A STUDY OF ADOPTION

The Social Circumstances and Adjustment in Adult Life of 58 Adopted Children.

A thesis presented for the degree of Doctor of Philosophy

by

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ACKNOWLEDGEMENTS.

This study became possible only because of the willing co-operation of many people and I should like to express my sincere thanks to them.

First I want to say how very grateful I am to all the 58 adopted adults and others who agreed to participate in this research. Although these persons remain anonymous in the chapters which follow, they, but no one else outside their families, could recognise themselves in the appropriate histories. All specific identifying information has been omitted. Should any of these adopted adults read this thesis, in its present form, which is not a likely happening, I trust that they will accept that only in giving a good deal of personal detail about them was it possible to present a total picture in each case. In this way, however, their own life experience may become of value to others, and I know from them that this was why they agreed to participate in this study.

I owe thanks too to the many medical practitioners who gave of their time and thought to effecting introductions for me to adults adopted as children. Since all were busy men and women, their active co-operation was all the more appreciated. All cannot be mentioned, but I should like to express particular thanks to the following:-

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INTRODUCTION

Child adoption is a practice which can be found in many cultures and its origins go far back into antiquity. The earliest formal record of adoption is a cuneiform tablet dated as early as 2360 B.C. There are familiar examples in ancient mythology and throughout history. In the legend of Oedipus, the ill-fated King of Thebes, he was stated to be found lying on a mountainside, and Sophocles described his adoption as follows - "the Corinthian, a servant of Polybus, King of Corinth, brought the child to his royal master, who, being childless gladly welcomed the infant and adopted it as his own".\(^{(1)}\) In Olympus too child adoption was practised, and the gods viewed it as a bond as close as true birth. Thus Diodorus stated that "when Zeus persuaded his jealous wife, Hera, to adopt Hercules, the goddess got into bed and, clasping the baby hero to her bosom, pushed him through her robes and let him fall to the ground in imitation of real birth".\(^{(2)}\)

Both Greeks and Romans practised adoption and frequently did so to ensure an heir for property and a son to perform the rites at the ancestral graves. Such adopted children had a secure legal status in their families and the birth of subsequent legitimate children did not deprive them of their rights.

In Hebrew history, the most famous adoption was that of Moses. It is interesting to consider that the Ten Commandments, one of the foundations of western social conduct, came to us through

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\(^{(1)}\) Sophocles: The Theban Plays. Translated by E.F. Watling.

the medium of an adopted child abandoned in infancy.

In eastern countries where ancestor worship was and still is practised, the presence of a son in the family was essential. If there were no biological son, a son would be adopted. Male child adoption in China was thus a religious rite, as it was also amongst the Hindus. Equally concerned with ancestral worship were the Eskimos and they too would acquire a son by adoption.

Closely allied to the question of child adoption is that of the future of the child born out of wedlock. Under Roman Law he had a defined status, and when a bastard was born in royal families he was given special privileges. No sense of shame or of inferiority was associated with his status. As illustrations of such social attitudes, one can quote Theodoric I, the natural son of Clovis, who shared the kingdom of the Franks with other sons born in wedlock, and, the first Norman King of England, who was openly called "William the Bastard".

**Child Adoption in England and Scotland**

**Historical Review of Community Attitudes and Legislative Provision**

In England in feudal times the bastard of lowly origin had no legal rights but under the feudal system there were no unwanted children in the modern sense. The lord of the manor had obligations to all his people and this included legitimate, illegitimate and orphaned children. Furthermore, labour, together with land, were the two forms of wealth in those days and
so future potential labour was valuable. A further factor was the universal influence at that time of the Roman Catholic Church which, although hierarchical and feudal in administrative structure, yet viewed all its members as having an equal right to the sacrament and to eternal salvation.

In Tudor and Shakespearean England, bastardy was more or less socially acceptable. By this time, however, society in England was much less static and was also becoming much more secularised. With the decline of the influence of the Roman Catholic Church, and so of its charitable functions. Poor Law legislation was introduced, which could not be described either as charitable or as merciful. During the Puritan regime, with its strict adherence to a moral code, a social stigma began to be clearly attached to illegitimacy. Despite a less rigid attitude during the Restoration period, the general attitude in the centuries that followed was to view the illegitimate child, like the pauper child, as socially inferior. The community was critical and hostile towards such children throughout their lives, and a stigma was attached both to the child and to the unmarried parent.

During the eighteenth and early nineteenth centuries, with the disrupting influences on society of the industrial revolution, and the resulting conditions of work, particularly as they affected women and children, there was no social conscience about the care of the illegitimate child, who was frequently abandoned by its mother and died. Anthony Trollope, who referred to such a child as a "nameless child", illustrates the attitude of Victorian respectability. Charles Dickens, however, who
stirred the public conscience about the plight of children in workhouses, in foundling hospitals and the like, clearly identified with the illegitimate child in making Esther Summerson his heroine in "Bleak House".

In the second half of the nineteenth century there was a growing concern for children, with the beginnings of such organisations as Dr. Barnardo's Homes, the London Society for the Prevention of Cruelty to Children, the Waifs and Strays Society, and the Homes for Catholic Destitute Children. Although however there was this growing concern for children, only very gradually did a more enlightened attitude develop towards the problems of the illegitimate child, and infanticide was still common.

Regarding the adoption of children, another significant influence in England was that of the English Common Law with its emphasis on the rights of the natural parents. This tended to discourage the adoption of children, although in fact this was done in an informal way, as "de facto" adoptions and on the basis of wards in Chancery. This practice is reflected in literature by such examples as Little Effie in "Silas Marner", Rose Maylie in "Oliver Twist" and Henry Fielding's "Tom Jones". In Scotland there has for long been a tradition of fostering and "de facto" adoption. Child adoption on the whole, however, was viewed as rather unconventional and as appropriate only for the working classes until the First World War brought a change in many previously accepted social standards. Any adoption arrangements prior to this had been made informally and usually
directly between the individuals concerned. There was no method of giving legal status to such arrangements and in fact the whole practice had been open to much abuse.

In the second half of the nineteenth century the evils of "baby farming", the caring of babies for a premium, became recognised; it was estimated\(^{(1)}\) that 60% to 90% of all such babies died. A famous case\(^{(2)}\) in 1870, brought this practice to the public notice. Publicity was then also given to the fact that babies were offered with a premium for adoption through public advertisement. Child welfare legislation as such can be said to begin in 1872 with the first Infant Life Protection Act by which all those receiving two or more infants under one year, "for hire or reward", had to register with the local authority. Although this 1872 Act was widely evaded, the passing of the Births and Deaths Registration Act of 1874 was the "first step in eradicating the anonymous destruction of infants born in unregistered maternity homes. These homes, however, were not compulsorily registered by local authorities until 1927".\(^{(3)}\)


\(^{(2)}\) Margaret Waters, a notorious baby-farmer was tried and executed, 16 babies having been found dead within a month in the immediate neighbourhood of her house in Brixton. She had obtained these and many other infants by advertising adoption with "a good home and a mother's love and care", in return for £5 and on condition that no questions were asked. Although this was an extreme case, it was by no means unique. In 1870, 276 bodies, mostly of infants less than a week old, were found in London alone. - See Hopkirk, Mary, "Nobody Wanted Sam", 1948, P.93.

A further Infant Life Protection Act was passed in 1897 and incorporated in the amending Children Act, 1908, or the "Children's Charter". From 1908, the age of supervision for children kept for hire or reward was now raised to 7, and life insurance of the child was prohibited. In 1932(1) the age of supervision was raised to 9, and in 1948(2) to cover all of compulsory school age.

The 1908 Act was important in that through its operation, baby-farming was gradually eradicated. This was confirmed by the Tomlin Committee's(3) third report in 1926, which stated that the Committee was satisfied that the legislation introduced largely as a police measure had eradicated the mischief and, as this had diminished, the value of the legislation as a welfare measure became apparent. This indicates the growing emphasis in legislation on the welfare of the child.

Coinciding with this growing concern for the welfare of children, there was a changing attitude towards the illegitimate child and its mother. In Victorian times the emphasis in social work with unmarried mothers was in providing penitentiaries. The first two of these appears to have been the Dalston Refuge and the London Female Penitentiary, opened in 1805 and 1807 respectively. Others followed and their names show the same emphasis, for example, The School of Discipline for Destitute

(1) Children and Young Persons Act, 1932. (The consolidating Act of the same name in England was passed in 1933 and in Scotland in 1937).

(2) Children Act, 1948.

(3) Child Adoption Committee. Third Report, 1926.
Girls (1825), The Oxford Penitentiary (1839), and The British Penitent Female Refuge (1840). In the 1870's and 1880's it was viewed as not respectable to know anything of immorality, nor was it considered possible for an unmarried mother to regain social status if she kept her child. Such children went into an institution or to a "baby farm". In 1871 the first home (1) was opened which would accept a mother with her child. In the 1880's, Josephine Butler (2) was agitating for reformed legislation and by 1912, the first hostel, the Day Servants' Hostel in Chelsea, was opened which enabled a mother to retain and care for her child. Many other mother and baby homes opened after this until now at least one is to be found in nearly every area of the country. The theory behind such new emphasis in keeping mother and child together was that in this way the unmarried mother was likely to become more responsible and less likely to have a second illegitimate child. Re-inforcing this argument was the discovery, after the provision of maternity services, that the infant mortality rate was lower amongst breast-fed compared with bottle-fed babies. It was

(1) This was opened by one of the original rescue societies, "The Female Mission to the Fallen", which "... from 1858 employed women missionaries to seek out erring young ladies, give them tracts and find homes and employment for them" - See Hopkirk, Mary: "Nobody Wanted Sam", 1948, P.152.

(2) Josephine Butler, wife of Canon Butler, Principal of Liverpool College was largely responsible for the change in emphasis in rescue work from personal salvation to social reform. "The Josephine Butler Memorial House, Training House for Moral Welfare Workers at Home and Abroad", is active at the present time in training workers.
argued then that the unmarried mother should be encouraged to keep her child both on moral or religious grounds, and on such grounds of health. This was in fact the official policy of the National Council for the Unmarried Mother and her child. This Council was founded in 1918, largely out of concern to improve provisions for the unmarried mother and the illegitimate child, the infant mortality rate(1) amongst illegitimate children being twice that amongst legitimate children. It also became the policy of most moral welfare organisations. These, because they were usually affiliated to religious denominations, have also commonly approached the problem of the unmarried mother and her child from a religious point of view.(2)

Gradually, however, there has been a change in attitude to social work with the unmarried mother. Annual reports in 1900 described some unmarried mothers as unruly and it was commented that it was no wonder that parents would not have such girls at home. By 1930, however, some reports emphasised how unhappy she was and how little understood. There was evidence that a change was gradually occurring, since there was less emphasis on sins

(1) Deaths of infants under one year of age per 1,000 live births in England and Wales.
1914 - Legitimate, 100; Illegitimate, 207.
1918 - Legitimate, 91; Illegitimate, 186.

(2) "It is no use talking about 'How can we help the girl to leave her immoral life' unless we are prepared to say what is right conduct, and we can only say what is right in relation to what we believe to be true to our religion. Unless the people who are doing this work have something to give on these lines they are not meeting the girl's fundamental need". - Miss E.M. Steel, Organising Secretary, Church of England Moral Welfare Council, quoted by M. Penelope Hall in The Social Services of Modern England, 1955, P.158. Footnote 4.
to be erased and more on good qualities to be developed. (1)

The policy, however, of most moral welfare organisations is still to have a bias towards encouraging an unmarried mother to keep her child rather than to insist on an attempt at an objective appraisal of each case and each situation. The objects of the National Council for the Unmarried Mother and her Child are stated in approximately the same terms in 1958 as they were in 1918. (2)

The development of child welfare legislation in the pre-1914 era had helped to emphasise the importance and value of the child. The earlier legislation, however, derived its motive from pity for the helpless and innocent. The Boer War with its revelation about the nation's poor health produced a crop of legislation aimed to improve the future health and fitness of the nation. The School Medical Service was inaugurated at this time and systematic medical inspection of children at elementary schools (3) was followed by provision for certain forms of treatment. (4) The 1914-18 War with its heavy loss of life, gave further impetus to

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(2) The relevant object in 1918 states, "To secure the provision of adequate accommodation to meet the varying needs of mothers and babies throughout the country, with the special aim of keeping mother and child together". See "Twenty-one Years and After" by Lettice Fisher. The same object in 1958 read: "The Council tries to promote and encourage hostels, homes and other suitable accommodation to meet the varying needs of mothers and babies throughout the country, with the special aim of making it possible to keep mother and child together". (See Annual Report 1957-1958).

(3) Education (Administrative Provisions) Act, 1907, and Education (Scotland) Act, 1908.

(4) Education Act, 1918, made such provision compulsory in England. It was permissive in Scotland.
child welfare legislation,\(^1\) which now began to focus much more on the value of the child as such, although opposition to legislation for the welfare of children still came from those who felt it would detract from parental responsibility. This community attitude co-incides with the emphasis of English Common Law, already mentioned, where the rights of the natural parents are stressed. Thus under an Act of 1886,\(^2\) dealing with the guardianship of infants, it was stated that, in cases of divorce and where there was a dispute about the custody of the child, regard was to be paid to the welfare of the child and also to the conduct of both parents. By 1925, however, in the Guardianship of Infants Act of that year, the courts were given a clear directive. A court in deciding about the custody of a child . . . "shall regard the welfare of the child as the first and paramount consideration". Re-enforcing this growing concern for the health and welfare of children was the rapidly falling birth-rate.\(^3\)

This fell in England and Wales from 29.9 in the last decade of the nineteenth century to 14.8 by 1939. The equivalent figures for Scotland were 31.4 to 17.3.

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\(^{1}\) For example, Maternity and Child Welfare Act, 1918.

\(^{2}\) Guardianship of Infants Act, 1886.

\(^{3}\) Birth Rate (Living Children). Rates per 1,000 of Population.

<table>
<thead>
<tr>
<th>Year</th>
<th>England &amp; Wales</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1891-1900</td>
<td>29.9</td>
<td>31.4</td>
</tr>
<tr>
<td>1911-1915</td>
<td>25.6</td>
<td>25.4</td>
</tr>
<tr>
<td>1921</td>
<td>22.4</td>
<td>25.2</td>
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<td>1931</td>
<td>15.8</td>
<td>19.0</td>
</tr>
<tr>
<td>1939</td>
<td>14.8</td>
<td>17.3</td>
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It is against this general background of community attitudes to the illegitimate child, of social work attitudes to the unmarried mother, and of developing legislation for child welfare, that the developments in child adoption in the twentieth century in this country must be viewed. Previously, as already mentioned many de facto adoptions were arranged but these placements were made informally and directly between the parties concerned. The growth of adoption societies undertaking to place children in adoptive homes dates from the 1914-18 World War and the legalisation of adoption placements became possible in England and Wales only in 1926 and in Scotland in 1930.

The organisations which pioneered adoption work in this country were all voluntary societies. The first Children's Society to do this work was the National Children's Home and Orphanage, which was making such placements as early as the 1890's. The real impetus, however, to adoption work came from the need for homes for many children, orphaned or born out-of-wedlock, during the First World War. This led to the setting-up of two large national adoption societies in London, The National Adoption Society and the National Children Adoption Association. These organisations believed that it was better for a child to be brought up in a home rather than in an institution. Since 1918 there has been a great growth in child adoption work in this country. Such growth was gradual during the 1930's. The Horsburgh Committee(1) Report, 1937, when

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referring to adoption societies, mentioned eight organisations. (1) There was a rapid expansion in the years of the Second World War, when the illegitimate birth-rate rose again as it had done during the First World War. (2) Some of the large English Children's organisations officially became adoption societies during this

<table>
<thead>
<tr>
<th>Name of Adoption Society</th>
<th>No. of Adoptions arranged in 1936</th>
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<tr>
<td>The National Adoption Society, London</td>
<td>394</td>
</tr>
<tr>
<td>The National Children Adoption Association, London</td>
<td>333</td>
</tr>
<tr>
<td>The Homeless Children's Aid and Adoption Society, London</td>
<td>183</td>
</tr>
<tr>
<td>The Adoption Society (Church House), London</td>
<td>100</td>
</tr>
<tr>
<td>The National Children's Home and Orphanage, London</td>
<td>59</td>
</tr>
<tr>
<td>The Church of England Homes for Waifs and Strays, London</td>
<td>58</td>
</tr>
<tr>
<td>The Mission of Hope, Croydon</td>
<td>44</td>
</tr>
<tr>
<td>The Lancashire and Cheshire Child Adoption Council</td>
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</table>

(2) Illegitimate births per 1,000 live births in England and Wales

<table>
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<th>Year</th>
<th>Illegitimate births</th>
<th>Year</th>
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<tbody>
<tr>
<td>1900</td>
<td>40</td>
<td>1938</td>
<td>42</td>
</tr>
<tr>
<td>1914</td>
<td>42</td>
<td>1942</td>
<td>56</td>
</tr>
<tr>
<td>1916</td>
<td>48</td>
<td>1945</td>
<td>93</td>
</tr>
<tr>
<td>1918</td>
<td>63</td>
<td>1947</td>
<td>53</td>
</tr>
<tr>
<td>1919</td>
<td>60</td>
<td>1949</td>
<td>51</td>
</tr>
<tr>
<td>1922</td>
<td>44</td>
<td></td>
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Illegitimate births given as percentage of live births in Scotland

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Year</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>1900</td>
<td>6.49</td>
<td>1922</td>
<td>6.83</td>
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<tr>
<td>1914</td>
<td>7.16</td>
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</tr>
<tr>
<td>1918</td>
<td>7.97</td>
<td>1945</td>
<td>8.66</td>
</tr>
<tr>
<td>1919</td>
<td>7.93</td>
<td>1947</td>
<td>5.58</td>
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</table>
time. For example, Dr. Barnardo's Homes became a registered adoption society in 1946.

In Scotland, there is a fairly similar picture of gradual development of adoption societies. The first, The Scottish Association for the Adoption of Children, was founded in Edinburgh in 1923, and other adoption societies gradually grew up in other centres, such as Glasgow and Perth. There was also an increase in the number of adoption societies in the 1940's.

The picture for the country as a whole now is that gradually most of the organisations concerned with the care of children have started to place children for adoption, and many of the "rescue" organisations primarily set up to help unmarried mothers and women having illegitimate pregnancies have also become adoption societies. In England and Wales in 1959 there were 63 registered adoption societies, whilst in Scotland the figure was 7.

Adoption placements have also been made over the years by the Public Assistance Departments of the local authorities. Since the 1948 Children Act, which set up a special and separate Children's Department for each local authority, many, though not all, of such departments interpreted this Act as allowing them to arrange adoptions.

Throughout all this time, adoptions were also arranged by many people in the community who came into contact with unmarried mothers, illegitimate children, and childless couples or others wishing to adopt children. This practice of third party placements still continues.

This growth of child adoption reflects a gradually changing
attitude in the community both to becoming an adoptive parent and to the illegitimate or other child offered for adoption. It has also arisen or become possible because of changes in the law. An examination of the laws and of the reports of the various government committees relating to child adoption illustrates and reflects how public opinion over the years has changed and how it has influenced, and been influenced by, the law.

The first government committee on child adoption, which reported in 1921, reviewed the provisions for the legal adoption of children in other countries and considered that it was now urgent that legal provision for this should be made in this country. It saw the increasing desire for this legal provision as partly arising out of family losses in the First World War and partly out of the increasing interest in child welfare. It considered that family life was better for children than institutional life, but it pointed out that in the de facto adoptions currently being arranged, the natural parents could claim the adopted child back when he or she was of earning age. In advocating provision for the legalisation of adoption the report stated; - "In all cases no doubt the welfare of the child is the question of paramount importance; but it is right also to recognise that if the natural desire of many persons, who have no children of their own, to have the care and bringing up of some child could have legitimate satisfaction, that, too, is a proper object to aim at. Such a desire is often one of the

(1) Report of the Committee on Child Adoption, (Chairman: Mr. Alfred Hopkinson), 1921.
strongest feelings of human nature and is in itself the best guarantee for the welfare of the adopted child."

This report, however, also stated as a guide for future legislation that, "Nothing should be done to impair the sense of parental responsibility or, unless where essential, to prevent injury to the child, to interfere with the rights and duties based on the natural tie between parent and child." Mother and child, whether legitimate or illegitimate, should not be separated unless there were very strong reasons for this, "in order to secure the true welfare of the child, and all possible encouragement should be given to the efforts of philanthropic persons who seek to avert such severance taking place on economic grounds." A further committee, the Tomlin Committee, in its first report in 1925, stated that it had been unable to ascertain the effective demand for a legal system of adoption. It considered that it was doubtful if the lack of such a system deterred those who considered adopting from so doing. It pointed out that the 1914-18 war had led to a great increase in the number of de facto adoptions but that this increase had not been maintained. It also commented that, "The people wishing to get rid of children are far more numerous than those wishing to receive them ...", and it considered that the problem of the unwanted child was a serious one which the introduction of legal adoption might not do much to solve.

(1) Ibid. P.5.
(2) Ibid. P.12.
(3) Ibid. P.12.
(4) Child Adoption Committee, First Report. (Chairman, Mr. Justice Tomlin), 1925.
(5) Ibid. P.4.
These comments of the Tomlin Committee correspond with the reported experience of adoption societies at that time. Anyone applying to adopt a child was welcomed by the adoption societies. Most applicants were from the working class group in the community and it was assumed that the desire for parenthood was enough to guarantee the welfare of the child.

In spite, however, of these reservations on the part of the Tomlin Committee it considered that there was a case for the alteration of the law to give community recognition to adoption. Its attitude to adopting parents was to view them as in the position of a special guardian. It did not therefore consider, for example, that inter-marriage between the ward and guardian should be prohibited. It presumed that all legally adopted children would take the surname of the adoptive parents. It also considered that this, together with the date of birth, could appear on the certificate of adoption which could then be produced instead of a birth certificate. At the same time, however, it deplored the policy of complete secrecy followed by many adoption societies who thereby "deliberately seek to fix a gulf between the child's past and future". The Committee considered that this arose partly from a fear that the natural parent might later "seek to interfere with the adopter, and partly in the belief that if the eyes can be closed to facts, the facts themselves will cease to exist so that it will be an advantage to an illegitimate child who has been adopted if in

(1) Ibid. P.8.
fact his origin cannot be traced". (1) This comment reflects the attitude already referred to that illegitimacy was something socially unacceptable and which one could hide or ignore simply by not referring to it. This emphasis too of the early adoption workers on secrecy coincided with the feelings of many adopters that they would not tell the child of his or her adoption. It also indicated that the adoption workers themselves had the same moralistic attitude towards illegitimacy that was still prevalent in the community. They saw adoption as a cloak for illegitimacy. It is interesting to note that with the passage of time and as child adoption has become a relatively common practice in all social groups, prejudices when referring to the adopted child have become often of a kind somewhat different from those expressed towards the child more obviously illegitimately born. Adoption in fact has provided the cloak which the early workers hoped that it would.

It should, however, be noted that since the attitudes of each generation reflect and derive at least in part from the attitudes they observed in their parents, so, over 30 years after the Tomlin Committee report, there is still evidence that people feel uncomfortable when illegitimacy is mentioned or when they find themselves in a position of having to explain to a child that its parents were not lawfully married.

