired from his work and has been constantly grouchy in appearance. He felt that he never gets support for what he wants to do at home, even if he suggested something that he felt nobody pays notice to him. He felt that he tried to help the family or do his work, but felt that his parents are never satisfied and he even gets rejected for his effort.

He said that his father is very particular about receiving passing grades in school and commented to him that he won't go far in his life. He developed a very poor self-image and felt that his parents might be right that he

is dumb. Patrick resents his parents' rejection of him and is angry and upset about this. He verbalized that he is scared of his father at times because he is unpredictable when he is angry. He resents getting a whacking and said, “You don't learn anything from getting a whack and you do the same thing anyway.”

He denied any marital difficulty with his parents. When he grows up he would like to be a doctor. He verbalized that he likes to daydream and to go away from everything and camping by himself. At one point he said that he has been thinking of running away for nobody pays any attention to him at home. If he got a million dollars, he said he would like to give it to his parents so that they could do something about improving the house.

In summary, Pat is a passive-aggressive articulate but introspective boy manifesting resistive stubborn attitudes at home and school on account of his difficulty in his relationship with his father. It appears that he has been scapegoated and tended to be blamed and viewed as inadequate on account of some shortcomings, probably of his father.

In many respects he would be a good candidate for therapy, either individual or group. At the same time, family therapy would focus on a more relaxed, accepting attitude of the parents, particularly the father.

To a clinician, Patrick would be another statistic, adding to the conclusion that an adopted child is *ipso facto* a child at emotional risk because of the adoption. But my position is that you have to look beyond that. The alleged relationship between adoption and emotional vulnerability/disturbance in the child might well be interpreted as one that is spurious in nature. You take away the bad feelings that a parent may have toward the (adopted) child, replace them with good ones, and the previously alleged statistical relationship disappears.

There is a great need for adoption research that conforms to the scientific method. By addressing these time-honored principles in their application to phenomena of interest to those in the mental health field, we can avoid conclusions based on simplistic, deterministic, and cause-effect explanations of other forms of the human condition, not just those relating to the adopted child syndrome.

Finally, one can argue from the other side of the spectrum by pointing out that many famous people, all adoptees, owe their success to their adoptive status. Just as one could not conclude that Dave Thomas, Greg Louganis, Scott Hamilton, and Dan O'Brien (dubbed the “world's greatest athlete”) are the successes they are because of their adoptive status, neither would one make

the same claim for serious behavioral disturbances on the basis of adoptive status. But scientific findings and folklore do not necessarily match up with each other.

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