The Tomlin Committee Report was followed by the Adoption of Children Act, 1926, and the Adoption of Children (Scotland) Act, 1930. These two Acts have formed the basis of all

(1) Ibid. P.9.
subsequent legislation and many of the main provisions are still part of current legislation. The effect of the granting of an adoption order by a court in respect of any particular child, who had never been married and was under the age of twenty-one, was to make the official relationship between the adopting parents and the adopted child similar to that between a parent and "a child born to the adopter in lawful wedlock,"(1) with the one exception that the adopted child had no legal right to inherit from his or her adoptive parents but continued to have a right of inheritance from his or her natural or biological parents.

These Acts prescribed certain conditions for those who could adopt. No applicant must be under 25 years of age, and an applicant, outwith the prohibited degrees of consanguinity, must not be less than 21 years older than the child. Where the sole applicant was a male, he would not be allowed to adopt a female child unless under special circumstances, and one spouse could not adopt without the consent of the other, unless he or she could not be found, or was incapable of giving consent, or the spouses were permanently separated. The reasons for these provisions in relation to the protection of the child are obvious, as, too, is the provision which forbade any payment in respect of the adoption of the child, except such as was sanctioned by the court. An adoption order could not be made "except with the consent of every person or body who is a parent or guardian of the infant ..... or who has the actual custody of the infant

(1) Adoption of Children Act, 1926, Section 5 (1).
or who is liable to contribute to the support of the infant."(1) A court could dispense with any such consent if it was satisfied that "the person whose consent is to be dispensed with has abandoned or deserted the infant or cannot be found or is incapable of giving such consent, or being a person, liable to contribute to the support of the infant, either has persistently neglected or refused to contribute to such support or is a person whose consent ought, in the opinion of court and in all the circumstances of the case, to be dispensed with."(2)

Before making an order the court had to be satisfied that all appropriate consents had been obtained and that if made, the order "will be for the welfare of the infant, due consideration being for this purpose given to the wishes of the infant having regard to the age and understanding of the infant ...."(3) This Act also made it possible for de facto adoptions to be legalised. This could be done without requiring the consent of any parent or guardian of the infant, provided the infant had been with its new parents for at least two years before the commencement of the Act, and upon the court being satisfied that in all the circumstances "it is just and equitable and for the welfare of the infant that no such consent should be required and that an adoption order should be made". (4) The court was to appoint "some person or body to act as guardian ad litem of the

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(1) Ibid. Section 2 (3).
(2) Ibid. Section 2 (3).
(3) Ibid. Section 3 (b).
(4) Ibid. Section 10.
infant ..... with the duty of safeguarding the interests of the infant before the Court". (1)

The Registrar-General was to establish and maintain a register to be called the "Adopted Children Register" in which entries would be made following every adoption order. (2) A certified copy of this entry would be accepted as evidence of the adoption and where the entry also included the date of birth this copy would be accepted "..... in all respects as though the same were a certified copy of an entry in the Registers of Births". (3) The Registrar-General would keep an index of the Adopted Children's Register which would be open to public search in the usual way. He would also, however, keep a register, or book, in such a way as to make traceable the connexion between an entry in the register of births which had been marked "adopted" and any corresponding entry in the Adopted Children's Register. Such registers or books, however, would not be open to inspection or search nor would any information be given from them "except under an order of a court of competent jurisdiction ....." (4)

The Adoption of Children (Scotland) Act, 1930, was similar in its provisions to the 1926 Act, with one important exception. The same registers were to be kept as in England and also, as in England, only the index of the Adoption Register itself was to be open to public inspection and search. Information, however,

(1) Ibid. Section 8.
(2) Particulars to be entered are given in the Schedule to the Adoption of Children Act, 1926. (See Appendix VII).
(3) Ibid. Section 11 (5).
(4) Ibid. Section 11 (7).
from the register which gave the connection between any entry in the Adopted Children Register and the original birth entry was available to the adopted persons themselves after they had attained the age of seventeen years. It was not available to anyone else except under an order of the Court of Session or a Sheriff Court.

Although these two Acts were introduced to regularise what was already happening, they gave a great impetus to child adoption in both England and Scotland, and subsequent history seemed to show that the forecast of the Tomlin Committee in this respect was incorrect.

The next important historical landmark was the report of the Horsburgh Committee\(^1\) of 1937. This committee, primarily concerned "to inquire into the methods of adoption societies and other agencies engaged in arranging for the adoption of children", commented that, although there was an increasing use of legal adoption,\(^2\) de facto adoption still existed and although it was difficult to estimate the extent of it: "it must also be large".\(^3\) The report also commented that of the placements made by one of the largest adoption societies in 1935, 30% were not subsequently legalised. It considered, however, that this

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(2) Figures of Adoptions registered in England & Wales show increase:

<table>
<thead>
<tr>
<th>Year</th>
<th>1927</th>
<th>1930</th>
<th>1933</th>
<th>1936</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,943</td>
<td>4,511</td>
<td>4,524</td>
<td>5,180</td>
</tr>
</tbody>
</table>

(3) Ibid. p.4.
was not typical of adoption societies. Although this committee received evidence from some witnesses that, because of the risks in adoption, it was better to place a child in an institution, or with foster parents, it supported the view of the early adoption workers that "for the child a good family life is to be preferred to life in an institution however excellent, and adoption has the additional advantage that a child brought up as a member of the adopter's own family enjoys a sense of security which otherwise it might not acquire". (1)

From the figures available, the Committee concluded that at that time adoption societies were arranging a large proportion of the legal adoptions, (2) in some courts over 50% and in others about 25%.

The report also obtained evidence about the adoptions arranged by local authorities. Under section 52 (7) of the Poor Law Act of 1930, Public Assistance departments could consent to the adoption of children deemed to be maintained by them. Although most departments insisted on an adoption order in such cases, they were not obliged to do so. The report commented that "in view of the considerable demand from would-be adopters and the advantage of adoption in suitable cases, it is perhaps surprising that greater use is not made of section 52 ..." (3)

The most active local authority in this respect was the London

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(1) Ibid. P.5, 6.

(2) The report estimated that "more than 1,200 children were placed with adopters every year by societies describing themselves as adoption societies and probably several hundred by other agencies". P.6.

(3) Ibid. P.9.
County Council, and later in the report the committee recommended the method of careful investigation used by this local authority. To those adoptions arranged for children actually maintained by the local authority, had to be added those, where officers of the public authorities brought prospective adopters into touch with children, although they had no statutory authority for "rendering this friendly service". The committee understood that this was done by infant life protection visitors and health visitors, and by officers of local education authorities who were asked for advice by unmarried mothers and would-be adopters.

The Report stressed ... "It appears to us beyond question that the first duty of the adoption society is to the child ... and the society should take every reasonable step to satisfy itself as to the suitability of the prospective adopters on all grounds ...." By this it stated that it meant more than simply social and economic circumstances. It discussed the difficulties and hardships involved in rejecting applications, but stated: "The child and not the would-be adopter should be given the benefit of the doubt".

It further stated that although some of the adoption societies made thorough enquiries, some dispensed with full

(1) Between 1932 and 1936, it had arranged 72 completed adoptions.
(2) Ibid. P.9.
(3) Ibid. P.10.
(4) Ibid. P.11.
personal enquiries, either because some items were missing from their application form, or because they dispensed with a personal interview or a home visit, or failed to verify statements. It further commented that even in societies which made full enquiries, it doubted "whether in practice they are always sufficiently thorough or whether the persons who carry them out possess the qualifications to perform what should be a very thorough social investigation. Thus none of the chief adoption societies appears to possess on its staff trained social workers". (1)

It gave details of the appalling results for the child of the hap-hazard methods of enquiry used by some societies. Children were placed with elderly, deaf, blind, unreliable, mentally unstable people who might ill-treat them, or be totally unsuited in other ways to care for a child. It also gave details of the monetary charges made by some societies to the natural mother.

This report also advocated that ... "an attempt should be made as far as possible to place the right child in the right home", (2) and that it should not simply be a question of deciding whether a child is suitable for adoption in general. It advocated medical and mental examination of the child. "Inquiries should also be made into the social and medical history of the child's parents and the adopters informed of any circumstances of which it is desirable that they should be aware

(1) Ibid. P.11.
(2) Ibid. P.14.
and which may require special consideration in the upbringing of the child". (1) It found that some adoption societies insisted on a medical examination of the baby but others dispensed with this in a considerable proportion of the cases and the fitness of the child was judged on sight by the officials of the society. In other cases the medical report on the child could be filled in by the mother herself. In some instances the briefest of details were obtained about the biological mother.

The report observed that, although under the 1926 and 1930 Act, the name and address of the adopters had to be inserted on the consent form signed by the natural parents, anonymity and secrecy was achieved by adoption societies either by leaving this section of the consent form blank or else by covering over the name and address while the natural parent signed. There were also instances of adoption societies which did not assist the guardian ad litem to get in touch with the biological mother even when the society knew her address.

Adoptions arranged by private agents were also described in this report. These were open to severe abuse and there was evidence of quite considerable sums (2) of money being paid for negotiating adoptions, and of the intermediary using threats of disclosure to the biological unmarried mother.

It is hardly surprising that this Report strongly recommended that adoption societies should conform to certain prescribed forms of procedure, for example, that all their placements should be legalised, that all applicants should be interviewed, their home

(1) Ibid. P. 14.

(2) These sums ranged from £5 to £150.
visited and references for them obtained, that there should be a probationary period of three to six months after the placement of the child and before legalisation took place, and that any charges made should be adjusted to the parents' ability to pay and should require the approval of the Court. It recommended that adoptions of British children by foreign nationals should be prohibited and that private persons should not receive any payment for negotiating an adoption except with the leave of the Court. It also recommended that it should no longer be lawful for a private person, other than an adoption society, to advertise that a baby was available for adoption.

The recommendations of the Horsburgh Report were incorporated into the Adoption of Children (Regulation) Act 1939, but because of the outbreak of the Second World War this Act did not come into force until 1943. This Act prohibited any body of persons other than a registered adoption society or local authority from making arrangements for adoption. It provided for the supervision of children under 9 who were placed for adoption through the agency of a third party, but any arrangements made direct between the natural parents and adoptive parents were unaffected. Adoption societies were only to operate if registered by the local authority, which was to be satisfied, amongst other things, that any person employed by the society for the purposes of making adoption arrangements should be a fit person to be so employed, and that the number of competent persons so employed should be sufficient to carry out the activities of the society in this respect. The Adoption Society Regulations 1943 also
prescribed the appointment of a case committee to consider the case of every child to be placed with an adopter and also the points (1) on which enquiry must be made, and reports obtained in the case of every child proposed to be so placed.

By the end of 1945, the Curtis report (2) stated that in England of the 16,357 adoptions legalised since the passing of the Adoption of Children Act 1926, "approximately 4,000 were effected through registered adoption societies." (3) This report in its comments about adoption stated ... "Adoption is a method of home-finding specially appropriate to the child who has finally lost his own parents by death, desertion or their misconduct, and in a secondary degree to the illegitimate child whose mother is unable or unwilling to maintain him. If it is successful it is the most completely satisfactory method of providing a substitute home". (4) This shows a great change in emphasis to the view expressed in the Tomlin Committee Report of 1925 where it was considered that the introduction of legal adoption was likely to do little towards solving the problem of the unwanted child. This new official acceptance of adoption as a satisfactory solution for such a child contrasts also with the emphasis of the Hopkinson Report 23 years earlier that everything should be done to preserve the natural tie between parent and child.

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(1) The Adoption Societies Regulations 1943 and The Adoption Societies (Scotland) Regulations 1943. See second and third schedule details of which are given in Appendix VII.
(2) Report of the Care of Children Committee, 1946.
(3) Ibid. P.23.
(4) Ibid. P.148.
The Children Act 1948 arose out of the Curtis Report for England, and the Clyde Report(1) for Scotland. These two inter-departmental committees had been set up "to enquire into existing methods of providing for children who, through loss of parents or from any other cause whatever, are deprived of a normal home life with their own parents or relatives ..."(2) This Act provided for the setting up of a Children's Department in all local authorities, whose whole work should be focused on the welfare of children, and whose Children's Officer, according to the Curtis Report should be "an executive officer of high standing and qualification who would be a specialist in child care".(3) The Curtis Committee thus recognised that administrative machinery would not in itself solve the complex and very personal problems of deprived children and through its recommendations a "Central Training Council in Child Care" was established.

Such a comprehensive administrative provision for children contrasts with the early piece-meal child welfare legislation already mentioned. With specific regard to adoption practice, this Act was also important since many of the Children's Officers viewed the placement of children, whether officially in the care of the local authority or not, as one of their duties.

(3) See Summary of Recommendations, para. 15.
Thus, although many Public Assistance Departments before the 1948 Children Act did place children for adoption, this Act brought more local authorities actively into this work. It also introduced a new group of workers into the field of adoption placements, side by side with those working in adoption societies and in moral welfare organisations. Some of this group were workers transferred to the new Children's Departments from other local authority departments, and brought with them the tradition of local authority work with its emphasis on administration, whilst others, trained social workers, came to these new departments from other fields of social work and brought with them the emphasis of the social caseworker.

Frequently in England the Court hearing an adoption petition had appointed the local authority as the guardian ad litem. With the implementing of the Children Act, this work was usually undertaken by the Children's Department. In Scotland the tradition has been somewhat different. Although in many areas, the local authority has been appointed curator ad litem, in other areas, notably Edinburgh and the Lothians, a lawyer has always been the person appointed.

The Adoption of Children Act, 1949, with the consolidating Adoption Act, 1950, introduced certain amendments to the 1926 Act and it ended any legal differences between placements made by adoption societies and by third parties, by requiring that there should be a 3 months' probationary period prior to every adoption order being made. During this three months' probationary period the adoptive home, into which the child was
placed, was to be supervised by the local authority Children's Department. The amendments to the 1926 Act allowed adopted children in England to inherit property, but not a title, from their adoptive parents, but this is not yet the case in Scotland. A further emphasis on an adopted child having a status similar to that of a biological child was the introduction of the same consanguinity prohibitions as for biological children. Evidence too of a change of emphasis in the law towards favouring adoption as opposed to emphasising the rights of the natural parents, was the introduction of the concept that the consent of the natural parent could be dispensed with if it were "unreasonably withheld"... "Refusal by a parent is regarded as unreasonable only if his or her attitude is one unreasonable for a parent, whether or not the welfare of the infant would be promoted by the adoption". (1) A natural parent, however, could not normally give consent to an adoption until the child was at least six weeks old. The aim of this provision was to try to ensure that the natural parent had had time to consider fully the implication of adoption. A further amendment was the introduction of a serial number allotted by the Court where the adoption petition was to be lodged, by which device the adopters could conceal their identity from the natural parents.

The statutory instruments following the Adoption Act of 1950 governed closely the courts in hearing applications to adopt a child and also clarified and made more explicit the functions of the guardian ad litem. In England an adoption petition can

be heard in the High Court, a County Court or a Juvenile Court, whilst in Scotland these generally come before a Sheriff Court, but can also be presented in the Court of Session or a Juvenile Court. Although hearings in England are heard in camera, sometimes the natural mother as well as the adopters is asked to attend Court. This happens particularly in Juvenile Courts where the legal position is such that evidence of any doubtful point cannot be taken by way of an affidavit, as in the County Court, but only by the personal testimony in the court of the person concerned. Where a serial number is used to preserve anonymity, the adopters and respondents are asked to appear at different times, but there is always the possibility that they may meet while waiting in ante-rooms. The report of the guardian ad litem, although confidential, may also be read out in court. In Scotland, in most cases, the parties to an adoption petition are not required to appear before the sheriff.

The guardian ad litem in England was appointed specifically "to investigate as fully as possible all circumstances relevant to the proposed adoption with a view to safeguarding the interests of the infant before the court". (1) He must make enquiries into all statements and verify these and interview all persons concerned. He might appoint an agent to do such interviewing.

Under the 1949 and 1950 Rules (Second Schedule) are specified:

(1) The Adoption of Children (Summary Jurisdiction) Rules 1949 Section 7, and similarly in the County Court and High Court Rules, 1949 and 1950.
"Additional matters subject to investigation and report by the Guardian at Littem". (1) These relate to specific factual information first about the applicants, secondly about the infant, and, if the infant is old enough to understand, whether he wants to be adopted, and finally about the consents of the biological parents or guardian.

In Scotland similar functions were performed under the 1950 Act by the curator ad litem, but his functions were more limited and less clearly defined (2) than under the Rules for English Courts.

The Adoption Act 1950 was in operation until 1st April 1959 when it was superseded by the Adoption Act 1958. This Act was introduced following the report of the Hurst Committee. (3) In the amendments to the 1950 Act, there was again evidence of a further slight shift away from emphasis on the rights of the natural parents. To the powers given to the Court to dispense with the consent of the natural parents was added the power to dispense with such consent "if the Court is satisfied that any person whose consent is required ... has persistently failed without reasonable cause to discharge the obligations of a parent or guardian ..." (4)

Under this Act, the position of local authorities is clarified and they are given "power to make and participate in

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(1) These are given in full in Appendix VII.
(2) See Act of Sederunt (Adoption of Children) 1950, Section 4. details of which appear in Appendix VII.
(4) Adoption Act 1958, Section 5 (2).
arrangements for the adoption of children".\(^{(1)}\) In making such arrangements they now are regulated as far as procedure is concerned in the same way\(^{(2)}\) as are registered adoption societies.

Provisions too are made in the Act to facilitate the adoption of children by British subjects and others resident abroad. For the first time, too, on the recommendation of the Hurst Report a medical certificate as to the health of each applicant is required to be presented in court, except that no such certificate need be presented if the applicant, or one of the applicants, is mother or father of the child.\(^{(3)}\)

Adoption Societies prior to this had insisted on such a medical certificate. What was previously specified by law however in England was that the guardian ad litem should investigate whether the applicant for an adoption order ... "suffers or has suffered from any serious illness, and whether there is any history of tuberculosis, epilepsy or mental illness in his or her family".\(^{(4)}\) In Scotland so such specific information about health was required.

The Court Rules in England also specify, except in cases where the applicant is the mother or father of the infant, that as the Court may require up-to-date medical information about the

\(^{(1)}\) Adoption Act 1958, Part II, Section 52.
\(^{(2)}\) The Adoption Agencies Regulations 1959, Section 9 and The Adoption Agencies (Scotland) Regulations 1959, Section 9.
\(^{(3)}\) See Act of Sederunt (Adoption of Children) 1959 Sheriff Court, Scotland, and, for England, The Adoption Rules 1959, for Juvenile Court, County Court and High Court.
\(^{(4)}\) See Second Schedule, Part I of the Adoption of Children Rules 1950 for Juvenile, County and High Court.
health of the infant, a medical report on the child should be attached to each application. Since 1943(1) such a medical report has been required in the case only of children about to be placed by an adoption society and not subsequently before legalisation. In Scotland this more limited requirement still applies, but also now included are all placements by the Children's Department of local authorities.

The function of the guardian ad litem and curator ad litem under the 1959 Court rules for England and an Act of Sederunt of the same year for Scotland, are similar to those specified in 1949 and 1950. The specific areas of enquiries, however, for the curator ad litem in Scotland are still somewhat more circumscribed than those of the English guardian ad litem.(2)

A further point of interest, particularly for the present research study, is the difference which still exists between English and Scottish law on the question of whether a legally adopted person should be able to obtain information about his or her biological parentage through the official records. The Hurst Committee in 1953 took evidence on this point. "A number of witnesses in England thought that the adopted person has a right to this information, and expressed the view that it is not in the interests of adopted children to be permanently precluded from satisfying their natural curiosity".(3) The

(1) See The Adoption Societies Regulations 1943 for England and Scotland.
(2) See Appendix VII.
Committee however considered that there would be practical difficulties in introducing such a provision in England, and recommended that by statute it should be possible for an adopted child on reaching the age of 21 to apply to the court which made the original adoption order for a full copy of the adoption order which would give as much information as would be available from the records of the Registrar-General. For Scotland the Committee recommended that there should be no alteration in the procedure whereby an adopted child could apply to Register House, but they recommended that the age should be raised to twenty-one. Under the Adoption Act 1958, a court order is still required before such information will be made available in England and the age of enquiry in Scotland remains at seventeen.(1)

This historical review of adoption legislation in this country shows how over the years the State through legal protections has come to play an increasingly active part as guardian, as it were, of the children in the community.

Another change has been towards requiring that more and more enquiries be made, not only about the child and its background, but also about the adopters. This is evidenced in the particulars required to be obtained by adoption societies in 1943, the continual clarification of the role of the guardian and curator ad litem and in the most recent legal provision that a medical certificate on the health of the adopters should be presented in Court with an adoption petition. This suggests

(1) Register House in Edinburgh report that in 1958 and 1959 they received enquiries of this kind from approximately 30 persons in each of these years.
a more discriminating attitude towards those who apply to become adoptive parents than that of the Hopkinson Committee, 1921, which assumed that the very desire for parenthood was the best guarantee for the welfare of the child.

The evolution of legislation also shows a change in emphasis away from stressing the rights of natural parents to favouring adoption. Adoption, too, has greatly increased in popularity until now it has become acceptable and desired in all social classes and it is reported\(^1\) that there are possibly ten potential adopters for every child available for adoption. This indicates a complete reversal of the position as described in the Tomlin Report.

There has been, too, a continual process at work which has sought to emphasise and consider primarily the welfare of each child. The Horsburgh Committee were the first to state clearly that in all cases it was necessary to consider first and foremost the needs of the child and to give secondary consideration to the craving of childless couples for parenthood. This emphasis, however, is not always maintained and policies designed primarily to satisfy the needs of childless couples are still prevalent in adoption work to-day.

The administrative provisions and regulations which have been introduced, have aimed, however, to protect all parties to an adoption placement, the biological parent, the child and the adopters. A current opinion on these provisions is that,

\(^1\) Reported speech of Dr. Somerville Hastings in the House of Commons in 1949, See Kornitzer, Margaret: Child Adoption in the Modern World, 1952, P.15.
"although in the last resort a great deal depends on the knowledge and insight of the guardian ad litem, the provisions of the Adoption Acts and the Statutory Instruments accompanying them go a long way towards ensuring that only those who really want to bring up another person's child as their own and who are competent to undertake this delicate and difficult task will be given the opportunity of doing so". (1) The same writer also states that the guardian ad litem in making his investigations ... "should take into account motivation and emotional attitudes as well as material conditions, such as health and financial circumstances ..." The information, however, required by statute relates primarily to material conditions.

Those who can now arrange the adoption of children in this country are adoption societies, children's officers and third parties. No way has been found to control the latter and in fact there is divergence of opinion as to whether they should be controlled. Some control has been established over the operation of adoption societies, and of local authority placements. The effectiveness of this legislative provision and control depends ultimately however on the skill of those making the assessments and the placements, and in the case of third party placements, on the skill of the local authority visitor who supervises during the three months probationary period before legalisation. In the last resort, however, the crux of adoption legislation appears to lie ultimately in the quality of the

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investigation by the guardian ad litem and curator ad litem. In England this would almost always be done by a social worker. In Scotland, it would frequently be done by a lawyer.

Although it is true that the kind of placements described by the Horsburgh Committee would not now occur, unfortunately there is at present no established body of knowledge on which to draw in order to make possible the objective assessment of motivation and emotional attitudes which would ensure that only "... those who are competent to undertake this delicate and difficult task (of bringing up another person's child as their own) will be given the opportunity of so doing". (1) There is also a further weakness in adoption legislation itself. Failure to obtain an adoption order in respect of a child placed by an adoption society or a local authority, means that the child must be returned to the society or local authority within seven days. (2) In third party placements, however, where a child may have been placed in a casually chosen home, failure to obtain an order does not lead to the removal of the child. On the contrary, it may not be removed unless neglect or other grossly unsatisfactory circumstances can be established. Also the problem of finding alternative provision for a child sometimes means that a court will legalise an adoption placement not otherwise desirable.

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(2) Adoption Act 1958, Section 35 (3).
The Need for Research in Child Adoption

This historical review of changing attitudes and of the legislative provision in this country for child adoption shows how far removed we now are from adoption being a chance affair arrived at after finding a child on a mountainside or in the bulrushes, or the twentieth century equivalent.

A policy of arranging adoptions for children has now been given official sanction and encouragement by government legislation following the contention of the Curtis report (1946) that if it was successful it was "the most completely satisfactory method of providing a substitute home".(1) Internationally there is evidence of the same attitude. Mental health experts meeting in Geneva in 1953, stated in their report, "Adoption is regarded as the most complete means whereby family relationships and family life are restored to a child in need of a family. When constituted of mother, father and children, the family shows itself to be the normal and enduring setting for the upbringing of the child".(2) It is thus accepted that human intervention can assume the full responsibility for selecting a particular child for particular parents, a responsibility usually left to nature. This being so, it would be expected that there would be, first, a well-defined policy for adoption placements, and secondly, an indication of how successful adoptions are on the whole, and, where they are not successful

why this is so. One finds, however, neither of these things and in fact in this country there has been comparatively little written on the subject and what has been written has often been statements of subjective opinions rather than descriptions based on objective observation or proved fact. The Curtis Report, for example, gave its opinion here as follows: "There is no statistical evidence of the percentage of happy results, but in the absence of evidence to the contrary it is reasonable to suppose that in the large majority of cases the connection turns out well". (1) Dr. John Bowlby, advocating a much more positive approach towards research and also the need for objective appraisal in work with the unmarried mother and the illegitimate and unwanted child, wrote: "It is urgently necessary in many countries to make studies of what in fact happens to the illegitimate child of to-day - how many achieve a satisfactory home life with their mothers or immediate relatives, how many eke out their existence in foster-homes or institutions, and how many are adopted and what is the outcome". (2)

The large number of children legally adopted each year (3) gives further impetus to the need for research. In England and Wales the figure in 1957 was 13,401 and in Scotland 1,405.

(2) Bowlby, John: Maternal Care and Mental Health, 1952, P.100.
(3) Total annual figures of registration of Adoption Orders from 1927 to 1957 in England and from 1930 to 1957 in Scotland appear in Appendix VII.
Of these, it has been variously estimated(1) that only twenty to twenty-five per cent are arranged through adoption societies or local authorities, and over a third(2) are direct or third party placements of children into homes outside their own families.

The paucity of research studies in any country and the comparative lack of literature on adoption in this country would seem to spring from two causes. First, the subject, like any human problem, is complex and the social sciences have not yet devised tools and techniques for research to the same extent as can be found in the physical sciences. Chapter One of this study is devoted to a discussion of this problem. Secondly, and this relates particularly to the paucity of literature in this country, social work in this country has been slow to be fully recognised as a profession which would then have to be based on an appropriate body of knowledge. This is in marked contrast to the position in the United States of America. In Great Britain, however, social work practice has been often viewed as a vocation rather than a profession.

Much of this work grew out of philanthropic and religious ideals and it has adhered to these traditions. This is particularly so in the field of adoption, where many agencies and

(b) Report of the Departmental Committee on the Adoption of Children, 1954, Para. 45.

societies were initially started by one or more individuals with a very definite objective in mind, or in connection with some Church organisation. In the former, policy had roots in the beliefs and attitudes of that one individual; in the latter policy was that which would be appropriate to the particular denomination. Neither of these starting-off points is likely to lead to an objective appraisal of each human situation. Nor are they conducive to a questioning attitude of mind which could critically analyse the results of such philanthropic actions. This problem is a very real one and it commonly results in the fact that those field-workers who are most experienced in the practical problems of adoption are often those least likely to be able to view their basic assumptions dispassionately. Also preventing an objective appraisal of adoption as a solution for the child born out of wedlock has been the social work attitudes already described when in many organisations adoption has been viewed as the least desirable of the possible solutions for the unmarried mother and her illegitimately born child.

Dr. John Bowlby, discussing this problem of the attitude of workers, wrote ...... "Unfortunately, instead of considering objectively what is best for the child and what is best for the mother, workers of all kinds have too often been influenced by punitive and sentimental attitudes towards the errant mother. At one time the punitive attitude took the form of removing the baby from his mother as a punishment for her sins. Nowadays this punitive attitude seems to lead in the opposite direction
and to insist that she should take the responsibility of caring for what she had so irresponsibly produced. In a similar way sentimentalism can lead to either conclusion. Only by getting away from these irrational attitudes and preparing to study the problem afresh is a realistic set of working principles likely to be adopted". (1)

Nowhere in this country, then, either from published material or from discussion with those working in the large national adoption societies, or in the more purely Scottish societies is it possible to find an universally coherent policy in adoption placements. Different adoption societies, all voluntary organisations, pursue somewhat differing policies. The policy of different Children's Officers can be equally divergent. This in itself might be viewed as a sign of health and vigour were it not that the reasons given for certain actions or placements are very often a personal opinion, and as such might have its origin in personal or religious prejudice. An objective appraisal of each situation is often completely lacking. For example, if the child offered for adoption is the second or third illegitimate child born to a woman, this would be viewed by some as a bar to adoption because of a "moral taint" irrespective of why the woman had become an unmarried mother in the first or subsequent instances. At the same time, however, the first illegitimate child of an unstable woman who may have had an affair with an equally unstable man would be accepted for adoption placement without question. No genetic criteria are usually applied. In some

(1) Bowlby, John: Maternal Care and Mental Health, 1952, P.100.
cases the criteria regarding second and third illegitimate children is altered depending on how many babies are being offered for adoption. Various ideas associated with the fear of venereal disease influence adoption workers and the concept of the perfect child makes adoption societies on the whole view as unadoptable the child who has the misfortune to have a visible birth mark.

In the same way, differing methods and different notions are often associated with the assessment of would-be adopters. Where the applicants are a married couple, adoption societies may require a joint interview with both applicants, although it is not unknown for only one of the spouses to be interviewed. This interview can be quite brief and can consist in simply obtaining factual information about age, marriage, occupation and so on, as required under the fourth(1) schedule of the Adoption Agencies Regulations, 1959, for England and Scotland. In other cases the interviewers state that they aim to assess the marriage relationship of the adopters and their motivation in applying to become adoptive parents. Some obtain details about the couple's inability to have children of their own but others feel that this is too personal and private a matter for discussion. In some societies the interviews are carried out solely by the adoption committee and in some the committee interview supplements a more personal interview. Many adoption workers do not themselves visit the homes of prospective adopters but request others, children's officers, social workers, health

(1) For details of these schedules see Appendix VII.
visitors, ministers of religion or voluntary workers in the home area to do this.

Most adoption societies have an upper age limit for adopters. Most would not consider adopters much over forty and some insist that wives must be under forty, although they may allow husbands to be somewhat older. Few will consider any applicant over forty-five, nor where there is a great difference of age between husband and wife. Children's Departments, on the whole, may be less strict about this upper age limit.

None of the large adoption societies would place a child in a home where the father was a publican. Most insist on Church membership for all adopters, and it is also common to insist that one of the references required by a society should be from a minister of religion. Many Children's Officers have a less definite policy about Church connection or membership. It is not uncommon for a couple desiring to adopt a child to join a Church specifically for this purpose.

Very generalised details about the health of applicants are required by the schedule. A doctor's certificate is also usually requested but this is frequently not a confidential report sent direct from the doctor to the adoption society. Two references are also required and although these may be obtained by the adoption worker, in other cases the applicants are expected to obtain these themselves.

Although most applicants for adoption are married couples, some societies and others will place a child with an unmarried woman, a widow or a divorcee.
Some organisations will not place a child where the adopters may have a child of their own or already have a child or children. Some favour family adoption in the sense of placing more than one child with suitable couples; others feel that with so many childless homes, they should "ration" each couple to one child.

There is now general acceptance of the view that a child should be told of its adoption by its parents at an early age. This is so because it is realised that it is impossible in practice to hide this fact indefinitely and also because it can be very traumatic to a child to learn about its status when it is older. Most adoption workers therefore advise adoptive parents to tell their children of their adopted status. Some judges also do so when the petition is heard in court. Differing individuals, however, will give differing advice about how adopters should handle this, some advising a fairy story approach and some an explanation nearer the facts. Few give any help about whether or how to tell the child about its biological parents or why it was placed for adoption. One adoption society advises all adopters to explain that the child was an orphan, and so to evade any difficulties for the adoptive parents or the child in an explanation of the child's out-of-wedlock birth. Opinions vary, in fact, as to how much the adopting parents should know about the biological parents. On the whole it appears that the policy of most adoption societies is to give only brief details and in some cases to give no details at all. Although the experience in one study(1) was that adopting parents knew more

about the background of the children if they were placed by a third party rather than by an adoption society, in such placements too it frequently occurs that little information is made available.

The Horsburgh Committee Report recommended that "an attempt should be made as far as possible to place the right child in the right home "... and that it should not simply be a question of deciding whether a child is suitable for adoption in general". Some adoption societies, children's departments and third parties who may arrange an adoption placement do operate on this principle. Adoption societies on the whole stress that they "match" the background of the biological and adoptive parents. Others, however, operate on the principle of taking the next adoptive couple on the waiting list for the next baby for whom adoption is requested. It is also not unknown for adopters to be told to choose a baby for themselves from amongst several babies in a nursery, without reference to respective backgrounds.

Amidst such a plethora of different ideas and methods, the need for research and objective appraisal is evident. The writer, after working for several years in a hospital setting as a medical social worker, or almoner, went into work in a voluntary organisation which helped unmarried mothers and made fostering and adoption arrangements. The writer realised there very forcefully the great inadequacy of social work knowledge when it came to making such decisions particularly adoption placements. One never knew the really long-term results or outcome.

To borrow an analogy from medicine, it was like treating a patient with drugs and assuming that these would do good, but never being quite sure because one lost touch with the patient fairly soon after one had administered the dose. The present research was undertaken in the hope of throwing some light on what happened at the end of the period of treatment as it were. If from such research some information could emerge about the outcome of adoption placements, about the family and other patterns conducive to good or poor adjustment, then it would become possible to replace surmise with something much more concrete. Also from research might emerge some guidance about specific qualities to look for in would-be adopters and also possibly something of their motivation in adopting. This would be helpful to adoption workers, whatever their field of operation, and also to the guardian or curator ad litem, in his assessment of any home.

Although there are three parties involved in any adoption placement, the natural parents, the child and the adoptive parents, the writer chose to make a study of adoption, not as seen by either set of parents, but as seen by the child after he or she had grown to adulthood. As already mentioned adoption is now being viewed as primarily to ensure the well-being of the child. "Of secondary importance is the satisfaction of the desire of childless people for children". (1)

The writer wished therefore to try to find out how adoption was experienced by the person ultimately most concerned, what

problems, if any, did such a person meet, what were the recurring patterns, if any, in the adoption situation, and what particular environmental factors had been conducive to good adjustment and what to poor adjustment. It seemed that only by studying it in this way could one hope to obtain a true picture of the ultimate success of any adoption placement. As already mentioned, the need to tell the child of his or her adoption is referred to frequently by adoption and social workers and those working in the field of child psychiatry. Discussions about this also often appear in the popular press and many theories are put forward about how this information can be imparted to the child. One wondered what the adopted persons themselves rather than the parents felt about how and when they were told of their adoption and how much information they wanted to have about it and about their biological parents. It will be recalled that the law in England precludes an adopted child from official access to such information although this is not so in Scotland after the child is aged seventeen.

The method used in this research project was to build up retrospective life histories by interviewing a representative group of fifty-eight adult persons, aged 18 and over, who had been adopted as children. The worker was introduced to this group principally through general medical practitioners in South-East Scotland, in the administrative areas for National Health Service purposes of Edinburgh, the Lothians and Peeblesshire, and the counties of Roxburgh, Berwick and Selkirk. The fifty-eight adults in this study included six who, on a strict
definition of adoption, would be viewed as children fostered for reward. Although it had not originally been intended to include foster children, these six were each introduced to the worker as an adopted adult. When they were interviewed it emerged that the division between the patterns in a fostering arrangement and in an adoption arrangement was not clear-cut. The foster children met the same basic problems which arose out of the fact that they were being brought up by parents who had not borne them. For this reason it was decided to include this group of six in the total, but for the purposes of certain analyses to view them as a separate group.

After consultation with the medical practitioner who had arranged the introduction, these histories were classified according to the adjustment found at the time of interview. The patterns which emerged in each classification and in the adoption situation itself were then analysed.

Details of Social Provisions particularly relevant to the 58 Histories in this Series

This group of 58 adults who had been adopted as children were aged 18 to 60 years when interviewed between April 1954 and August 1956. To understand the individual histories which appear in Chapter V, it is necessary to elaborate the general details already given about the provision for child adoption in the country as a whole with rather more specific details about provision in South East Scotland from about 1890 to about 1939.
Only five of the fifty-eight persons interviewed were not brought up primarily in this area, but moved to it later, when their adoptive parents moved into the area, or when they themselves came to the area for work or on marriage. As well as these five, there were a further five where the place of birth and the original placement made by someone or some organisation was outwith the area of South East Scotland, although in two of these cases the area was still within the borders of Scotland.

In the area of South-East Scotland, the attitudes to the unmarried mother and to child adoption have been similar to those already described for the country as a whole. Thus the area had its Homes of a penitentiary kind, for example, Springwell House, originally called Edinburgh Magdalene Asylum and its training homes for girls, who were sexual delinquents or in "moral danger" of some kind, as for example, St. Andrew's Home, Joppa.

The first Mother and Baby Home in the area, where the aim was to provide care and guidance for an unmarried mother and where she could stay for a time with her child, was St. Luke's Home, later the Lauriston Home. Founded in 1899 by the eminent Edinburgh gynaecologist, Dr. Haig Ferguson, the tradition was and still is that the unmarried mother should have hospital care in

(1) Its original object was stated as ... "to afford an asylum for women who, after deviation from the paths of virtue express and manifest a desire to reform; and the society's endeavours shall be directed to assist them in the attainment of this object by moral religious and industrial training".
the Maternity Hospital of Edinburgh Royal Infirmary. This Home later became known as the Haig Ferguson Memorial Home. The Salvation Army has run a Mother and Baby Home in Edinburgh from early in the Twentieth Century and the Edinburgh Home for Mothers and Infants was also founded before the First World War.

It was also common at the end of the Nineteenth Century and in the early part of the Twentieth Century for many unmarried mothers to be confined in maternity nursing homes run by midwives. No accurate details, however, can be obtained about the number or adequacy of those in the Edinburgh area since it was only in 1927 that an Act(1) was introduced making it compulsory for maternity nursing homes to be registered with the local authority. Details, however, were obtained about one such midwife on whose premises probably two of the adults in this series were born. Married to an artist, she had a midwifery diploma and since 1908 had laid aside one room in her four-roomed flat as a labour room. A doctor attended all cases. She could take only one patient at a time and she looked after married as well as unmarried mothers.

In 1918, a large private house in Edinburgh was being used as a Home for Babies to meet the needs of those born illegitimately during the First World War. Started by a private individual, this was taken over by a committee in 1920 and became known as the Edinburgh Home for Babies. This Home is still in operation and is now also a school of mothercraft. Between the two world wars there was also a large private nursery run by two trained

(1) The Midwives and Maternity Homes (Scotland) Act, 1927.
children's nurses and this was used by those who could afford to pay private fees. Fostering in private homes was also undertaken and babies placed there were supervised by the Public Assistance Department, under the Infant Life Protection Acts.

There were also other Children's Homes in the area, under the auspices, for example, of the Church of Scotland and other committees. These were not involved, however, in the first part of this century directly in adoption placements. In this present series there were children where it was known that they had been initially cared for in the Edinburgh Home for Babies, in the private nursery and in foster homes.

The principal social work organisations in the area concerned in providing care for the unmarried mother and her child were the Council of Social Service, founded in 1868, The National Vigilance Association (Eastern Division) founded in 1911, and now called the Guild of Service, and the Catholic Enquiry Office founded in 1925. The policy of two of these organisations was to follow the lead of the National Council for the Unmarried Mother and her Child, and on health and moral grounds to encourage unmarried mothers to keep their children. Adoption of the child was viewed as a much less desirable solution.

The first Scottish adoption society was founded in 1923 following the initiative of the Medical Officer for Child Welfare in Edinburgh. It became known as the Scottish Association for the Adoption of Children and was stated to be set up to counter the continuing evils of baby farming, and the
payment of premiums with babies. Its early experience was similar to that of the national adoption societies already described. It too found a gradual change occurring as child adoption became more popular. This adoption society always stressed the medical supervision available for the babies it placed, with an examination both before placement and again before any final agreements were signed. Its adoption placements, of course, could not be given legal status until after the 1930 Act but formal undertakings were signed by all parties concerned. It was the only adoption society in Scotland, although some other social work agencies, working with unmarried mothers arranged a small number of adoptions each year.

The other organisation making adoption placements specifically in the Edinburgh area was the Public Assistance Department. This department also supervised all fosterplacements, many of which became permanent and legal adoptions. In country areas such Infant Life Protection Act work was done by the Parish Council Inspector of the Poor. It was not unknown in one area covered in this series for the Infant Life Protection visitor to continue to visit a home after the child had passed the statutory age for such visiting and after adoption had been legalised. There were instances of this occurring in the histories in this series.

Another method of obtaining an adoptive home for a child was for an advertisement to be put to the public press, sometimes anonymously under a box number. Premiums too were sometimes offered in this way. Since 1910, however, there was an
arrangement made between the Local Government Board and the principal newspapers in Scotland, that any paper carrying any advertisement of any kind either offering a baby for adoption or offering to care for a baby would give particulars of the advertiser to the appropriate local authority. In this way the Public Assistance Department in Edinburgh was able to provide supervision in the case of any such anonymous advertisement. There were instances in this series of adoption arrangements made in this way.

Adoption placements were also often arranged by so-called third parties, by doctors, midwives, matrons of hospitals and homes, ministers, lawyers and others. Sometimes there was direct contact between the biological parent and the adoptive parents.

Also of relevance for understanding the individual histories is the question of birgh certificates and change of name during the period from 1890. With the introduction of the first adoption acts in 1926 in England and 1930 in Scotland, an adopted child now had the equivalent of a birth certificate which gave the child's adopted name, date of birth, and the name, occupation and address of the adopters, but no details about the biological parents' name, address or occupation, as would appear on any original entry in the Registers of Births.(1) Prior to this, although not legally adopted a child could use the name of its adoptive parents, and this would be accepted and legal in Scotland. In Scotland there is no exact equivalent

(1) See Appendix VII for details of form of entry in Adopted Children Register in Scotland as prescribed by the Adoption of Children (Scotland) Act. In the form now in use the country of birth has been added.
of a change of name by deed poll as in England but the name could be changed by deed of declaration which at that time could be registered at the Office of the Lord Lyon King of Arms or recorded in the books of Council and Session kept at the General Register House. Sometimes a declaratory statement to this effect was attached to the original birth certificate. The birth certificate itself, however, remained in the form of the original entry and so in the biological name, and details would be given there of the name, occupation and address of the biological mother, or parent registering the birth. Occasionally the birth would be registered in the biological father's name, or his name would also be inserted in the original entry.

Where the child was illegitimately born this was stated in the birth certificate until 1918.\(1\) After that date it could be implied since the birth certificate would normally give only the name, address and occupation of one parent, usually the natural mother, who registered the birth.

A device frequently used before the first adoption act to incorporate the adoptive parents' surname into the birth certificate was for the natural parent, when registering the birth, to use the name of the adopting parents as a middle name for the child. The biological surname was then dropped.

Since 1935, it has been possible in Scotland to obtain a shortened birth certificate of the original entry in the Register of Births. This certificate gives no details of

\(1\) Under a Regulation made by the Registrar-General in Scotland in 1918, this practice stopped.
parentage. By an instruction from the Registrar General in 1936, this was applied also to the Adopted Children Register and not simply to the original entry. In this way it is argued that the fact of adoption and of illegitimate birth can be concealed. Such a shortened birth certificate was not available in England until 1947.

These shortened birth certificates (1) are gradually gaining in popularity and in 1957 the General Register Office for England and Wales (2) issued a short certificate of the original birth entry in the case of under 50% of the total entries, while short certificates issued for adoption entries were over 50% of the total.

(1) See Appendix VII.


Types of Certificate issued at the General Register Office - England and Wales

<table>
<thead>
<tr>
<th>Year</th>
<th>Birth Total</th>
<th>Birth Short Certificates</th>
<th>Adoption Total</th>
<th>Adoption Short Certificates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948</td>
<td>239,293</td>
<td>62,662</td>
<td>45,443</td>
<td>32,331</td>
</tr>
<tr>
<td>1951</td>
<td>221,632</td>
<td>67,697</td>
<td>25,768</td>
<td>15,688</td>
</tr>
<tr>
<td>1954</td>
<td>203,514</td>
<td>92,207</td>
<td>25,428</td>
<td>15,464</td>
</tr>
<tr>
<td>1957</td>
<td>221,049</td>
<td>102,545</td>
<td>30,368</td>
<td>18,151</td>
</tr>
</tbody>
</table>
CHAPTER I.

METHODOLOGY IN SOCIAL RESEARCH

Social research, as a discipline, is still in its infancy and many problems of method have still to be solved. Sociologists in their desire to make their study into a science have often taken over directly many of the concepts and tools of the physical scientists. Thus we have a school of thought who insist that all research must follow exactly the same pattern; first, formulation of the problem through observation, secondly, further exploration and formulation of a hypothesis, and finally, a planned project to test the hypothesis.

The sociologist often relies on elaborate statistically planned research for the third phase, tending to leave the first two phases aside, while the research worker with a clinical bias may concentrate on stages one and two and ignore stage three. It seems, however, that until we have adequately solved the problems of the first two phases, we should not feel bound to embark on the third phase. We can find a parallel for this in what has happened in the physical sciences. In the mediaeval period, scholasticism held men's minds in its thrall, and men had to learn first to observe before they were able to formulate hypotheses based objectively on facts rather than on "a priori" maxims. The observation and classification preceded by many centuries the planned laboratory experiment. In psychology, as it has developed as a social science, we see a reversal of this process with an early concentration on laboratory technique almost
to the exclusion of other methods of research. A brief review, however, of the developments in psychology will show how far, within the compass of eighty or ninety years, we have changed in our attitude towards the study of human nature and of man's behaviour, both as an individual and as a member of society.

Although men have speculated about the psyche since the time of Aristotle and Plato, it was only in the middle of the nineteenth century that any attempt was made to put this on an observational basis. The beginning of objective psychology, as opposed to subjective psychology or a priori philosophy has often been traced back to Francis Bacon, but it was the development of experiment in the natural sciences in the nineteenth century that really laid its foundations. In 1825 Herbart put forward the plea that psychology should be viewed as a natural science in its own right and not as a branch of philosophy, and he was followed by Fechner and Wundt who established the first laboratory for psychological experiment in 1879. In the 1890's there was much activity amongst psychologists so that by 1900 their subject had gained the status of a natural science. Where previously the earlier psychologist had been satisfied with evidence from his memory and ordinary experience, these new psychologists insisted on definite recorded data. They defined their field of experiment as the "study of consciousness" but in practice they were studying man's performance rather than his state of consciousness.

Of great influence on these psychologists had been the growth of general biology and especially the theory of evolution.
Towards the end of the nineteenth century writings on animal psychology, child psychology and the differences between individuals began to appear. This led to the introduction of tests for measuring individual differences, and from this came the elaboration of intelligence testing based on mathematical and statistical concepts. Also very influential on the thought of psychologists has been the studies of physiologists, notable amongst these being Pavlov (1849-1936). His work orientated psychology even more towards a biological approach. Yet another strand in the picture has been the influence of psychiatry, which, although becoming scientific by the late nineteenth century, was split between those who sought the cause of mental disorders in the purely psychological sphere and those who sought it in brain disturbances or the soma. This division has continued to a certain extent and in varying degrees into the Twentieth Century under the respective influences of psycho-analysis and neurology. There have been, however, many advocates of a holistic psychology. They have stressed that the individual should be studied as a whole. A notable early example was Adolf Meyer who in 1897(1) revolted against the body-mind distinction and in 1908(2) advocated the adoption of a psychobiological concept as a "better


(2) Meyer, Adolf: The role of the mental factors in psychiatry, American Journal of Insanity, 1908, 65.
working hypothesis for psychiatric work than the materialistic and mentalistic approaches that were customary". (1) His point of view has found expression in psychosomatic medicine, a concept now generally accepted and for which there have been many validating studies. (2)

In another way psycho-analysis has had an important and lasting effect on psychology, and the way in which we view human nature. This theory was gradually evolved by Freud, with his first theories of infant sexuality completed by 1905 (3) and his more advanced theories, including his concepts of the Id, Ego and Super Ego, being evolved from about 1913 (4) (5) onwards. Although many dispute Freud's theories and concepts, his "depth psychology", with its emphasis on unconscious motivation and unconscious mental activity has brought a new perspective into psychology which had previously viewed its subject matter as "states


(2) Such as the experiments of Cannon (1939) who described the "alarm reaction" in animals, the views of Selye (1950) on the "General Adaptation Syndrome", the classical observations of Wolf and Wolff, and the reviews of the literature in this field by Dunbar.


of consciousness". It has also greatly influenced social work thought and techniques, and, as discussed in the next chapter, has led social workers away from the concept of man as a completely rational being, who could be helped by environmental manipulation to use his own will-power, to a realisation that feelings and emotions are of vital importance in our understanding of man.

Although psychology with its particular emphasis on perception, learning, memory and communication, has not yet given us a science of personality, it has revolutionised how we would hope to study human and psychological problems. It has stressed an objective scientific approach as opposed to an introspective or arm-chair philosophical one. Many of its early hopes, however, have not been fulfilled. Its emphasis on intelligence testing and exact mathematical measurements, which has occupied many psychologists, for example Spearman and Binet, has been superseded by a realisation that the use people make of their intellectual potentialities is influenced by their emotional attitudes and problems and by their social environment. Although there are no general psychological laws available in the study of personality, nor even a systematic formulation of the problems here, psychologists, for example Allport and Eysenck (1) are currently trying out tentative methods of research in this field.

Kretschmer(1) and Sheldon(2) in studies of physique and temperament have tried to measure such psychological qualities by relating them to measurable physical attributes. This can be criticised, however, on the grounds that complex psychological qualities cannot be classified as simply as these two writers assumed. It seems that the descriptive method, despite its lack of exactness in the mathematical sense, may have greater value, and so greater precision, in the sense of arriving at a truer understanding and classification of the problems of personality.

In spite of divergences of view as to emphasis, what is now generally recognised is that psyche and soma should not be viewed as separate entities, but that personality is closely bound up with the central nervous system although the relationship between the two is still obscure. The evidence for this has been drawn from the field of medicine, such as, for example, the observed differences in personality following an organic brain disease, brain injuries, and prefrontal leucotomy, the linking of different types of personality with different patterns of electro-encephalogram, and the recent advances in neuro-biochemistry and endocrinology.

Whereas temperament is largely innate, and probably related to the central nervous system and the endocrine system, "... what

(1) Kretschmer, E: Physique and Character, (2nd ed. 1945).

(2) Sheldon, W.H: (a) The Varieties of Physique, (1940).
(b) The Varieties of Temperament, (1942).
we call character is essentially acquired and far more readily modifiable than temperament". (1) Psycho-analysts argue that the main features of character are laid down in the first two years of life and that the emotional atmosphere at this time is crucial. There are, however, no validating research studies of this but it is generally accepted that there is enough clinical evidence (2) to show that the early years are formative for the character of the adult. An important aspect of such character formation is concerned with the reactions of the individual to feelings of insecurity. (3) Adler in fact founded his whole system of Individual Psychology on this theme.

Although this very early environment is not viewed as exclusively decisive, except by some of the followers of Freud and Klein, the evidence from the clinical studies of Freud that every individual passes through a complex process of emotional development during his or her early years has influenced psychiatrists, psychologists and social workers, all of whom give recognition to the importance of the life history in their assessments of patients or clients. In such a history other


(2) See also work of social anthropologists who have related character to different methods of child-rearing in difficult primitive cultures. (Kardiner, A: The Psychological Frontiers of Society, 1945).

(3) See studies by Bowlby, Goldfarb, Spitz, and others.
factors would also be seen as important; - social factors, general education, moral, ethical and religious influences as well as the child's later relationships with its parents, its peers and others in the community. Bowlby stated, ...
"Personality growth is the result of an interaction between the growing organism and other human beings". (1) Towle, writing from the point of view of the social worker, stated, ... "It is generally agreed that the human personality grows, develops, matures, through relationships with others ..... Man's social needs, that is, what he seeks in relationships throughout life, will vary with age, changing circumstances, and prior relationship experience". (2)

There has, therefore, been considerable development in our knowledge of man since Herbart and since the early Nineteenth Century psychiatrists, who in their search for a scientific explanation for mental disorders, had first to dismiss demonology as the cause. The sum of our knowledge, however, is still small, and the study of the psychology of man in the widest sense is still somewhat departmentalised. Thus many psychologists are still experimenting in and studying the mental sphere of perception, learning and so on in isolation, or they are carrying out biographical studies without reference to genetic factors and the central nervous system, while the neurologists may be concerned exclusively with the physical basis of personality. In the field of psychiatry, however, many study mental and

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(1) Bowlby, John: Maternal Care and Mental Health, (1952), P.59.
personality disorders in an eclectic way, drawing also on general medicine, neurology and psychology. They also draw from the social sciences, since man does not function in isolation, but can only be fully understood as a member of society and against his own particular social background. This emphasis on the need to view each situation in total and each person as a whole in relation to his social and cultural environment is the approach of the social caseworker who is concerned with individual social maladjustment.

We can thus review the changes and advances in the past sixty years in our knowledge of human nature, knowledge which has been acquired through research both in the field and in the laboratory. We cannot, however, make a similar survey of research into social work aims, methods, and results, as practised in this country, although there has been a considerable amount of research into social and economic conditions, and specific social problems, such as juvenile delinquency. These projects will be referred to briefly in the next chapter. The discipline of social work does not as yet have even a clearly defined body of knowledge and many social workers in viewing their daily practice have not begun to think along scientific lines. The result is that in many social work fields, particularly in that of child care, we find that, as objective knowledge is lacking, this subject "has been the source of much speculation and eager investigation by philosophers, psychologists, churchmen and educationalists"(1) ... all of

(1) MacCalman, D.R: Foreword to A. Bowley: "The Natural Development of the Child". (1948) P.IX.
whom can claim that their dicta are the correct ones. Unfortunately the picture is made even more confused by the fact that such knowledge as we have ... "is apt to be a strange mixture of personal experience, memories and prejudice - confused by superstition, folklore and profitless moralising". (1) Social research then in this field has to rid itself first of these moralising attitudes, just as the physical sciences had in their early years to rid themselves of scholasticism. This being so, it would seem that at this stage in our knowledge, research in the field of child care must belong to the observing and hypothesising stages. In fact for an appropriate attitude of mind here, we can look back to these early seventeenth century struggles against the influence of scholasticism, when for example Bacon wrote .. "It cannot be that axioms discovered by argumentations should avail for the discovery of new works ..... We must lead men to the particulars themselves, while men on their side must force themselves for a while to lay their notions by and begin to familiarise themselves with the facts". (2)

Any use of the word "scientific" in this thesis is therefore in the above sense, and is used to emphasise the need for objectively acquired knowledge as opposed to a reliance on dogmata or vague generalisations which have often been deduced from experience in an unplanned and purely empirical way. The writer does not consider that the word "scientific" need be reserved only for work done under laboratory conditions, and in

(1) Ibid.
(3) Quoted by J. Madge: The Tools of Social Science (1953) P.60.
this she is supported by writers on methodology such as Greenwood(1) who argues that science is a way of doing things - a logic - and does not necessarily include the laboratory apparatus. This emphasis too is found amongst practising clinicians and social workers, engaged in research, for example Deutsch(2) and Young. The latter, in her recent social work research project, writes that the standpoint in social research is to observe and record case histories, and "to consider them from a scientific rather than a moral point of view, to note similarities and contradictions and to follow the fine thread of continuity between cause and effect ..."(3) The experience too of psychology has shown that a concentration on laboratory technique alone will not give us the answer to complex psychological and social problems.

It is possible that, in the future when our knowledge in the social sciences has advanced much further, it may become possible to apply experimental tests to validate hypotheses established from planned observation. On the other hand it may be found, as pointed out by Greenwood,(4) that the problem is not amenable to experiment. Often this may well be so because in the social sciences the materials of our study are fellow human beings.

Although social work research must use a scientific method, it also remains an art. This will be seen in the discussion.

of the method of this particular research project, where the interviewing was done by a social caseworker who was consciously using her interviewing and casework techniques, as learned and developed during her years as a practising social caseworker.

Too much, however, should not be expected of social research. One cannot hope to evolve immutable laws or exact predictions; nor is it likely that we can aim at acquiring absolute knowledge; nor for that matter is it likely that we shall always be able to follow the "fine thread of continuity between cause and effect". (1) These, however, are not problems peculiar to the social sciences. They are met too in the physical sciences. As Wootton writes "... the differences between the material of the social and the natural sciences are differences of degree rather than of kind ..." (2)

Some may argue that in the social sciences not only is it not possible to arrive at immutable laws, but that no laws at all are possible in human affairs; that all are different and will act and react in their own individual way. If, however, we over-emphasise the uniqueness of the individual, then as Meehl points out, "Even the ordinary practical decisions of everyday life become strictly impossible to rationalize if one really argues consistently that it is not rational to decide in any particular instance on the basis of a known or estimated frequency in some cases to which the unique instance belongs." (3)

Also the work of social anthropologists, psychologists and psychiatrists has shown that certain patterns of human behaviour

can be observed. Stuart Chase has said: "The argument that man is too unpredictable to be studied objectively is now ... a dead issue". (1) This does not mean, however, that individual people are not still unique. It simply implies that behaviour is not erratic or accidental, but is purposeful and is governed by psychological and social laws. Although it is now accepted that human behaviour does follow certain psychological and social laws and that certain patterns or stages in the developing human being can be observed and charted, yet the unique element of each individual remains. Hollis writes: "All people are both unique and like others in their behaviour - in their feelings, in their thoughts, in their actions". (2)

The emphasis on general patterns and stages in development does not imply the acceptance of determinism and the abrogation of the freedom of the will. "The concept of lawfulness excludes the possibility of freedom and spontaneity in behaviour only when lawfulness is considered synonomous with exact repetition and frequency". (3) What is implied by the acceptance of "lawfulness" in this sense, of patterns in human affairs, and of stages in the individual's development, is that a person's freedom of will or of choice has to operate within limits. These limits are set for that individual person at any particular point in his life-span by his own innate constitution and endowments on which, from

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(3) Ibid. P.52.
early infancy, have played the influences of environment, physical, intellectual, emotional and cultural. "The acceptance that human behaviour is governed by psychological and social laws rather than being erratic and accidental ... leads on to the study of causation in behaviour. This in turn leads to the assumption that when behaviour is understood it becomes susceptible to change by consciously directed processes".\(^1\)

If one aims at studying causation it may be questioned as to how far it is possible in social research to isolate exact causes. It may then be contended that unless one can do so, prediction is not possible. It is true that much social research, and certainly this project, is devised on an "ex post facto" hypothesis, that is, interpreting retrospectively from what is observed as effect back to possible causes. It is also true that often no one cause can be isolated as leading to a particular effect. There may indeed often be more than one possible explanation or interpretation. This does not, however, invalidate the previous contention that the differences between the physical and social sciences are only of degree, or the above contention that we are justified in the latter in talking of laws. As Wootton writes ... "so long as cause and effect were conceived in mechanical terms as a binding compulsion, with cause dragging effect relentlessly along on an invisible string, it was more difficult to formulate laws relating to human behaviour which did not reduce man also to a mechanically-operated contraption..."\(^2\)


This, however, she argues, has changed with the introduction of "the conception of recurring regularities of pattern" .... "as the basis of order in the non-human universe". She goes on to say that "the laws of natural science are only statements of associations of varying degrees of probability" and she argues that "if associations of comparable probability ..... can be demonstrated by observation to hold good of human affairs ... then the meaning of law in both natural and social science is fundamentally the same". (1)

If laws are seen as "statements of associations of varying degrees of probability", one may ask what happens about the possibility of prediction. It seems likely that prediction in the physical sciences will remain potentially more measurable than in the social sciences, but here again the differences are of degree and even in the physical sciences absolute prediction is not possible. As one writer said. "... we cannot, and never shall be able to, predict exactly when a particular leaf will fall off a tree or where it will land ....; but this does not prevent us from prediction that most leaves will fall in autumn or that the rate of defoliation will be higher in windy weather". (2)

Tendencies thus can be observed, and so too in the social sciences.

One may ask if, behind these tendencies and laws of association, and forming the basis of them, there is a body of absolute knowledge. There may be in the sense that Kant talked of the ideal behind the actual. It is, however, now accepted

that in the physical sciences all knowledge is relative. A situation observed is altered by the observing and by the influence of the observer. This too happens in the social sciences and is something which may be particularly important in this field where research is often done with the active participation of the subject and where the observation becomes in fact a two-way personal relationship. This is discussed in more detail in the Chapter dealing with the method of this particular research. The potential influence of the participant observer must be borne in mind so that it can be discounted in the final assessment. This, however, need not make us feel that research in the social sciences has no value. It simply means that research workers in this field should be highly skilled at interviewing and trained to be aware of their influence on the situation and of their own biases. This is exactly the training and skill possessed by the well-qualified social case-worker.

Writing of the "limits of social science", Madge states that he finds it inescapable that "... exact truth is both a proper objective and an unattainable one. Exactness is beyond our reach because of the penumbra that surround all our observations, and universal truth is not possible because every truth that we adhere to contains within itself some part of our aims, and aims are never unanimous". (1) He also writes, however, "we can see around us a multitude of practical problems that call for action, and a multitude of people torn by their imperfect understanding of

the situations in which they have to act. What they need are not absolute truths and watertight theories but the skills to guide themselves towards realistic and sensible decisions". (1) One must often be more a "social engineer" than a pursuer of absolute knowledge.

The position regarding methodology then from which the writer started out on this research could be summarised as follows. As research in the social sciences is still in its infancy, and as this is especially so in the field of operation of social caseworkers, the method employed should be that of observing and classifying. This, although not including a third stage, that of experimenting to validate any hypothesis, can be viewed as scientific, since this term refers to a logic, a method of approach, rather than simply to research based on laboratory techniques. Human behaviour, although unique to each individual, also follows certain patterns and stages of development. A search from observed effects to causes, or patterns of possible causes, will lead to the possibility of stating causative trends, which can then have predictive value in indicating tendencies. Absolute and precise knowledge, although still regarded as the ideal, was recognised as unattainable. The research worker viewed herself as being the servant of the "social engineer" interested in devising or improving techniques for dealing with particular practical problems, rather than one aiming to pursue the search for absolute knowledge.

(1) Ibid, P.294.
In the last chapter mention was made of the importance of the concept of the influence of the participant observer in social research. This concept was accepted as valid and it was suggested that part of the necessary skill for research of this kind was to be aware of the influence of the observer. It seems appropriate then to discuss in some detail the conceptual framework from which the observer embarked on this particular research project. This is particularly important for research by a social worker and from a social worker's point of view, since this professional group does not have the established professional point of view of, for example, medical practitioners, scientists, psychologists or lawyers. None of these would have to state the basic premises from which they worked. These are generally so well known that it would be assumed that any reader would be aware of them. No such assumption, however, can be made with regard to the social case worker. In this chapter consideration then will be given to two theoretical considerations, basic to the practice of social case work and to research by such practitioners. First there will be a brief historical review of British social work attitudes, particularly in relation to the question of heredity and environment, followed by a brief review of some of the most important scientific studies in this field. Secondly, there will be a discussion of the principles of social case work as viewed in the present decade.

"Divergence in the viewpoints of different people on the subject of nature and nurture is widespread and of long standing. The attitudes of mind involved are related to religion and politics and are much charged with emotion". (1) Such attitudes may lead to irrational beliefs quite unsupported by scientific studies and practitioners in social work have not been immune from such beliefs. One finds that the early social workers, whose existence one would date from the consolidation of industrialism, had a great belief in the importance of character and of will power. They saw the evils of the congested urban areas of mid-Victorian Britain as "rather owing to the total absence of residents of a better class .... there is no one to give a push to struggling energy, to guide aspiring intelligence, or to break the fall of unavoidable misfortune." This, with its implied emphasis on the prime importance of human relations, was the standpoint of Octavia Hill (1838 to 1912) and of the early Charity Organisation Society workers, while Thomas Chalmers (1780 to 1847) had, in an earlier generation, been so convinced that environmental factors were of no account that he persuaded a Glasgow parish voluntarily to give up poor relief at a time of industrial depression.


A more scientific approach, however, was advocated by the disciples of Jeremy Bentham, and the objective study of Charles Booth, "The Life and Labour of the People of London" (1889) had a profound effect on social work thought. This showed the influence of economic conditions in producing individual and family poverty and degradation. Rowntree's two studies, and other studies carried out in the early half of the Twentieth Century, again concentrated on those objective aspects of social life which were most amenable to analysis by the statistical method. They again showed how economic environment could dominate men's lives. Studies of this kind led to the belief that the problems of society as a whole, and of its members individually, could be solved by social legislation and manipulation of the environment. To the group who held this belief belonged the Webbs, the members of the Fabian movement, and members of other Socialist groups. We also find that the social workers of the first three decades of the Twentieth Century had revolted against the extreme emphasis of the previous generation on will-power. They had replaced this with a belief in the importance of environment and of manipulating this to solve their client's problems. Their emphasis in fact was on "Social Diagnosis".

By the 1930's, under the influence of the work of Cyril Burt

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(1) Rowntree, B. Seebohm: (a)"Poverty: A Study in Town Life" (1901) (b)"Poverty and Progress" (1935).


(3) Richmond, Mary: "Social Diagnosis". New York, 1917.

(4) Burt, Cyril: "The Young Delinquent" (1925).
and of other psychologists who were studying the problem of juvenile delinquency, progressive social workers in this country came to realise that for "social treatment", as opposed to simply diagnosing the social problem, they should draw on what was being discovered and used in the fields of psychiatry and psychology. This led too to a realisation that studying social and economic environment alone would not in itself lead to an adequate social diagnosis or to an understanding of people's problems. To psychology and psychiatry has also been added a study of the work of social anthropologists, whose field research has emphasised culture and cultural attitudes as influencing behaviour.

Each individual social worker, however, has not necessarily absorbed the salient and applicable truths from these allied fields, nor has there been a systematic synthesis of them which could be applicable as one of the theoretical foundations for social work. Thus amongst social workers there is still wide divergence of viewpoint about the theoretical basis for their work and particularly about the relative importance of nature and nurture.

It is clear, however, that such a vital question should not be left to individual theorising based on individual experience and belief, but should be decided by reference to factual studies. Penrose writing on this subject, said: "The scientific study of the interaction of heredity and environment evolved slowly.....

The distinction between inborn character and acquired character has always been part of the philosophy of medical science, but
the antagonism between the two was perhaps first thrown into
sharp relief by Galton in his essay on twins". (1)

Galton suggested that the effects of these two factors
could be differentiated by a study of identical or uni-ovular
twins, the genetical equipment of such twins being identical.
Any differences then between them it was argued could be attri-
buted to environment. The basis of this famous essay (2) by
Galton was the study of the life history of 35 pairs of twins.
Many remarkable instances of similarities were noted. To offset
this, Galton gave details of 20 pairs with sharply contrasting
characteristics of body and mind, yet these 20, he argued, had
had the same nurture. We can assume these were fraternal twins.

Galton concluded that "nature prevails enormously over nur-
ture when the differences of nurture do not exceed what is com-
monly to be found among persons of the same rank of society and
in the same society". Of the influences which were capable of
causing differences between closely similar twins, he gave first
place to illness. In the 35 life histories there were 13 records
of illnesses.

Lange in his study "Crime as Destiny" (3) came to conclusions


(2) Galton, F.: "The History of Twins as a Criterion of the
Relative Powers of Nature and Nurture". J. Roy, Anthropolo-
gical Inst. 5., 391. (1875).

(3) Lange, Johannes: Crime as Destiny, (1929). Translated by
Charlotte Haldane, first published in Great Britain in
1931.
similar to Galton. He studied criminal twins and of 13 pairs of monozygotic twins, he found 10 cases where the second twin also had a prison sentence, while the corresponding number for 17 dizygotic twins was two.

Although these two writers infer that the similarities found in identical twins are due to heredity this is not an admissible inference unless it should be shown that this was so in spite of differences in environment.

A study of 19 pairs of identical twins reared apart was undertaken by Newmann et al., (1) (1937). The authors concluded that different classes of traits are variously susceptible to environmental influences. They found that traits such as stature, physique and skill were very much alike in spite of differences in diet and education while temperamental differences tended to be marked.

The twin method, linked with the study of siblings and other relatives, has been used by many investigators in psychiatry during the 1930's and 1940's. The largest survey of psychiatric twins is that of Kallman (1950)(2). His study showed a much higher concordance among uniovular as opposed to binovular twins in psychotic conditions. The same conclusion was reached by Slater in "Psychotic and Neurotic Illnesses in Twins" (1953). He concluded that genetical causes provide a potentiality for

(2) Results published in a number of papers. See report to International Congress of Psychiatry (1950).
schizophrenic illness, "though environmental factors play a sub-
stantial role, which may be decisive in the individual case". (1) Heredity was also found to be an important factor in the causa-
tion of affective and organic psychoses. In psychopathic and
neurotic states, uniovular twins less frequently showed concor-
dance. From his study of the personalities of all the twins, Slater concluded that "the basic make-up of personality is largely
determined by heredity". (2) Chance environment however could
influence where and when a person stepped over into maladjustment.

The value of the twin method, however, is decreased by the
fact that twins are not strictly "normal" and have, to a certain
extent, properties of their own. They are frequently premature, one may have a lower birth weight, and the presence of a twin
partner is in itself an important peculiar factor in the psycho-
:logical environment. Penrose believes that the greatest value
of twin investigation is "to demonstrate the power of environ-
:ment to alter development in particular, special cases". (3)

Another attempt at studying the effect of heredity and
environment has been through the study of foster-children, and

(2) Ibid.: P.89.
adopted children. These studies(1) have been done mainly with reference to intelligence. "It has been found in such studies that the intelligence quotient of foster-parents and foster-children and also of unrelated children adopted in the same family showed some positive correlation which increases with the duration of the children's life in their new environment. Some correlation of their intelligence quotients with the social status of their biological parents is also found".(2) Kalmus points out however, that it is difficult to decide to what extent more able foster-parents tend to adopt more able foster children.

(1) See:–

(2) Kalmus, H: "Variation and Heredity", (1957), P.68.
In the same way children in orphanages have been examined. A positive correlation was found between the ability of such children and the occupational status of their fathers but this tended to decrease with the duration of the stay of the children in the orphanage. (1)

The importance of the effect of environment is thus on the whole given some confirmation by these studies. Further evidence of the importance of environment in the form of different cultures has been shown conclusively by the work of social anthropologists. Margaret Mead, (2) Ruth Benedict (3) and others have shown how different types of personality emerge in different cultures when there are wide cultural divergences in the patterns of child rearing.

The idea of a clear-cut division between the effect of heredity and that of environment, as envisaged by Galton and the early workers in this field, is now dead. It is realised that there is a complex interaction all the time between the two. Mendelian laws have, however, been applied to human genetics but prediction has not been found possible as in animals except in a few isolated conditions. The interaction of the two influences, that of heredity and that of environment, is viewed as "...especially entangled in man since the human

(2) Mead, Margaret: (a) Coming of Age in Samoa, (1929).
(b) Sex and Temperament in Three Primitive Societies, (1935).
(c) Growing up in New Guinea, (1942).
central nervous system is uniquely adaptable ....... It follows that differences of environment have a far greater effect on human behaviour than on that of other species. This is true despite the genetical variation which influences our abilities and other concomitants of behaviour."(1)

Kalmus points out that, "few vertebrate species live in such widely differing climates and on such varied diets, as man. Even more remarkable is the variety of individual experience resulting from the interactions of the psychological and social factors, which act on different people from the moment of their birth."(2) Such factors differ widely as amongst different cultures, sub-cultures and groups.

This brief survey of scientific work over the years shows that the evidence at first available suggested that heredity was of prime importance in human affairs. This was followed by evidence which showed the influence of environment to alter apparent intelligence and to precipitate those potentially liable to psychological disturbance into maladjustment. Mendelian laws though making prediction possible in animals have not proved so widely applicable to man. The concensus of opinion now is that... "the relative weights of nature and nurture are still to be determined"(3)... and that ... "the greatest scientific progress will be made when the interaction of the two can be studied."(4)

(1) Barnet, S.A.: Editor's note to "Variations and Heredity" by H. Kalmus (1957).
(4) Ibid., P.14.
It has also been stated that "in any man or woman we see a
body, mind and personality to the construction of which both
environment and heredity have contributed their quota. It is
impossible completely to disentangle their effects."(1)

The importance of the complex interaction of these influen-
tces and the extreme adaptability of the human nervous system
when compared with that of animals has led to the conclusion
that differences in environment lead to greater differences in
human behaviour than in animal behaviour. It is argued that the
susceptibility of the human nervous system "obliges us to pay
special attention to the effects of environmental agencies in
intellectual and emotional development." On the other hand
Kalmus argues that from the study done by Newman, Freeman and
Holzinger and from similar studies ... "... it appears that
there are certain traits which are fairly independent of environ-
ment. These include the character and onset of a few diseases,
some psychopathological traits, and special gifts and inclina-
tions."(3) Also psychiatric studies have shown definitely that
genetical causes provide a potentiality for psychosis. Blacker,
writing as an exponent of Galton's ideas, states the same con-
cclusions but in a different way. "The information at present
available seems to justify the view that in respect of socially
valuable qualities such as athletic skill or artistic genius,

(1) Slater, Eliot, in Modern Practice in Psychological
(2) Barnet, S.A.: Editor's note to "Variation and Heredity" by
H. Kalmus (1957).
nature prescribes a ceiling and nurture determines how near to this ceiling each individual attains."(1)

The concept of each individual having a particular potential, on which the influence of environment would play, was the standpoint from which the life histories in this present research project were evaluated. These histories were a study of social circumstances and environment and of attitudes and patterns of reactions to such circumstances and environment. The limitations of the study were that genetical factors were inevitably excluded and this was constantly borne in mind in the evaluation and assessment of each individual history. The fact, however, that environment is viewed as of special significance in influencing human behaviour gives theoretical justification for social research confined largely to environmental factors. Furthermore, the application of any conclusions derived from this study would have to be made in relation to environmental factors.


It is often said that what a person sees or observes in social research depends on the conceptual framework from which they start. It is necessary therefore, before describing how this piece of research was carried out in practice, to state the premise from which, as a social caseworker, the research worker approached the general question of research in child adoption, and the particular questions of, first, how to obtain

access to suitable case histories, and secondly, how the inter-
views would be conducted and the assessments and evaluations
made.

In social case-work one is concerned primarily with the
individual and only secondarily with society as a whole. One's
contact is via-a-vis individuals rather than groups. In the
relationship established between client and case worker, the
client, however, is never viewed as a separate entity but in
relation to the context of his whole environment, familial,
occupational and social, and to his place in society as a whole.
As a social caseworker, therefore, the conceptual framework from
which one embarks on research is a concern for the individual,
and through the individual for the wider group in society. A
sociologist would be more likely to view a social problem from
the point of view of society as a whole and from there move to
considering its import for the individual.

Social casework has, and has had, many definitions. These
have altered with the passage of time and with the growth of
knowledge of the social casework process, together with the
gradual emergence of social work as a profession. Thus Mary
Richmond in 1915 described it as ... "the art of doing different
things for and with different people by co-operating with them
to achieve at one and the same time their own and society's
betterment". (1) Already two years later a change occurred, for
in that year the same writer wrote of it as ... "the art of
bringing about better adjustments in the social relationships

(1) See "Principles and Techniques in Social Casework", Ed. Cora
of individual men or women or children". (1) Robinson, emphasising the emerging importance of the use of a professional relationship in casework, gave her concept of social casework as "...individual therapy through a treatment relationship." (2)

In 1937 Gilbert's definition is of interest in showing a different emphasis. He wrote of casework as ... "a process by which help is given to a person asking for it, by a second person who represents an agency empowered to give a particular kind of help". (3) Melanie Klein by contract emphasised exclusively personal adjustments and gave as her definition in 1938 ... "a technical method in social work ... a way of adjusting the client to his personal problems". (4)

A still more recent definition is that contained in "Diagnosis and Treatment in Casework" (Social Welfare Training Series, United Nations Organisation). "Casework is a method of social work help, extended by a human being to another human being who is experiencing some difficulty, disorganisation, disability, breakdown or maladjustment in his life. Casework is always concerned with a problem. The goal of casework is always some measure of removal of the problem, as it has been experienced by the person, some improvement in the adjustment between the person and his social environment". (5) This definition is of

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(1) Ibid. P.101.
some value descriptively but it does not indicate the method of the social casework process, nor does it indicate that casework is always concerned with "a person with a problem", rather than simply with the problem itself. For these two reasons, the writer would choose the definition of Swithun Bowers. Writing in 1949, he succeeded in producing a definition which emphasises exclusively neither the inner nor the outer needs of clients.

"Social casework is an art in which knowledge of the sciences of human relations, and skill in relationship, are used to mobilise capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his environment". He further wrote ... "The subject matter of social casework is the individual human being as he exists in reality, that is, in a total situation. Social casework does not deal with attitudes, difficulties, or relationships, but with persons who have attitudes, difficulties, and relationships. Nor does casework deal with the individual only in his social relationships, but with the individual as he is related to all factors in his environment. Casework does not deal with some particular segment of the individual, but with the individual as a whole person. Casework does not deal only with the socially maladjusted individual or the socially inadequate individual but with any person whose adjustment to all or any part of his physical, social, and cultural environment


can be more satisfactorily resolved through casework competence." (1)

The emphasis in this definition is on "skill in relationship", which, together with a knowledge of the science of human relationships, make the difference between social casework and the giving of common-sense advice.

This ability to establish a professional as opposed to a personal relationship with the client is in fact seen as the basic technique of the social caseworker. Through such a relationship can be mobilised the capacities in the individual client and the resources in the community. A caseworker's tools also include knowledge of such community resources and skills in interviewing.

Britton has described this professional relationship as providing ... "a reliable medium within which people can find themselves, or that bit of themselves which they are uncertain about". (2) The caseworker is reliable, first in time, in that he or she will offer a client a certain amount of his or her time and frequently at a specific time, and secondly in place, in that he or she is available at a specific place, social agency, hospital, or the like. He or she is also reliable in being always consistent in his attitude to the client and in retaining a clear idea of the client without confusing him with others. Finally the caseworker is reliable in holding the difficult situation which brought the client to the caseworker, by tolerating it and by not becoming emotionally involved in it as the

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(1) Ibid., P.125.

client is, and by giving support to the client in it, until he either finds a way through it or comes to tolerate it himself. Britton makes the further pertinent point that in such a professional relationship, time is also important in that it sets a limit to the duration of the relationship. It is not a relationship for life, as a personal relationship may be, and so the client or patient is, as she describes it, "...more free to make demands on us and express his feelings ..."(1) This is very relevant as far as this research is concerned and partly explains why those interviewed were able to give such depth of information and to reveal so frankly their feelings, positive and negative, about the adoption situation, both without embarrassment and in most cases without marked feelings of disloyalty to the people who had brought them up.

Underlying the process of social casework as so defined and this statement of the basic technique of the social caseworker, there are certain principles and assumptions. In both the definition and the technique it is implied that the social worker has a full knowledge of social conditions against which to evaluate each case, and also a knowledge of social legislation, community resources, and so on, which would be "appropriate for the better adjustment of the client". This aspect, however, does not concern us at the moment, whereas the principles and underlying assumptions do.

First of these is the principle of complete acceptance of the patient or client, acceptance in the sense of lack of judgment

judgment or moralising. His actions may not be approved of by the community in which he lives, nor by the client or the patient himself, nor by the caseworker when viewed against the standards she has for herself. This, however, does not affect her complete acceptance of the patient as a person, nor her ability to show that she understands why he may have acted in an anti-social way.

The second principle is that of self-determination for the client; that is, that the conduct of his own affairs, which should include consideration of the rights and needs of others, is ultimately his own responsibility. The caseworker, in letting him talk about his problems, can help him to see the realities of his situation and he can then arrive at his own solution. This, of course, can only apply where people are adult and mature enough to exercise control, and use such a responsibility. In some extreme cases, they have to be controlled, and in others a more authoritative role has to be adopted.

As stated by Hollis, (1) the assumptions behind this principle of self-determination are as follows: that a person is more likely to act wisely and in the best interests of others when he understands himself and others; and that the strongest, and therefore most permanent, growth comes from within the person himself. He will gain in strength by making his own decisions whereas a decision imposed upon him by another may lessen his ability for independent action. In Freudian terms this would be stated as emphasising the

need to build up ego-strengths. Also linked with this principle of self-determination is the assertion first enunciated by Freud, but now generally accepted, "that human nature can master the most distressing facts and the most appalling calamities if it is helped squarely to face the truth". (1) This latter assertion together with the principle of self-determination, although apparently not so applicable to research as to social casework in an active setting, proved to be equally applicable in research, and this is illustrated in several of the case histories.

A third principle is the responsibility of social caseworkers to use the scientific findings of other disciplines which also deal with human problems. Thus social casework has incorporated into its basic knowledge the now-accepted findings in the field of psychiatry, psychology, and social anthropology. A few examples will be quoted to illustrate this. The acceptance of the existence of psychological and social laws has already been discussed. It has replaced the previous contention of the complete unpredictable uniqueness of each individual person, and it is now recognised that there are certain patterns of human behaviour. One of the contributions of psychiatry to casework has been the realisation that feelings are often mixed, or ambivalent. Clients, therefore, may talk and act in contradictory ways. They may show contradictions between what they say they will do and what in fact they do. They may also say one thing at one interview and then give a picture of feeling quite differently about the same thing at another interview. This point had frequently to be borne in mind in the interviews of this research. There is also Freud's emphasis on the latent content of what a person said. A patient or client may talk of one

(1) Bowlby: John, Maternal Care and Mental Health (1952) P.126.
thing but may be substituting this for another. Proof of this contention was found in the field of social and industrial psychology through the famous Hawthorne experiments. The social caseworker then must listen, not only to what is said, but to how it is said and in what context, as too to what is not said and to what is implied. A further Freudian contribution was the proof of the age old contention that "the child is father of the man". Subsequent work in the field of psychiatry has further confirmed the truth of this. This is the rationale for the detailed social histories which are often an important feature of the work of the social caseworker in the medical setting. It has particular relevance for research done on the basis of retrospective life histories. Here the research worker is studying the adult and with his aid, building up a picture of the child and the childhood environment which has led to the present adult adjustment.

Lying behind these principles and assumptions on which are based social casework practice, as also with much other clinical or interviewing work there are inevitably value judgments, value in the philosophical sense. It is often argued that science, by which is usually implied the physical sciences, must be value-free and that an antithesis exists between the pure pursuit of knowledge by the scientist and the use to which this is put. Many, however, now see this dichotomy as a false one. In the past, there have been various writers who have attempted to make the social sciences value-free, or advocated that they should be value-free. Weber(1) for example, early in this century talked of "ethical neutrality".

In recent years a fresh point of view has emerged. "This begins with the conclusion that pure value-free social science is unattainable and that the inevitable bias of the investigator is less dangerous if fully exposed." (1) It has even been suggested that "the social scientist ought to have a stand-point on social issues in order to ensure that he has an actively selective point of view. It is claimed by R.S. Lynd (2) for example, that without this active concern with the point at issue the investigator will lapse into the random collection of pointless facts and will claim immunity from the need to organise these facts and to act upon them until some unattainable time when all the data are safely gathered in" (3). In social work research it seems meaningless even to consider the possibility of a value-free science but also it seems dangerous to advocate "an actively selective point of view". Instead it was preferred to accept the inevitability of some bias, and in order to discount this where necessary, to state the value principles from which social casework operates.

Social case-work deals with individual human beings and is based on the "belief that human life is precious; that the individual has the right to grow and develop and achieve the highest degree of happiness or satisfaction in life of which he is capable. This, in turn, we believe, depends upon his functioning at the height of his own capacities - intellectual, physical, emotional and spiritual (4). Also, however, man is seen as a social being

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(2) Lynd, R.S.: "Knowledge for What?" (1939)
and "we believe ... that there are inter-relationships between the well-being of one person and that of another."(1) His needs then are as much to live as a member of a social group as to develop his own capacities, and his happiness lies in achieving harmony between these two ends, which are in fact complementary.

This idea of a person's potentialities becoming actualities is Aristotelian in conception, whilst the emphasis on man as a social being we can also trace back in our Western thought to Greece. The combination of this idea that man reaches his fullest possible happiness when he can use his potentialities to the full, and yet can also maintain harmonious relationships within himself in his need to be, not an egocentric, but a social being, as well as harmonious relationships or good adjustment with his external environment, is the ideal "health" towards which medicine in its widest sense strives. It is also the philosophical basis and the ultimate aim or ideal of social case-work. It was equally the philosophical basis or value standpoint of the research worker when obtaining, compiling and evaluating the case histories in this present research project.

(1) Ibid., P.49.
CHAPTER III

PREVIOUS RESEARCH STUDIES IN RELATION TO THE PRESENT RESEARCH PROJECT

To avoid confusion it seems advisable to make clear what was meant in this research project by adoption. It is defined as follows in the Horsburgh Report of 1937: "... the essence of an adoption, whether legalised or de facto, seems to us to lie in the creation of an artificial family relationship analogous to that of parent and child, or sonship, which is accepted by all parties as permanent. The child is absorbed into the family of the adopters and is treated as if it were their own natural child". (1)

What the writer wishes to give emphasis to is the type of adoption where, first, the creation of the new family relationship is an artificial one, and secondly, there is intervention by another person to change the natural relationship of the child with its parent to this artificial one. This does not happen to the same extent where a mother or grandmother adopts a child already born and accepted within the immediate family constellation. In such a situation, there is no intervention by an outside party. The point at issue is that adoption, as an active social service provided by social workers, and other professional people is mainly that situation where a child is placed into a family where neither of its adoptive parents is a biological parent and where in most cases they are not in fact biologically related in any way. Research is certainly needed

into how successful is the outcome of the cases where biological mothers and their husbands, or where grandparents adopt. Social workers are concerned in this too since they may facilitate such arrangements. That, however, is a subject for research outwith the scope of the present thesis.

An examination of the literature in this field of adoption and in the allied one of fostering yielded a total of six relevant research studies, of which three had been carried out in the United States and three in this country. There have been other studies of fostered and adopted children as well as the six quoted here but the aim in these other studies was to assess the relative weights of nature and nurture rather than the success or failure of adoption or fostering, or the problems within the adoption situation itself. These other studies have already been referred to in Chapter II.

The two early American publications, Theis(1) (1924) and Healy et al(2) (1929) deal mainly with fostering arrangements. In Theis's study, 910 foster-children were followed up when they were aged 18 to 40, and an assessment made of their "community value" in which objective tests, such as self-support, law observance and response to educational opportunity were used. Although originally it had been planned to make a comparative study with children raised in an institution or with children in general, this proved impossible. Statistics were used to present the

(1) Theis, Sophie Van Senden: "How Foster-Children Turn Out",(1924.)
(2) Healy, W. et al: "Reconstructing Behaviour in Youth" - A Study of Problem Children in Foster-Families -(1929.)
results although the assessments were made qualitatively. Of these adopted, 269 of the 910, there was a very high proportion classed as "capable". This, combined with the finding of a better adjustment amongst children placed under 5 than amongst those placed over 5, led to the conclusion that adoption, together with early placement, gave better results for the child.

This study also suggested that the relationship between foster parents and child was more important for the ultimate outcome than the type of foster-home. The assessment of foster homes into "types" was done on the basis of social class, work, intelligence, material surroundings, etc. It must be remembered that the date of this study is 1924 and that social work at that time in the United States looked to overt behaviour and adherence to community norms as its criteria. There is, however, already in this study the implication that these are less important for ultimate success than the personal relationship between foster or adoptive parents and the child.

Healy's study of the placement of 501 delinquents in foster-homes revealed, as did that of Theis, a high proportion of successful adjustments. He concluded that delinquency of any kind may cease under good conditions of placement and added the interesting comment that it was as important to understand the foster-parents as to understand the child. There was need he said for more insight into personality make-up.

The most recent systematic study from the United States is Michaels and Brenner: "A Follow-up Study of Adoptive Families" (1951). It is worth quoting in some length from this study as
it deals, in a way no other research has done, with the intimate inter-personal relationships in the adoption situation, and it emphasises factors which can be paralleled in the results of the present research. The aims of this study were given as three-fold: first, to re-assess the families into which this particular Jewish adoption society had placed children, several years after placement, and to see how successfully the child had been "assimilated"; secondly, to improve the methods of prediction of the child's development (Intelligence tests had been used prior to placement); thirdly, to improve, if possible, the method of home study and of placement. Successful placement was rated with reference to the marital adjustment of the adoptive parents and to the relationship of the parents to the child. Evaluation was made through the parents' attitude and behaviour. The behaviour of the child was excluded. The number of cases studied was 50.

The limitations of the study were given as follows:

first, the sample of 50 was chosen for geographical reasons from 90 cases which were handled by this society from 1941 to 1945. It was not, then, a random sample of all cases. Fifty in itself was considered too small for emphatic conclusions.

secondly, the small number, 6, which were assessed to be unsuc-
ccessful meant that analysis and sub-grouping here was of no value.

thirdly, the author's comment that it is easier to assess a situation after the event than to predict in advance how successful a particular adoption placement will be.

fourthly, there had been a change in the agency's policy during
the period that these adoption placements were made. It had become customary to ask for more information regarding the sterility of prospective adopters as from about 1942.

fifthly, the age of the children was mainly pre-school. The oldest was under seven.

finally, the behaviour of the child was, by definition of "successful", excluded.

A placement was considered successful where it was found that, first, there was a good marriage relationship, and secondly that there were realistic standards and no under pressure on the child. Together with this an affectionate relationship and an admiring attitude on the part of the parents were further criteria, but these qualities had to be such as were not lacking in judgement. Other indications of success were that the parents were easy and relaxed and for the most part enjoying the child, that they were mild in discipline, and finally that they were giving the child freedom to experiment and to take risks.

With these criteria and with the accepted limitations in mind, there is still much of interest in the main conclusions of this study. A comparison was made of the age of the adoptive parents at placement and the success of placement. No significant connection was found. When length of marriage at placement and success were compared, it was found that couples, no older, but married longer seemed to give a high proportion of the most successful placements. This was also related to the reasons for the couples inability to have children. The suggestion was that those couples who had been married longer were more able to
accept infertility, especially where there was no organic cause. It was found, also, that it was advisable to take time to evaluate a couple who were asking for a baby immediately to replace one they had lost. A comparison of education and outcome of placement led to the impression that it was dangerous to assume that the better educated would provide a richer home emotionally. The same applied with regard to higher income.

With regard to intellectual status, it was found that exact prediction was impossible. The policy had been to consider the possible intellectual capacity of the baby in terms of its background, infant development and infant psychological tests (Catell) and to match this with the adoptive family's background, education, and so on. It was found, however, that prediction based on intelligence testing gave 50% accuracy on follow-up, whilst assessment by the child's family background also gave 50% accuracy. The individual children, however, accurately assessed by these two methods were different. Michaels and Brenner concluded that, as improvements in prediction are very hypothetical, the implication of this for adoption workers is to choose parents, who would not be primarily concerned with the ultimate intellectual status of the child. It was found that it was easier for adoptive parents to relate to the child who was less intelligent if the child were a girl, rather than a boy.

When physical appearance was considered, it was found to be of general advantage for the child to bear some resemblance to its adoptive parents, but this was not stressed. The pathology in each child's background had been assessed by medical and
psychiatric consultants before a decision on adoption had been reached. Where adoption was decided upon, the details of any pathology were given to the adoptive parents. It was not found possible to estimate whether the knowledge of such constitutional factors added to the tensions or not.

The question of telling the child that he was adopted was also examined. The agency policy throughout had been to discuss this with the parents and to advise them to tell the child that he was adopted or chosen, and that other parents had borne him. Investigation showed however that the adoption workers had tended to over-simplify this situation. They had not realised the emotional problem inherent in it for the adopters. It was found, on follow-up, that eight couples had been unable to mention the fact of adoption to the child. Fifteen had told the child he was adopted or chosen but had given no further elaboration. Twenty-four had told the child he was adopted or chosen but had connected this in some way to the fact that he was born to others. Eleven of these twenty-four had also answered questions as to the child's own parents and what had happened to them.

It was pointed out that the adoption workers, as well as not realising the emotional problem for adopters in telling the child, tend to over-simplify the whole adoption situation. They commonly think of the relationship as exactly like the usual parent-child relationship and without specific problems. The writers commented that there is no body of information from adopted adults to draw from with regard to this.

The studies which have been made in this country are
superficial and limited in comparison with the last mentioned. The first was published in 1953 in the British Journal of Psychiatric Social Work, a study done by Shaw, "Following-up Adoptions". (1) This investigation was confined to a special group; those who had announced in the Quaker Journal the fact that they had adopted a child. A simple questionnaire was sent to 101 such families. Out of these, 68 were eventually available for follow-up. Of these, 55 were visited, but, because of distance, fuller details were obtained from the remaining 13 by letter.

Shaw admitted that these 68 families were a biased group, and this was so for the following reasons:— all had announced the fact of adoption; all were volunteers, refusals being excluded; the group was homogeneous in so far as social class, economic status and religious faith were concerned. At the time of the study (1951) there were 90 adopted children in these 68 families. The age of the children at follow-up ranged from a few months to 24+.

In the published paper only satisfactory adoptions were discussed, and the main findings were stated tentatively. Some of these are quoted below.

There appeared to be a slight advantage when the child was adopted to complete rather than to create a family. There was evidence that having an adopted child made it possible for some couples to conceive a child of their own. The study showed that those parents who had insight into their own feelings were more able to make a good relationship with the child.

Nearly one third had obtained the children through an adoption

society. One third of these were dissatisfied with the arrangements made by the adoption society. Many had found difficulty in getting all the information they wanted from the society about the child's background. By contrast, those who had obtained the children through third party or direct placements had more information given to them about the child's background.

Those children who turned out to be not so intelligent proved in general to be a disappointment to the parents, but this did not necessarily preclude a satisfactory emotional bond between the parents and child. Great emphasis, however, was laid by adopters on the matching of background to avoid this disappointment. Relatives of the adopters were, on the whole, co-operative. Not quite 10% of the children were legitimate. Telling the child that he was adopted was found to be a problem to the parents. Almost all the parents recognised that the adopted child was always an adopted child. It was felt that this enabled them to forget rather than to deny it.

The second British study, "A Survey based on Adoption Case Records" was undertaken and published in 1956 by the National Association for Mental Health. This survey was based partly on the records of five adoption societies and partly on the case records of adopted children from two child guidance clinics.

The first section of this study shows how very difficult it is to do other than superficial research from case records which have not been compiled with a view to specific evaluation by a research worker. Often vital information is not recorded.
The sample used was admitted to have severe limitations. It was not a random sample, for it included only cases where adoptive parents voluntarily kept in touch with the society, or where they answered a special follow-up letter. In spite of this implied bias, however, the sample was analysed statistically in an attempt to assess significant correlations.

When this was done, three factors were found to affect the chances of success significantly. First "... if a child has experienced more than one change of home before being placed, the chances of a successful adoption are reduced". (1) However, it was realised that since there was a correlation between the age of the child at placement and the number of previous moves, age itself might prove here to be a further factor. Secondly, "the chances of adoption success are reduced where there is a difference of more than one category between the work status (2) of the child's natural parents and that of the adopters. This factor appears to be operative even where the child was adopted in infancy and therefore the problem does not seem to be merely one of adjustment to different social standards. Nor was there any evidence to suggest that adopters in the higher work status groups produced a greater proportion of the total problem cases than other adopters". (3) Finally, "where the adopted child is the only one

(1) Ibid., p. 24.
(2) Classifications used were:—
(a) Professional class (including managerial and executive).
(b) Supervisory clerical and other more non-manual.
(c) Skilled and semi-skilled manual.
(d) Unskilled.
(3) Ibid, P. 24-25.
in the adopters' home the chances of a successful adoption are usually greater than when there are other children". (1)

The weakness of this study and of using statistical correlation technique is that vital qualitative and intervening factors may be ignored. As Moser wrote "one can never be certain that an observed statistical association between two variables is not due to ... uncontrolled (and perhaps even unsuspected) variables". (2) This weakness was acknowledged by the authors.

Another similar attempt at assessing the proportion of successes and failures in adoption was made by Edwards and published in the journal "Case Conference". Again the weakness lies in simply choosing two sets of factors, in this case age of child at placement and age of parents at placement, and relating both of these to adjustment. A general conclusion was drawn that the risk of unhappiness in adoption rises more steeply with the age of the child than with the age of the adopters. It seems, however, conceivable that it is the adopters who chose to adopt the child when already past the time-consuming stages of infancy who make the least good parents. Edwards' study in no way gives a total picture of each adoption situation and so such possibly intervening factors are again ignored. Conclusions drawn from such a study may not only be superficial but entirely erroneous.

This survey of the research on adoption already undertaken indicates some of the methodological problems of research into

(1) Ibid, P. 25.
the efficacy of child care provisions. It also shows that it is a field almost completely uncharted. The three studies quoted from the United Kingdom illustrate the tendency to view research in this country quantitatively, the aim being to arrive at a statistical assessment of how many adoptions are successful and how many are unsuccessful, and, if possible, but rather incidently, why some succeed and some fail. The other question which is constantly asked is how does adoption compare with other solutions for the child otherwise deprived of a normal home life. The ideal research project then is seen as a large scale follow-up survey with matched control groups for comparison of success and failure as between alternative solutions for the child, or as compared with a group of children brought up by their own parents. This is the kind of comparative study which Theis had in mind in 1924 and which she abandoned as impossible practicably. Quite apart however from the practicability of such a project, it would seem to be inadvisable at this stage in our knowledge. It would be like planning an elaborate laboratory experiment in botany before anyone had done any of the initial collecting or classification of specimens.

If, however, as already mentioned, human nature is now viewed as a complex interaction of physical, intellectual, and conscious and unconscious emotional elements, which interaction is itself the result of the interplay of heredity and environment, then any assessment must give regard to the possibility of influence from all these factors and at all these levels. The number of variables then becomes enormous. If one were to embark on
matching for a control group, the problem would be that of what factors would one match. The question of matching by studying uniovular twins has already been discussed and this would be the only way of isolating the factor of heredity. Yet even the twin method is not infallible since it can be argued that the twin situation has its own peculiar and particular features. If one matches by other factors, which would inevitably be more superficial, then one at once excludes these factors from the scope of one's study; and in the present paucity of knowledge, we cannot be sure which are the non-vital factors. The use of control groups also implies the use of the statistical method of comparisons. As pointed out by Burgess and Cottrell "... present statistical methods deal with averages and probabilities and not with specific dynamic combinations of factors". They are of value for clarification and for validation. A project planned with control groups and using statistical correlation technique would indeed ultimately have value in testing hypotheses, but would have no value and could in fact be an encumbrance in an explorative study which aimed at assessing what were the relevant factors in the total situation. From such an assessment it might then be possible to state certain tentative hypotheses.

Although many psychologists, sociologists, and others have favoured the use of control groups in social research there are also many who have arrived at conclusions similar to the above, that controls are impossible when personality and social relations are under consideration. As mentioned in Chapter I the observational

(1) Burgess, E.W. and Cottrell, L.S.: "Predicting Success or Failure in Marriage", (1939).
studies of Margaret Mead and of other anthropologists have great value without being strictly comparative. Stott(1) in his study of delinquency states that he is somewhat sceptical of control group and correlation technique. He is interested in the causes of delinquency and he asserts that to discover an association of factors by statistical correlation is not enough. There are some factors which are not subject to statistical assessment. For example, a delinquent might suffer a severe accident or a bomb explosion. This would affect some deeply, whereas others would appear to be completely unaffected. The problem with a statistical assessment is, as Stott sees it, that one would have had to give differing weights to such happenings for different boys. This would then become a qualitative assessment and cease to be truly quantitative. Stott, therefore, concludes that one must quote cases "in toto". Moser, writing about methods principally in large-scale social investigations makes the point that ... "Sometimes good judgement requires the deliberate sacrifice of quantitative precision for the greater depth attainable by more intensive methods of attack".(2) He stresses that there are types of "field research" which do not call for the apparatus of the large-scale sample survey and in fact that the appropriateness of such techniques depends amongst other things on how much is known about the subject.

This does not imply that statistics have no value, but simply that they should not be viewed as the only valid method for

research. Some material cannot by its nature be analysed statistically, and in others where it can be thus analysed... "it must be recognised that statistics provides no more than a device to tell us with mechanical regularity what degree of confidence in any particular hypotheses is justified".\(^{(1)}\) Stott in his study of delinquency emphasised that there was need first to build up such a hypothesis. This was also the viewpoint with regard to adoption from which the writer planned and carried out the present research.

In order to be able to arrive at meaningful hypotheses it was felt that a study in depth of even a few cases would yield more significant information than a more superficial study of a larger number. A study in depth would attempt to obtain a total picture in each individual case. Comparisons between histories could then be made and various contradictory factors evaluated qualitatively. It seemed that only in this way could one arrive at an assessment of the relative importance of particular factors in the adoption situation.

As has been shown from the survey of past research, the most valuable information has come from the study by Michaels and Brenner which was a study in depth carried out by a social case-worker and a clinical psychologist. Here, although a rating scale was used, the assessments were of a qualitative nature. One of the disadvantages of even such a rating scale was pointed out by the psychologist. It meant that in this research the relative importance of different factors could not be assessed.

\(^{(1)}\) Madge, John: The Tools of Social Science. (1953) P. 75-76.
All areas of study, six in all, had to be given the same weight. This study was, of course, of adoption as seen through the attitudes and feelings of the adoptive parents. The present research was concerned to assess adoption as seen by those ultimately most concerned, namely by those who had been adopted. Its aim was to gain as complete a picture of each individual person as possible through direct contact with them, and then to assess, as Theis did, their overt adjustment in the community. It had also to be evaluated, as Michaels and Brenner did, first, the inter-play of personal relationships within the adoptive family, secondly the adjustment of the adopted person to the adoption situation, and thirdly, what were the patterns, if any, which occurred in this situation.

It was hoped in this way to assess whether this situation, where a child is brought up by parents who did not bear him, is a complicated experiment beset with problems for the child and parent, or whether it is fraught with no more problems than those potentially inherent in any parent-child relationship. Some argue that once a child is adopted he is like every other child in the community; others that he is always different. The basic difference lies of course in this question of non-biological parenthood.

This present study hoped to throw light on whether this peculiarity of the adoptive parent-child relationship had its own particular difficulties. One wondered, for example, how the

adopted person feels about being told of adoption; what appears to be the best age for this; how much information about the biological parents it was helpful for him to have; how the adoptive parents respond to the growing needs of a child, not biologically their own; and so on. It was realised, however, that in such exploratory research it was important to have pre-conceived ideas of what was important, but to be alert to record all detail for all was of potential relevance. Although keeping in mind the kind of questions which concern and puzzle adoption workers when making a placement, one had to realise that to the adopted person other very different factors might be of vital importance.
CHAPTER IV

METHOD OF RESEARCH USED IN THIS STUDY

The research methods used in this study will be described in two main parts: first, the method of referral, and secondly, details of the interview techniques, manner of history recording and the form of schematisation of material used for the purposes of analysis.

1. Method of Referral:

As already stated, the aim of this research was to meet and interview adults who had been adopted as children and thus to build up retrospective life histories. A representative group of such people had to be interviewed, representing both happy and unhappy adoptions and also from all classes in society. One of the problems in research into any kind of family relationship is that it is always comparatively easy to get into touch with cases where such relationships have gone awry. They appear at various hospital clinics, courts, social work agencies, and such similar welfare organisations. It is, however, much more difficult to meet the family where parents have had sound attitudes to the children's upbringing and where there is no obvious maladjustment. "The obstacles in the way of making (such a study) seem generally to be regarded as insuperable." (1)

It was realised, however, that these obstacles had to be overcome. Other surveys and research projects have

(1) Sayles, Mary B: Substitute Parents. A Study of Foster Families, (1936), Preface.
sometimes used a particular "population" within the community, for example, Post Office staff, army recruits, students, and so on. This however limits the study to this particular "population". In such a group it would also have been very difficult to ascertain who had been adopted. It was therefore argued that if a group or several groups of professional workers in the community, who were constantly in touch with people in their everyday lives, could be interested in this research, they could furnish introductions to adults known to them as having been adopted. It was important that the group of people chosen should know the adopted adult for a reason other than adoption, and that they should be in touch with all classes in society.

Clergymen were considered as a potential group, but were at once discarded as the Church in its various denominations can no longer claim to be uniformly in touch with all sections in the community. School teachers would probably know of ex-pupils who had been adopted children, but they were unlikely still to be in touch with them when adults. Social workers, though they might know of adopted adults for a reason other than adoption, were likely to be in touch with a selected group in the sense that within this group there was likely to be a high proportion with social problems. General medical practitioners, however, since the introduction of the National Health Service Act (1946) which established in 1948 a comprehensive health service for all in the community free of charge, are now potentially in touch with every member of the community, and as a profession they cover all classes in society. There seemed to be various
possible ways in which their knowledge that a person was adopted could arise. This could be because they had known the family for many years or had been in the same district for many years, or because this information had emerged when taking a medical history, or, as they were the family confidant, it had been mentioned to them by the adopted person or the parents. It was also possible that they would learn of adoption because of some upset arising out of it, but it was as likely that they would also know a group of adopted adults where there had been no such upsets and where they had come by the information simply in the course of their general medical duties, that is for a reason other than adoption. It seemed also possible that they would have a particular interest in research of this kind as they were likely to meet in their medical practice the problems of adoption:— the childless couple who ask for advice about adoption, the adoptive parent who seeks advice about telling the child of adoption, the mother or father who needs help with the making of plans for the future of the infant or child who cannot be brought up within the biological family.

The next step in planning this research was to decide how to define "adult". This could only be done arbitrarily by age, and it was decided that 18 would be taken as the minimum age. It was hoped thus to avoid in the main the upsets of adolescence, although it was realised that there might be advantage in this respect if the minimum age were 20. It was thought, however, that medical practitioners were more likely to know of adopted people in their late teens rather than in the older age groups,
so that if the minimum age were raised, it was feared that a large group of potential introductions would be excluded.

It is of interest here to note that Theis(1) also discussed this problem of age. She wondered how much could be deduced about future adjustment from the overt adjustment of those whom she studied from age eighteen to twenty-five. She made a comparison between those aged under twenty-five with those aged over twenty-five. She found that the proportion of those "capable" and of those "incapable" was almost the same. This does not prove that individuals will not show different degrees of adjustment at different times depending on the stress of circumstances, but it does indicate that differences in age are by themselves not significant, and this is especially so if evaluation is made against what could be expected as appropriate adjustment at any particular age. In practice in this research it was in fact found that most people interviewed were well over twenty years old.

The question next arose of how to obtain the active co-operation of general medical practitioners in this research. It was thought that there might be some reluctance on the part of doctors to co-operate in such a novel request, that some might be concerned about their patients' reaction to being asked to discuss their personal affairs, and that some might even fear that such interviews would be upsetting to some of their patients. This seemed particularly possible since medical social workers have been, until very recently, very few in number in Scotland.

(1) Theis, Sophie Van S: "How Foster Children Turn Out", 1924.
was thus likely that many doctors would not have had direct experience of working with such a social worker and so would be unaware of her potential and particular skills and techniques, and of her experience of working as a member of a medical team. It was realised that it would be necessary for the research worker to become personally known initially to a small group of general practitioners, to interview patients referred by them, and then, by a gradual process, and by using the experience gained by these initial interviews, to approach an increasingly wider group.

In mid-April 1954, one of the supervisors of this research thesis, Dr. Richard Scott, arranged introductions to two adopted adults known to him in the University of Edinburgh General Practice Teaching Unit. He also personally obtained the cooperation of three general practitioners in the Edinburgh area. Four adopted adults were satisfactorily interviewed and the request for cooperation was extended to four more groups of general practitioners. This brought such introductions up to seven. No refusals were met at this initial stage from patients asked to co-operate, and experience showed that the interviews were not only acceptable to the patients but were viewed as worth-while, and in some cases, as helpful to them. This fact, together with the absence of refusals to co-operate, made it possible to contact an even wider group of general practitioners and to persuade them to co-operate. In spite of this, obtaining introductions was a slow process since general practitioners were always busy, they often had to take time to examine their records and then frequently they did not arrange introductions
immediately. Some waited until the adopted adult came to consult them about some illness, which might be months after they, as doctors, had agreed to co-operate in the research. At the end of eight months, therefore, only eleven adopted adults had been introduced to the worker and interviewed twice by her.

In the initial stages, the worker left about a month between each interview. This was done for several reasons. As there was no experience to draw on about people's reaction to this kind of interview, it was felt advisable not to seem to encroach too much upon their time, and not to appear to be forcing the pace in so far as obtaining depth of information was concerned by asking for another early appointment. The gap of four weeks gave them time to consider what they had already told the research worker and what else might be relevant. The gap meant also that the research worker could, if desired, cover again some of the areas of enquiry and could hope to gain a clearer picture where previously there had been lack of clarity, and yet also, because of the break, not to sacrifice spontaneity.

In practice it was found that as it was always possible to establish a good relationship with the patient in the first interview and that, as they appeared to feel they were making a worthwhile contribution, no difficulty arose over requesting a subsequent meeting in one or two weeks' time. It was also found that it was as easy to explore further with the patient areas already covered after a break of one or two weeks as it was after a break of four or five. It became possible then to reduce the time-lag between interviews.
By this time it was clear that direct and personal contact with individual general practitioners, though producing very good results, was to be too slow a way of accumulating case histories. The need was to make an approach to a much wider group. In February 1955, a meeting was arranged at the General Practice Teaching Unit of Edinburgh University, to which were invited all the general practitioners who had expressed any interest in this research and also others in the area who would be influential. The research worker read a paper on her work in which she analysed ten histories. The interest shown by those present indicated that this was research in which it could be confidently assumed that general practitioners were interested, and subsequently the interest of the South East Scotland Faculty of the College of General Practitioners was obtained and a paper was read at one of the Faculty Meetings in May 1955.

As a result of these two meetings the number of potential introductions to adults adopted as children rose to approximately twenty-five. At the same time, the research worker approached the Edinburgh Local Medical Committee of the National Health Service. This Committee recommended the research to all general practitioners in the Edinburgh area and details of it were published in the monthly newsletter. In June 1955 the research worker sent a personal letter to all general practitioners in the area, in which she directly asked for their co-operation. Two hundred and fifty-eight letters (1) were sent out. This was followed up by contacting the Medical Chairman of the Local Medical Committee who at two meetings of general practitioners personally urged them

(1) For copy see Appendix I.
to co-operate with the worker. As a result of this combined approach a further twenty-one introductions were promised.

At this stage the first two refusals from patients to co-operate were met. Details of all cases where an interview was not possible are given later in this Chapter, but it seems valuable to give here details of the reasons for these two particular refusals, as they showed that the manner in which a patient was approached could be decisive in obtaining their co-operation. In one case the adopted adult, when approached by the family doctor, readily agreed to meet the research worker. When her adoptive mother, however, heard about this she felt that she would prefer that her daughter did not participate, and she wrote herself to the research worker to this effect. It was clear from her letter that she had given this considerable thought before finally declining. It was also clear from a conversation with the family doctor that her decision was based on a reluctance to let anyone know about the fact of adoption (although she had been assured of anonymity), and that it was possible that, had she also been consulted initially, she might have reacted to the request differently. In the second case, the family doctor was not currently in direct touch with the adopted adult. He was, however, in touch with the adoptive mother and he suggested that the research worker make her contact through the mother. This proved impossible as the relationship between mother and daughter was a very poor one. It was then suggested that, as the adopted adult was soon to leave the area, the research worker should contact her directly. This was done reluctantly by the worker who was not surprised to meet
with a refusal. The worker learned that the adopted adult had remarked that she might have felt differently about meeting the worker if her family doctor had asked her first about it.

These two refusals illustrate well the problems inevitably met with in research of this kind where the initial contact has to be made tactfully by someone else on behalf of the worker. They also showed that to ensure successful introductions the worker must never, even under pressure, depart from her insistence that the initial contact should always be made by the family doctor personally and directly with the adopted person.

Five months after the approach was made to all general practitioners in the Edinburgh area, it became clear that all introductions promised were not to materialise,\(^1\) and that the worker was likely to have approximately forty case studies. She had also added two histories from outside the Edinburgh area, but although these showed features of particular and similar interest, it was decided not to include them in this study which, it was felt, should be homogeneous as far as area of referral was concerned. This meant that the total was well under the fifty, the minimum initially set. There were three alternatives available. First, the worker could revise the initial minimum of fifty and accept that this group of approximately forty was the group of adopted adults known to general medical practitioners in the Edinburgh area. This might have had the advantage that the group, though coming from widely divergent social classes,

\(^1\) For details see Page 140.
yet came from the same kind of cultural background, that is, an urban one, were it not for the fact that the Edinburgh area for National Health Service purposes included also doctors in surrounding districts. This had the result that included in the forty were eight from a small semi-industrial town near Edinburgh where some aspects of the cultural pattern were different from those in the city. It was not known at this stage whether such differences were likely to be relevant. It seemed likely that they were not, for this study was with reference to the intimate inter-personal relationships within the family, but on the other hand, some differences might emerge. Secondly, an effort could be made to obtain more referrals from the Edinburgh area by an approach to hospital medical staffs. This would have met many practical difficulties and would probably not have resulted in many additional introductions. Also all hospital patients are ultimately patients of general practitioners. Thirdly, the area covered could be extended to include the whole of South East Scotland.

It was decided to adopt the third alternative. In this way any possible arguments about differences in cultural background could also be met. Re-inforcing this decision was the argument that, although this study was purely explorative and not viewed as needing to satisfy any statistical criterion, yet for ultimate comparisons and conclusions over fifty histories was more desirable than under fifty.

The area chosen coincided with that covered by the South East Scotland Faculty of the College of General Practitioners. It was felt that there would thus be a nucleus of doctors in this wide
area who would already know something about the research. The area is divided into three for purposes of National Health Service administration. These are: the Lothians and Peeblesshire, the counties of Roxburgh, Berwick and Selkirk, the county of Fife. The research worker wrote to the medical secretary of the Local Medical Committee in these three areas giving details of the progress of the research in the Edinburgh area and asking for similar help from these Committees. In the first area the secretary had already given enthusiastic support to this research. The Committee in this area gave full support to the research and asked, through their official newsletter, that all general practitioners should co-operate.

In the second area, the medical secretary did not initially know anything about the work and technique of the research worker. His initial reply was to be sceptical of the request for help and to be very doubtful about the response of patients to such a request. At the same time, however, it was arranged that the worker read a paper on her work to a Clinical Club in the area. This gave a large number of general practitioners an opportunity to hear about the research, the method of interview and so on, and also in this way a personal contact was established. Here again the Local Medical Committee gave enthusiastic support and officially urged general practitioners to co-operate. Following this, in January 1956 a personal letter(1) was sent by the worker to all general practitioners in these two areas; 145 in all.

(1) For copies see Appendix I.
Introductions arranged as a result were 13.

In the third area, the initial request for help was refused. It emerged later that the refusal arose over a misunderstanding of the research worker's method of referral, it having been assumed that the worker simply wanted the names of those patients who were known to their medical practitioners as adopted. This of course would have been a breach of professional confidence. It was realised that this misunderstanding had probably arisen because no one in that area had had direct contact with the research worker, either through any of the clinical meetings or through administrative overlap with other areas. The marked contrast between this lack of interest and the enthusiastic support given in the other two areas, after an initial period of doubt in one, showed clearly how willingness to help in this kind of research cannot be achieved simply by a statement of the details of research, no matter how persuasively worded. A direct and personal contact with the worker who can then answer queries and doubts as to interview technique, who can give details of the kind of helpful information which is emerging, and who can describe patients' reactions to such interviews, can produce, by contrast, a very great willingness on the part of general practitioners to give time and thought to this kind of enquiry.

It must be stressed throughout that it has been the willing co-operation of many general practitioners which has made this research possible. Some arranged introductions, others not only did this but also talked to their colleagues and persuaded them to help. The effect of this wide-spread good will was cumulative.
General practitioners at the clinical meetings also commented on aspects of the research which interested them and some of their comments have ultimately become incorporated in this thesis.

As time went on, referrals continued to come in from the Edinburgh area. One doctor referred a case eight months after receiving an initial letter about the research. The patient had been ill in the interval. Another did likewise after a delay of one year and only after hearing that patients approached about this by their family doctors co-operated willingly. Others came across adopted adults in their practice whom they had not known to be adopted when initially contacted. Others again had delayed referring cases until a realisation that the enquiry was coming to an end prompted action.

The result of this was that when the project was finally given a closing date for referral, June 1956, it was found that the total number of persons interviewed was 62. Of these 4 have not been included in this study: two were outwith the area, and two did not come within the definition of adoption ultimately used.

Of the fifty-eight included in this study, 37 were referred through medical practitioners in the Edinburgh area, (the eight introductions from the country town near Edinburgh having been grouped with those from the county areas) and the remaining 21 were from the county areas. The source of referral in all but 7 of these cases was the patients' own general practitioner. There were 2 cases referred directly to the worker by hospital
medical staff who had heard from general practitioners about this research, and one case was referred by a health visitor who had similarly heard of the research. There were 2 cases where medical practitioners knew adults who had been adopted as children and who, though not his parents, had in general discussion with the medical practitioner agreed to meet the worker. Finally, there were 2 adopted adults referred by a general practitioner especially interested in this research who was not their family doctor. In both these cases, the knowledge of their adoption was community knowledge.

How the general medical practitioners and the hospital staff came to know that these particular patients were adopted was seen as important since this would determine how far the group of adults interviewed could be viewed as a representative group - not a random group in the statistical sense. It was argued earlier in this chapter that general practitioners were likely to know of such adults for a reason other than adoption and that, provided their knowledge of the fact of adoption did not arise directly out of a problem or upset in the adoption situation, then it would be fair to assume that the worker had been introduced to a cross-section of adopted people with no particular bias towards happy or unhappy adoptions.

The following details show how the fact of adoption emerged. First, in 4 cases, the general practitioner or his predecessor had been the family doctor at the time of the adoption, 20 or more years earlier. In 3 cases, the fact of adoption was mentioned by adoptive parents when they first came on to a general
practitioner's list and he had been getting to know them.

Secondly, in 18 cases the general practitioner had been attending the adoptive parents or some other member of the family, other than the adopted person, when they were ill. In some cases the information about the fact of adoption emerged because of general discussion about family affairs, arrangements for the sick person, and so forth. In 4 cases, it emerged when the doctor asked specifically for a gynaecological history of the adoptive mother, and in one case when asking for a family health history because of an unusual medical condition from which the adopted person's son was suffering. Although the reason for the contact of the general practitioner with the family in all 18 cases was for a reason other than adoption, there were 4 cases where it might be argued that the fact of adoption might not have emerged unless there had been a family upset coinciding with the illness. For example, two adopted people mentioned their adoption when an adoptive parent had died, in one case confiding that she was not getting on well with the other adoptive parent, and in the other case, confiding in the general practitioner about how hurtfully he had been told of adoption by the dead adoptive parent. In two cases the adopted person's wife confided in the general practitioner at a time when the adoptive mother was being very importunate, but in both these cases what took them to the general practitioner was an illness unconnected with the adoption situation. In a fifth case there was the unusual situation of a general practitioner being the family doctor to two families, and being brought in when a dispute occurred over the engagement of the
respective son and daughter of these families. It was during this time that the fact that one of them was adopted emerged.

The third group are 10 in number and were those where the fact of adoption became known to the general practitioner when the adopted person consulted him about some medical condition. In two instances, this was when the patient was pregnant and in one of these cases it was the adopted person who mentioned adoption and in the other the adoptive mother when discussing the general care of the other children. In one case, a married woman, the reason for consulting the general practitioner was inability to have further children and a desire to become an adoptive parent herself. In another case the adoptive mother was asked about the family health record because the adopted person had developed pulmonary tuberculosis. In the other 6 cases, the medical condition causing the adopted person to consult his or her general practitioner could be viewed as partly psychosomatic and was in fact so viewed by the respective general practitioners. Thus, two were suffering from migraine headaches, one from dermatitis, one from thyrotoxicosis which was not responding to chemotherapy, and two were viewed as hypochondriacal. When asked about their family history and about any anxieties, the fact that they were adopted emerged. In all these 6 cases the individual had had considerable difficulties in relation to his or her adoption situation.

In the fourth group, the information that the person was adopted had emerged when a history was being taken on admission to hospital. In 5 cases the adopted person was the patient and
in one case the patient was a daughter. Three were admitted for gynaecological conditions and one for a pregnancy. The daughter was suffering from glandular fever. The sixth case was of a man suffering from severe asthma and the medical opinion was that there was a large psychological element in this related to his early history.

There was a fifth group, 10 in number, where information that the person was adopted came to the general practitioners through others working with him and with whom he had discussed this research project; for example, his secretary, health visitor, midwife, and so on. There was one general practitioner in a small country town who was particularly helpful in this way and in fact 8 adopted adults were referred in all from this practice. In five of these cases, the secretary knew that these adults were adopted when the general practitioner had not done so, since they were so completely absorbed into the community, and in two cases she reminded him of adults amongst his patients who had been adopted. He then made a confidential approach to them all and secured their co-operation. In two cases health visitors were told by patients of their adoption when visiting them in connection with the birth and care of their own babies. In one case a health visitor, asked by a general practitioner if she knew of any adopted adults in the practice, indicated that she herself had been adopted.

In some ways the two first-mentioned referrals from health visitors could come under the same grouping as where adopted adults were attending their general practitioners.

Finally in the remaining 7 cases the information that these
people were adopted arose in a variety of ways. In two cases this was very much community knowledge in a fairly small, close-knit community where both were fairly well known; in one case the information was volunteered to the general practitioner after he himself had adopted children; and in one case the general practitioner was also the adopted person's employer and had learned informally about her early history. One adopted adult was a doctor himself and in two cases the knowledge came to medical practitioners through more general social contact and through discussing this particular project.

In these 6 groups then, it is possible to see that by far the greatest majority were known to medical practitioners for a reason other than adoption and not as a result of an upset in the adoption situation. Although none were known as a direct result of an upset in an adoptive family, the case where the general practitioner became involved in the engagement dispute was fairly near this situation, as too, it could be argued, were the six who consulted their family doctor and the one who was admitted to hospital because of psychosomatic conditions. To counterbalance these eight where some bias might be seen, there are however the other fifty where the referral and knowledge of adoption arose in a way quite unconnected with adoption. It must be remembered too that this study did not aim at a random sample in the statistical sense. This study also did not set out to cover all the possible variations in the adoption situation, and in fact it was not known what all these potentially were. It was a purely exploratory study and it aimed at describing the life histories of a group
of adopted adults, some of whom had been happy and some unhappy in their adoption situation. No percentages as such of success or failure were aimed at, and the reasons for this have already been discussed in Chapter III.

As the interviewing progressed an unexpected problem arose as to which histories to include under the original label of adopted adults. It had been assumed that it would be easy to establish who had been adopted. In practice, however, it was found that there was a wide variation in the adoption situation and a great number of factors which could enter into this situation. Also it was not so easy to differentiate between the fostering arrangement and the adoption arrangement as it had been anticipated. The dividing line was not clear-cut and for those near the borderline it was often a question of differences of degree.

Arising out of the definition of adoption given at the beginning of Chapter III, the definition used when planning this research, there are then three points which should be made in relation to this group of 58 retrospective life-histories. First, from the definition it is clear that the Horsburgh Committee did not define adoption in legal terms. As the aim of this research was to study the inter-personal relationships and adjustments within the adoption situation, the legality or otherwise of the adoption was viewed as relatively unimportant. As adoption was only made legal in England in 1926 and in Scotland in 1930, anyone over twenty-five who was interviewed was not likely to have been legally adopted - certainly not as an infant. Statistics (1) show

(1) Annual Report of Registrar-General for Scotland, 1955; Appendix VII.
that the total number of persons legally adopted who were likely in 1954 to be in the adult age group (over 18) was 3268, assuming that the legalisation of adoption was carried out when the child was under a year old. There may of course be many where a de facto adoption had been given legal status when the adopted person was well past early childhood. There are eight instances of this amongst those interviewed.(1)

Both de facto and legal adoptions are included then in this study. Of the 58 cases interviewed 33 were de facto and 25 legal adoptions. It might be argued that as the majority of planned adoptions are now made legal the inclusion of such a large number of de facto adoptions reduced the validity of this study as relevant for current practice. In fact, what has emerged very forcefully is that what is important in adoption is the emotional climate in which the child is reared. This in essence is not affected by the legalisation of adoption although there are some instances in the histories where particular difficulties and situations might not have arisen if the adoption had been legalised. These differences, however, are of degree and not of kind and are referred to and taken into account in the individual assessments.

Secondly, mention has been made in this thesis of the fact that the arranging of adoptions has now become no chance affair but a consciously planned policy. It might then be argued that no adoptions arranged by chance should be studied but only those

(1) This number refers to those where legalisation took place after age of 5.
arranged by adoption societies. In fact, however, it is calculated (1) that adoption societies even now arrange only 20% to 25% of the total annual adoptions. Many are still arranged by third parties. It is often argued that these are less satisfactory than those arranged by adoption societies, but there is no proof of this as far as ultimate outcome is concerned since full studies have not been done. Also as the aim of this research was to study the problems within the adoption situation, these were not likely to be different in kind in adoptions arranged by adoption societies or those arranged by other parties. Thirdly, of the total 58, there were 6 where it was clear that at least part of the motive of the parents in taking these children had been that they were fostered for payment, and in at least two of these cases it was known that payment was made by a local authority and had continued until the child was 16 years old. In two other cases it was likely that payment had been made by the family of one of the biological parents but little was known about this by the adopted person, even when an adult, and in one case they had been quite unaware of it as a child. They used the adoptive family name and were brought up as if they were one of the family. In the remaining two cases payment had initially been made but it ceased in one case possibly quite soon after placement and in the other when the child was 9. All these 6 children continued to live with the adoptive family.

Initially it had not been intended to include in this study foster-children where payment was made but these six were introduced to the research worker as "adopted adults". They looked on themselves as adopted and in fact it emerged that they could fall within the worker's definition of adoption, i.e. they were brought up overtly as if they were the adoptive parents' children. In four cases they always used the surname of the adoptive parents, and the adoptive parents were the only ones they knew as parents. A more typical fostering arrangement, by contrast, is where the foster-parents are purely substitute parents, where biological parents keep in touch, and the child continues to use his biological name. Only in two of these 6 cases was there some contact with biological parents but only superficial and infrequent. In the two cases where a local authority paid for fostering their inclusion in this study may seem to be stretching the definition of adoption rather far, for payment here was not made secretly. In analysing their histories, however, it was found that in some ways they faced the same kind of basic problems, although different in particular details, as did the child who had been adopted in the more generally accepted sense of the word. They were being brought up by parents who had not borne them, and yet whom they looked on as mother and father. They had no contact with their biological parents and so there arose for them too the question of how much they felt able to talk of their adoption; how much they wanted to know about their biological parents, and so on. It was therefore decided that, although for certain comparisons and classifications these six should be viewed as a separate group,
when other patterns were being examined, they could be included with the other fifty-two.

Fourthly, as this study progressed, there was one further slight change made in the original interpretation of the definition of adoption. Originally it had been intended to interview only adopted adults who had been brought up in an unrelated family as this was the type of adoption usually arranged by adoption societies and other professional social workers. Introductions, however, were arranged with eight people who it was found on interview, either with themselves or with their adoptive mother, had been adopted by a relative. In six cases one or other of the adoptive couple was a sibling of one of the biological parents. In five of these cases the adoptive couples were childless. There was little or no contact maintained with the biological parents and certainly none as parents, and the children were all brought up as if they were the son or daughter of the adoptive couple. In the sixth case, the adopting couple had other children and although they told the child of adoption they gave no indication that they were biologically related. In the other two cases, the relationship was with an older generation, that is, the adoptive parents had the relationship of uncle or aunt to the biological mother. These adoptive parents were not childless but they brought the child up as if it was one of their family. Again there was no significant contact with the biological parents. Here too it was found, on analysis of the histories, that these eight children had met many of the same kind of problems as those who had been adopted into an unrelated family. It was decided, therefore,
that these histories could be included when such comparisons were being made and that where the fact of being related produced a particular nuance this would be noted and stated as a possibly modifying factor.

It will be remembered that it was hoped that introductions from general medical practitioners would put the worker in touch with people from all social classes and who in age were past adolescence. To illustrate the social grouping of those interviewed, an analysis was made of the occupational status at the time of placement of the adoptive father, or of the adoptive mother if she were not married. When the adoptive mother was a widow, the occupational status of her late husband was used.

The analysis here was done from the Classification of Occupations (1) compiled for the 1951 Census. The groupings there used are described in subsequent annual reports of the Registrar-General for Scotland as follows:— "The five social classes are those into which occupations have previously been grouped in vital statistical investigations. Class I represents the professional and financially independent section of the population, Class III represents the skilled artisan and analogous workers, and Class V labourers and workers in other unskilled callings. Classes II and IV are intermediate, comprising occupations of mixed types or types not readily assignable to the class on either side". (2) When classified in this way, of the 52 adopted adults, 4 had been


brought up by parents in Class I, 7 by parents in Class II, 25 by parents in Class III, 14 by parents in Class IV and 2 by parents in Class V. Of the 6 who were being brought up originally as foster children, there were none in the first two Classes; 2 in Class III, one in Class IV and 3 in Class V.

These figures for the group of 52 are of interest especially when they are related to the figures given by the Registrar-General for Scotland of live legitimate births in relation to social class. Stated in percentages of the total live legitimate births, in 1955, those in Class I (to the nearest whole number) were 4%, in Class II were 11%, in Class III were 56%, in Class IV were 16% and in Class V 13%.

In the group of adopted adults interviewed equivalent percentages of the total were 8%, 13%, 48%, 27%, and 4%.

These figures are roughly comparable, particularly so if Class I and II, and Class III and IV are taken together, a justifiable amalgamation when the series in this study is so small. When this is done the percentages of live legitimate births become respectively 15%, 72%, and 13%. In the series of adopted persons the percentages become 21%, 75%, and 4%. Thus there is a slight shift towards the higher occupational groups in the adopted series but in the largest group of the population, skilled artisan and semi-skilled, the percentages are almost identical.

It is not suggested that these figures are truly comparable since they refer to different years, do not include still-births and since a very high proportion of the adopted adults interviewed were reared as only children - possibly a higher
proportion than in families of biological children, although there are no figures for this. Also the live birth figures are likely to be influenced by the differential fertility rate between different social classes, whereas the figures for adopted children will have been influenced by the different attitudes to adoption of the different social classes 20 and more years ago. These influences, however, will not necessarily affect the figures in the same direction.

In spite, however, of all these qualifications, the percentages indicate that this group of adopted adults followed fairly closely the pattern of distribution by social class of live legitimate births in Scotland for the year 1955, and so it can be argued that they are a reasonably representative group from the point of view of social class.

As far as age distribution is concerned, of the group of 52, 3 were under 20, 14 were aged between 20 and 24 inclusive, 10 between 25 and 29, 10 between 30 and 34, 6 between 35 and 39, 3 between 40 and 44, 1 between 45 and 49, and 5 were 50 and over. Of the group of 6 foster children, all were in older age groups:—1 was aged between 35 and 39, 3 between 40 and 44, and 2 between 45 and 49.

Finally when sex distribution is considered, it emerged that of the total 58, 14 were men and 44 were women. One can only surmise as to why this should be so. First it is possible that general practitioners were more likely to know of women who had been adopted as children rather than of men since daughters tend to remain nearer their parents than sons. There were in fact
several instances of general practitioners indicating to the worker that they had known of adopted adults who were men, but who now were away from home. There was also a group of adults referred where the knowledge of adoption emerged when they were having medical help with regard to having children themselves. There were nine women in this group and naturally there was no equivalent group of men referred. Thirdly, it is well known that amongst couples wanting to adopt children, a much higher proportion apply to adopt girls than boys. Adoption Societies almost without exception state that their waiting list for girls is twice as long as for boys.

This group of histories then can be seen as fulfilling the conditions originally aimed at. They are not, however, the total number of adopted adults known to general practitioners in the three areas covered. For various reasons approximately fourteen potential introductions did not materialise. Two were in mental deficiency institutions and were of very poor intelligence. They would not have been fully able to co-operate in interviews. Three were currently serving in the armed forces. In seven cases it did not prove possible to obtain the person's co-operation. In one of these the general practitioner in error made contact first with the adoptive mother and it then became difficult to establish contact with the adopted adult. In one case, the adopted adult was willing to meet the worker but one of the adoptive parents objected. In only five cases did the adopted adult when approached directly about this by their own family doctor decline

(1) Kornitzer, Margaret; Adoption, 1959; P.47.
to meet the worker. In two of these cases the patient simply stated that they would prefer not to, and in a third case the doctor found it impossible to establish any kind of contact with this patient because of her withdrawn type of personality. Two others after initially agreeing to see the worker failed to keep their appointments.

From the details available about those whom the worker has not been able to meet, there seems however no reason to assume that they form any kind of homogeneous group as far as adoption is concerned, with features any different from those presented by those whom it was possible to meet. The only possible exceptions to this are two. First, there is the group of five who declined to meet the worker. Even here, however, it is not certain that they declined because of some special aspect in their adoption situation. It may equally well have been that they did not know their general practitioner well or that they felt that he was too closely identified with their adoptive parents; or they may simply have been busy or shy or have preferred to spend their leisure time in other ways. Secondly, there are the two certified as mental defectives. The problem of mental defect and its implications for adoption placement policy is, however, a subject which requires a study of its own. Factual details about those whom the worker was not able to interview are tabulated in Appendix II.

From the details already given, it will be seen that, although a great deal of time had initially to be spent in contacting and interesting general practitioners, this ultimately put the research
worker in touch with a group of adopted adults such as she had anticipated.

To obtain these 58 histories it had been necessary to contact over 420 general practitioners. Although this may seem a large number of general practitioners, many such practitioners were in fact surprised that so many introductions had been obtained. Many were also personally surprised at the willing co-operation of their patients when they contacted them about this.

From this it is clear that social research which uses general medical practitioners requires caution at first, but that once the research worker is accepted by the practitioners, they can open doors to her which would otherwise inevitably remain closed. In particular they can put a research worker into touch with people who are functioning as normal members of society.

Each individual general practitioner effected these introductions in his or her own individual way. Some talked of the worker as a friend, others as someone writing a book, whilst others again gave more formal details about the research. They all stressed the strict anonymity for the patient and asked them personally or their parents for their co-operation. That so few declined to be interviewed would seem to be a measure of the confidence patients have in their family doctor. It also appears to indicate that people, asked in this personal and intimate way, to make a contribution which will help others, even though this inevitably involves discussing their own personal affairs, are very willing to do so.
2. Details of the Interview Technique.

Manner of History Recording.

Form of Schematisation for purpose of Analysis.

In the initial planning of this research it was necessary to consider the various methods used to obtain information in social and psychological research. Various tests have been devised to assess particular aspects of total personality: intelligence tests, Rorschach tests, personality inventories, social maturity tests, and many others. None of these tests, however, give a total picture and most of them are now recognised as only aids to certain aspects of diagnosis. As this present study aimed to gain as complete and total a picture as possible of each individual person and their back-ground, it was clear that no single test would give this. The worker also rejected any idea of a battery of tests, even if this had been practicable, for these could have assessed only what had already been decided as important for the tests. Although, for example, it was aimed to evaluate a person's adjustment and social maturity, a test to measure actual social maturity would have little value for exploratory research where the aim was to indicate the causes or possible factors which had influenced the particular adopted person's adjustment or brought about his or her particular level of social maturity. Furthermore no test has been standardised in relation to the adoption situation. It was decided, therefore, to use solely a clinical approach based on personal interviews. It was realised that in some cases where there was, for example, the possibility of poor intellectual achievement due to maladjustment, it might be difficult to assess
accurately from interviews a person's potential intelligence. The practical difficulties, however, of obtaining the co-operation of adopted adults in order that psychologist might test them intellec
tually, even if a psychologist had been found willing to do this, proved at the time to be unsurmountable. Also from detailed interviews it would be possible to assess if there were problems where poor intellectual achievement might be related to maladjustment. In the chapter giving details of the individual histories, it will be seen that problems of this specific kind did occur in two cases and it would have been helpful in order to complete the picture to have had an intellectual assessment by a psychologist.

In so far as the interview itself was concerned there were three possibilities. At one extreme there was the completely unstructured non-directive interview which is used in psycho-
analysis and often in counselling work. All interviewing of this kind stems ultimately from Sigmund Freud and from his recog-
nition of the underlying importance of unconscious motivation in influencing a person's behaviour and attitudes. His method of access to such unconscious material was through free association, in interviews which might continue over two or more years. Some psychiatrists still use such a specific Freudian technique, but there has also been considerable modification of this amongst the followers of Freud. For example Otto Rank curtailed greatly the number of sessions and concentrated on immediate rather than on deep-seated causes of maladjustment. The theory and practice of counselling has emerged from such modifications of Freudian technique.
This kind of unstructured and completely non-directive interview would, however, for research purposes have proved very time-consuming as well as being confusing and embarrassing for the persons interviewed. The latter did not come to the research worker with a problem which they hoped she would help them to solve. They came hoping to solve some of the worker's problems and so expected the worker to have definite topics which she wanted them to talk about, or even questions she wanted to ask them. Also with no direction specific relevant information might not have emerged.

At the other extreme there is the rigidly structured interview, often based on a questionnaire. This has been used a great deal in social research and in mass surveys. In fact ... "the major effort in the design of interviews, throughout the world, has gone into the devising of means whereby interviewing can be transformed into a routine task, to be carried out by highly trained but not necessarily creative workers. For some purposes it can be fully mechanised, and is then known as a questionnaire". (1) A choice, however, has to be made between richness or depth of data and quantity of data. The questionnaire method has value for the latter, but it has very severe limitations and dangers for the former. It is inevitably limited to facts and it cannot assess subtle opinions or attitudes, or the complex interactions of family relationships.

Moser writing about this question of choice of method of interview stated that the less formal interview technique is

(1) Madge, John; The Tools of Social Science, (1953); P.177.
probably more appropriate when the research is an intensive study of a few cases. He wrote: "The chief recommendation for informal methods is that they can "dig deeper" and get more valid data than the formal interview" .... and .... "with informal interviewing, if skilfully done, the interviewer should be able to cut through any embarrassment and emotional inhibitions surrounding the subject and to "dig as deep" as may be necessary to get to the heart of each person's attitude. All the qualifications surrounding this attitude, its causes, implications and intensity, should emerge, resulting in a fuller and more rounded picture than is attainable by formal methods". (1)

A form of interview between the two extremes described was seen as desirable. It is called in sociological books the "guided" or the "focused interview". This in fact is basically similar to the type of interview generally advocated in social casework, but modified or structured to suit research purposes.

In brief, this meant that in such interviews the worker encouraged the persons interviewed to talk about their adoption situation, early life, and so on, in their own way, but she had in mind various areas which she wished to cover with them and so, where necessary, she would guide the interview to keep it relevant. The worker aimed to have at least two interviews with each person and any areas not covered in one interview could be introduced in a second or subsequent interview. The interviewing process in

(2) Madge, John; The Tools of Social Science, (1953) P. 164.
this research thus combined the concepts of the sociologist's "focused interview" with the technique in interviewing used by case-workers and other professional clinical interviewers.

The characteristics of the focused interview as enunciated by Merton & Kendall (1) are four. First, the persons interviewed are known to have been involved in a particular concrete situation. Secondly, the hypothetically significant elements, patterns, and total structure of this situation have been previously analysed by the investigator. Through this "content analysis", (2) he has arrived at a set of hypotheses concerning the meaning and determinate aspects of the situation. Thirdly on the basis of this analysis, he has fashioned an "interview guide" setting out the major areas of enquiry. Fourthly, "the interview itself is focused on the subjective experiences of the persons exposed to the pre-analysed situation. The array of their reported responses to this situation enables the investigator to test the validity of the hypotheses derived from the content analysis and from social and psychological theory, and, to ascertain unanticipated responses to the situation, thus giving rise to fresh hypotheses". (3)

These characteristics, when applied to the present research interview technique, were modified slightly because of the nature of the subject of the research. The particular concrete situation in which it was known the persons had been involved was the adoption situation. The hypothetically significant elements, patterns, and relationships could only be surmised from the worker's previous experience of adoption. Thus a tentative "interview guide" was drawn up but no hypotheses were made for there was no previous

(2) Ibid, P.541.
(3) Ibid, P.541.
research or knowledge on which to draw to formulate such hypotheses. The interviews were to elicit information on which to base hypotheses. In the interview guide, the areas to be explored remained basically the same, but as the interviews proceeded new areas were added. These were to cover aspects of the adoption situation which emerged as important to the individual adopted person but which had not originally been conceived as important by the worker. In the fourth characteristic, the aspect initially emphasised in this research was that of ascertaining "the unanticipated response",\(^1\) unanticipated in the sense that it was not known what the response would be. It will then be seen that the interviewing process was left more fluid than that envisaged by Merton and Kendall who were describing a focused interview when there was only one interview, and no continuing contact over a period.

Merton and Kendall further described successful interviewing as "not the automatic product of conforming to a fixed routine of mechanically applicable techniques. Nor is interviewing an elusive, private and incommunicable art."\(^2\) There are certain recurrent situations and problems, although how each individual interviewer will deal with these will depend partly on the personality of the interviewer. "Interviewing takes place between human beings who are much too individualised to be reduced to a formula".\(^3\)

Furthermore successful interviewing at this level

\(^1\) Ibid, P. 541.
\(^2\) Ibid, P. 544.
\(^3\) Garrett, Annette: Interviewing Its Principles and Methods, (1942), P. 7.
is possible only within the professional relationship mentioned earlier, and this relationship varies from worker to worker, based as it is on personalities. In the search for "significant data" the interviewer, Merton and Kendall stated, "must develop a capacity for continuously evaluating the interview as it is in process", (1) while Garrett writing from the social worker's point of view stresses that the interviewer's attention "must continuously be directed in two ways, towards himself as well as towards his client". (2)

The four canons of a focused interview are given by Merton and Kendall as, non-direction, specificity, range, depth and personal context. (1) All these four canons are equally acceptable to the theory of social casework interviewing.

The term "non-direction" is used to differentiate this kind of interview from the very direct questioning type when the person interviewed is subjected to a battery of questions. (3) Guidance and direction are at a minimum. Non-direction "gives the subject an opportunity to express himself about matters of central significance to him rather than those presumed to be important by the interviewer". (4) "Furthermore it permits subjects' responses to be placed in their proper context rather than forced into the framework which the interviewer considers appropriate". (4) In this way the latent content of what is said and the possible substitution of one thing for another, as discussed in Chapter II,

(3) Kinsey, Alfred C. et al, for example, in "Sexual Behaviour in the Human Male" (1948), P. 54, adopted the method of "rapid-fire questioning".
can be evaluated. Experience too has shown that ordinarily an informant is much more articulate and expressive in a non-directive interview than in an extremely directive one. The focused interview, with its interview guide in the background, has also great advantage over a completely unstructured interview, in that the interview can be kept within the bounds of relevance and prevented from wandering into unproductive digressions.

Although non-direction was the guiding principle, this does not mean that no questions were used. Garrett writing on this said: "Perhaps the central method of interviewing is the fine art of questioning". The method in casework, she argued, is that of friendliness, of asking questions in order to understand and to be of assistance. The same method was used in this research. The questions were asked in such a way as to indicate the research worker's concern fully to understand the adopted person.

The type of question used is of great importance in all history taking and it is especially important in research where an accurate and precise picture must be obtained. Merton and Kendall advocated the "unstructured" question. Sociologists and others involved in interviewing would call this "the open question". This means that questions are framed in such a way that they invite comments from the subject on any aspect of the particular situation being examined. Thus they give the subject the opening to reply, not simply in the affirmative or negative, but in any number of possible ways ranged between these. Questioning must also be

framed in such a way as to be completely non-committal as to the interviewer's own attitude. In this way any possibility is avoided that the subject will give an answer which he or she feels would please the interviewer or be what the latter was expecting to hear.

Instead then of asking someone directly, for example, if they had a happy childhood, to which they might simply reply, "yes" or "no", the worker would say; "Perhaps you would like to tell me about your childhood?", or in a more general way, one would ask "I wonder what you feel about this or that?" When more specific detail about any particular aspect was desired and such an open question did not elicit further information, there were several alternatives available. First, that area could be left aside for the time being and later, either in the same interview, or in a subsequent one, the subject's responses, as far as they had emerged, could be represented to him. This in itself often encouraged further detail and comment, without any further questions being asked. Secondly, another method of arriving at more specific detail was to frame questions in such a way as to give a wide range of alternatives. Thirdly, a "provocative statement" could be used. This usually took the form of a statement of what someone else who had been interviewed had said about a particular aspect of the adoption situation. This was then followed with: "What would you think or feel about this?" or "What would you advise?" Whichever method was used depended on the interviewer's assessment of the interview at the time, and how the person being interviewed was responding. The interviewer was
always on the alert not to force the pace of the interview, that is to say, not to force the subject into giving detail which he was not ready to give at that particular stage in his relationship with the interviewer.

Occasionally the person interviewed reversed the roles and would ask the worker: "What do you feel about this?" or "What would you do?" This could indicate that this was an area highly charged with emotion for them and the interviewer then had to assess whether they were ready to go on talking about this, or whether this was an area to which to return at some future time. When any such questions were asked directly of the interviewer, it was always possible, after some comment aimed at reassurance, to turn the question back to the interviewee thus making it into "a cue for further discussion". (1) Where direct advice was asked for, this too was initially referred back as a question to the client. Where however it became clear that there was in fact a problem underlying such a question, this was discussed with the general practitioner. Details of instances of this are given in the individual histories.

In the same way, silence, the refusal to pick up questions put by the interviewer or a sudden change of topic could all equally well indicate the presence of an emotional blockage. Here again an assessment had to be made of why the person had fallen silent or changed the subject, whether there was a straight-forward reason for this, or whether it indicated reluctance to pursue discussion in that area.

In all such interviewing the worker, starting from the premise that human individuality is to be respected, always kept in mind that, although she was seeking information and guidance to avoid potential problems in the future, this information must never be obtained at the expense of damaging anyone with whom she was in contact. It was thus accepted that there might be areas in particular cases where the worker would have to be content with clues from what was said or from what was not said, rather than insist on complete details.

The interview guide in this research was not a list of possible questions as envisaged by Merton and Kendall but simply a complete list of all the areas of enquiry about which it was hoped to obtain details. The ultimate total history was also compiled with these areas as sub-headings. This made for comparability of data. With these areas of enquiry in mind different unstructured questions were framed as were suitable to the context of each individual interview. This allowed for much greater elasticity in approach than that envisaged by Merton and Kendall.

The second canon mentioned by these writers, that of specificity, has already been alluded to. Merton and Kendall stated that situations may be experienced "as a whole or as a complex of configurations". In research, however, it is necessary to detect "significant wholes", that is, those aspects of the whole situation to which response has occurred. "It is only in this way that we are led to findings which can be generalised and which provide a basis for predicting selective responses." 

(1) Ibid, P. 549.
(2) Ibid, P. 549.
(3) Ibid, P. 549.
In building up a retrospective life history, not only were
details needed of what the subject remembered as happening in the
past, but also how he felt at the time. To gain a picture of this
often required that he be given considerable opportunity to talk
around this subject and that the interviewer be alert to note
possible allusions to it in other contexts. There was also in
the retrospective introspection of many of the subjects consid-
erable evidence of ambivalence. Contradictory pictures then were
given at different interviews. These contradictions were recorded
and ultimately an evaluation of them was made. Such contradictions
emerged principally in areas highly charged with emotion, for
example, the relationships within the adoptive home, the person-
ality of the adoptive parents and the adopted person's feelings
about having been adopted, and about illegitimacy. Here the
technique was to get the adopted person to talk about various
areas of relationships within the home, and gradually piece
together the evidence, requiring proof for several sub-areas
before arriving at any conclusion about the whole. It also
became very clear that how a person had responded to a particular
situation could be influenced by their previous experience. Thus
it was not just necessary to find out, for example, how a person
had felt when told of adoption in a certain way and at a certain
time, but also what his previous experience or his preconceived
ideas of adoption had been.

To obtain this kind of specificity, the techniques already
discussed were used, the unstructured question, the re-presentation
of data, the provocative statement. The questions were framed in
such a way as to make it clear what aspects of the total situation
the interviewer was interested in, yet they were left "general
enough to avoid having the interviewer structure it". (1) In
this respect if was found helpful in obtaining specificity and in
maintaining a good relationship to explain to the subject why it
was important to have particular details. This was often done
by telling him how these details related to the kind of problems
which faced adoption workers or seemed to face adoptive parents.

The third canon of Merton and Kendall deals with the criterion
of range. The relevance of this for the present research was the
question of effecting smooth transitions from one area of dis-
cussion to another. This could be done again by the use of the
unstructured question or by picking up directly the subject's
comments and by directing these into a slightly different direction.
Cues from previous comments too could be used to encourage dis-
cussion in another area or cues from what the subject was saying
at the moment could be taken up to refer him back to something
already partly discussed but which the interviewer wanted him to
discuss further.

Finally, the criterion of depth was described by Merton and
Kendall as seeking "to obtain the maximum of self-revelatory
comments concerning how the stimulus material was experienced." (2)
This meant that the aim was to obtain much more than a purely
positive or negative response. This has already been discussed
under the characteristics and aims of unstructured questions.

(1) Merton & Kendall: The Focused Interview. American Journal of
(2) Ibid, P. 555.
From the foregoing discussion, it will be clear that the kind of interviews employed in this research was of a very fluid and fluctuating nature where there could be considerable movement backwards and forwards from one area of enquiry to another. The interviewer had constantly to be evaluating the situation and pursuing, or not pursuing, cues and clues, as seemed appropriate, both with regard to their relevance and with regard to maintaining a warm and comfortable relationship between the subject and the interviewer. In this respect it is important to emphasise, as did Sullivan that there is "... a certain important ingredient of successful interviewing which is frequently more adequately conveyed by gesture and tone of voice than by words. This quality or ingredient is shown by the interviewer's being keenly responsive to the needs of the interviewee, and doing nothing to lower that one's self esteem."(1)

These then were the general principles on which the interviewing was based. It remains to give details of how this worked out in practice. An interview has been defined as a process of human interaction with two characteristics. First it is between a client and an expert; secondly it is based on the conception of two equal human beings entering into a contract. In a clinical interview someone in distress or with a problem comes to the expert. The interview is both diagnostic and therapeutic. There is a two-way flow between client and expert. It is often argued that in a research interview, the flow is all from the side of the client and that this then is not a true

Interview in that it is not based on a contractual basis. Bowlby(1) and others contend that in research to arrive at relevant data an interview must be potentially therapeutic. This means that there must be a flow to the client, and he must gain positively from the interview. The experience of this research indicates that this need not necessarily be so, for it was not simply interviewees who had met problems in the adoption situation who were willing to co-operate, nor was it only in interviews with such people that relevant depth of detail was obtained. The writer can only assume that, on the whole, when asked for their advice or to make a worth-while contribution, people are surprisingly willing to do this. This is borne out by the comments of those interviewed, which were frequently along the following lines:— "I'm only too pleased to help"... or, "I don't know how I can help but I will if I can". In 2 cases it was clear that the interview, aimed as it was purely at research, did have a therapeutic value for the interviewee. This, together with the fact that only 3 out of the 58 declined or failed to keep an appointment for a subsequent interview, and in all 3 cases there was enough reason(2) for this failure quite apart from the interviewing process itself, indicates that research interviewing along the lines already described can also be "a contract between equals", where the interviewed feels that the experience is at least a positive one for him.

(1) Bowlby, John; Maternal Care and Mental Health, (1952), P. 61.
(2) (a) Adoptive mother objected to a subsequent interview.
    (b) Pregnancy.
    (c) Removal from area.
The first practical step in the interviewing part of this research was to draw up an interview guide. This was altered slightly with experience and the full details of this appear in Appendix III. The main areas covered were as follows:— First, about the subject himself, his early history up to five, school record, work record, health record, social relationships and interests, details of marriage and of children. Secondly, about the adoptive parents, their early history, education, work, health, religious denomination, personality and interests, age at marriage and when they adopted, together with any information available about their inability to bear children. Thirdly, about the relationships within the adoptive home, between the two parents, between the parents and the adopted child, and other siblings. Fourthly, about the adoption situation itself, the adoptive parents' reasons for adopting, when and how the child was told, or found out, about its adoption, how much information the child wanted to have, attitudes to and details of biological parents, attitude to discussion of adoption with others, and any relevant information about the legalisation of adoption.

Various factors which emerged as important for individual adopted adults were added to this list. Thus it became necessary to include details of relatives and their attitudes to the adopted person. The inability of some adoptive mothers to admit even in some cases to themselves that they had not given birth to the child led back to a more detailed study of the personality of these mothers. After an analysis of the first ten histories and again after an analysis of twenty histories, other areas emerged as
important. An example of this was the apparent inability of children to ask their adoptive parents for details about their adoption even if they wanted these. This led to a more detailed examination of the adoptive parents' attitude to talking about the biological parents. The adopted person's knowledge of adoption and illegitimacy prior to knowing that they themselves were adopted, emerged as very important and so this too was added.

It must be remembered here that, although it was possible to maintain contact with these adopted adults over a period of a few months, when viewed against their total life histories, this research was a study of their adoption situation at one point in time. Thus details of their early history could be obtained only in so far as they remembered these or had been told of them. In the same way it was not always possible to obtain details of the adoptive parents' early history, their motives in adopting, the reasons for the lack of biological children, and other information of a very intimate nature. Much, however, could be gleaned about these from the details given about parental attitudes in general, and it was also possible here, in some instances, to obtain confirmation of specific impressions from the family doctor. In 7 cases too it was possible to meet the adoptive mother in 2 both father and mother, and in 1 an older adoptive sister. In this way some further details were added and some interesting information emerged on the question of telling the child of its adoption.

A further point about this research, as a study at a point in time, was that, although details frequently emerged about biological parents and about how the adoption was arranged, the
research worker did not follow up these details nor attempt to obtain further information from official records and the like. The reasons for this were threefold. First, the scope of this research had been defined as adoption as viewed by those who were adopted, and the limit had been set of studying principally environmental factors. Although some relevant information might have emerged in individual cases, it was unlikely that enough would have emerged to make an assessment possible of familial level of achievement, social circumstances and so forth. Secondly, even if it had been decided to extend the scope of this study, by attempting to obtain some information from official sources there would still have been a group of 11 where no such information could have been obtained, since the adopted adults themselves had no factual information about their biological parents or how their adoption had been arranged.

Finally and most importantly, such enquiries could only have been made with the adopted persons' full permission and to suggest making such enquiries might have been disturbing to many of them. This indicates clearly how social research, because it studies fellow human beings, must inevitably have ethical standards in a way not implicit in the actual gathering of data in the physical sciences.

After the interview guide, the next practical step in the interviewing process was to consider the physical surroundings for these interviews. In the early development of the study of psychology there was much stress laid on the importance of maintaining constant the physical setting as in a laboratory
experiment. This, however, is now seen to have little relevance in much social research, and in the present research the constancy of the physical setting as such was seen as irrelevant. What was important, however, was to choose a physical setting which offered privacy, in which the adopted person could feel relaxed and at ease, and in which it would be possible to establish a good relationship in the professional sense. The setting which would afford these would vary with each individual person depending on their personalities and circumstances, and it might even vary as between different interviews with the same person.

In practice, interviews took place in five different physical settings. Some took place in the adopted person's own home. This was usually where the adopted person had very young children to care for, or where they lived alone. In some cases the general practitioner put his surgery at the disposal of the research worker, and this proved to be a very successful and convenient arrangement as it offered a place for interview near the person's home, yet affording maximum privacy, which might not have been obtainable in their own homes. Other adults were interviewed at the University, either at the General Practice Teaching Unit or at the Department of Social Study, where small and intimate rooms were made available. Others again, preferred to come to the even more personal and intimate setting of the research worker's home. The decision about the place of interview was always arrived at in consultation with the adopted person.

The first few moments of any interview are often considered the most difficult and they are often vital to the quick
establishment of a good basis for the interview. Considering the casework principle that in all interviewing one should start where the client is, the worker never devised any kind of standard introduction. She found that some people wanted to talk of matters of rather generalised content first. In this way they were able to overcome any initial shyness and also to get an idea of what kind of person the interviewer was. In these instances the reason for the meeting was only gradually introduced. In other cases it was clear that the interviewee wanted to come to the point right away. They appeared to be curious about what the interviewer wanted to know, and talk of general things, instead of helping them to relax, only increased their anxiety. It was interesting to note from detailed recording of the initial approach in all interviews that these two differing attitudes bore no relation to the adopted person's anxieties about the adoption situation itself. Some nervous and anxious people preferred one way of introduction, while others obviously preferred the other; so too with those who were sanguine and completely composed.

The length of interviews varied greatly. These lasted anything from forty minutes or an hour to 3 hours, depending, first, on how complicated were the details of the adoption situation, and secondly, on how long it took to establish a sufficiently confident relationship with the interviewee to enable them to give depth of detail. It was generally found better, where there was very great detail, not to allow the interview to go on for longer than an hour and a half to two hours, but to suggest, at a suitable moment, that a further meeting should be
arranged soon. In this way sometimes three initial interviews were held. All those whose work involves interviewing would agree that individual interviews should not last too long if for no other reason that that the interviewer becomes exhausted and unable to retain all relevant details.

This leads to the question of note-taking during the interview. Some writers, for example, Madge,\(^1\) consider that in taking notes at the time there is at least the advantage of speed and accuracy. Sullivan, as a clinician, however, wrote that the interviewer, in his case the psychiatrist, is too busy concentrating on the flow of the interview to be able at the same time to take notes. He also thought that "... patients, like the rest of us, can usually talk with relative freedom if only their own and the other fellow's memories are later to be consulted as to what was said.\(^2\) He further made the point that in any case verbatim verbal reports do not give a true picture. One has to add the impression and expression that went with different statements, explaining why things were expressed in a particular way.

The interviewer in this research had no fixed policy about note-taking. Where this could be achieved without upsetting the spontaneous flow of the interview it was done, but, without exception, this was towards the end of the interview. An explanation was given to the interviewee that it was an aid to the interviewer's memory to have a note of some of the salient dates, and ages, when particular things had occurred, and that these

\(^1\) Madge, John; The Tools of Social Science, (1953), P. 222.

\(^2\) Sullivan, Harry Stack; The Psychiatric Interview, (1954), P. 51.
were important for accurate comparisons. In this way the social data and the salient points could be recapitulated with the interviewee. This in itself sometimes led to further elaboration by the interviewee.

Immediately after the interview, the skeleton factual details were supplemented with notes on attitudes, reactions and the kind of detail mentioned by Sullivan. Where appropriate the actual words used by the subject to describe how he had felt were recorded, as too his behaviour and expression when discussing particular aspects. This total picture was then written up as a permanent record with the information grouped as far as possible under the various headings mentioned in the interview guide.

There was, of course, inevitably overlapping between these areas. Any queries, ambiguities or contradictions were also recorded. It was found important to have the whole note-taking process completed before another interview took place, otherwise there was obviously the risk of some loss of clarity as to the finer nuances. Garrett, who was of the same opinion as Sullivan about not taking notes during an interview, further commented that with practice the interviewer "can recall in amazing detail the full course of an interview". (1)

A second interview with each adopted person was usually arranged within two or three weeks. Prior to this, a guide was drawn up of the areas where discussion had still to take place, and also of any points which the interviewer wished to cover again with the subject. If a third interview were needed, this

(1) Garrett, Annette; Interviewing, Its Principles and Methods, (1942), P. 57.
same process was repeated. A total of 136 interviews with adopted adults took place. In 3 cases, as already mentioned, only one interview was possible and in 20 cases at least three proved necessary. In all other cases an adequate social history emerged as the result of two interviews. Where only one interview was possible the family doctor was in all cases able to supplement and clarify the background information.

From these two or three interviews, a detailed social history was compiled, grouping the material under the same headings as used in the interview guide. An assessment was made of the adopted person's adjustment to all aspects of his or her total current situation, including the adoption situation. In making assessments, proof was first needed from several sub-areas.

For example, for assessing the relationship between a parent and an adopted child, it was necessary to know the parent's general attitude to the child at home, what kind of behaviour was expected of it, whether the parent was accepting, critical or demanding of the child, and what were the parent's attitudes to schooling, choice of occupation, friends of both sexes, interests and activities. Again proof was required from specific incidents or from discussion of every-day life before statements were made about the attitudes of others in the family and of relatives to the adopted person. About the relationship between the adoptive parents, an assessment of this was made only after there had been evidence to support it from various other areas, for example, the atmosphere between the parents at home, any quarrels, and about what and for how long, the ambitions, friends and activities of
each parent and whether these complemented each other or were opposed and so gave rise to tension. If one partner was dominant at home, which one it was, and whether the other had accepted this, which parent had played the major role in the upbringing of the child, and whether both parents had the same ideas about bringing up children.

In assessing this and in assessing the personalities and adjustments of the adoptive parents, the details of their early histories frequently gave clues and corroborating evidence. Thus the mother who wanted a very close relationship with her adopted daughter and did not want her to have friends of her own age and grow away from the home in adolescence, frequently had had a very close and dependent relationship with her own mother. She became irritated and angry with her adopted daughter if the pattern did not repeat itself. The parents who were very strict about behaviour in the home often had had very strict and rigid parents themselves.

When such a detailed social history had been compiled, it was then sent in confidence to the respective general medical practitioner, and he was asked to comment on it and to confirm or otherwise the impression gained. He was asked specifically for details about the adoptive parents, if he knew them, their health records, occupation and personalities, about their inability to have children, if appropriate, and for his impression of the relationships in or with the adoptive home. He was also asked about the adopted person's health record and adjustment, about his or her acceptance and standing in the community, and, where
this was not known to the worker, about the possible attitudes to adoption in the particular community in which the adopted person had been reared. It was also ascertained from the general practitioner at this stage how they had learned that the person interviewed was adopted, and also how long they had known the adopted person individually, or the adoptive family. Of the 58 interviewed, it was possible in 55 cases to consult with the family doctor or referring doctor about the accuracy of the assessment made. In the remaining three cases, this was not possible because of the original method of referral. In 44 out of the 55 this consultation took the form of the worker going to see the family doctor for a discussion. In the remaining 14 cases, the general practitioner sent his comments by letter and where necessary, the worker supplemented this with a telephone conversation. In 11 instances there were two or more discussions with family doctors because of the need to have confirmation of additional information and in 9 cases the initial discussion was supplemented later by a letter or telephone conversation to obtain some straightforward, factual information.

The amount and depth of information known by general practitioners about individual adopted persons and their families varied considerably. This depended first, on how long they had known the family, and secondly, on how much illness there had been in the family. In only 3 cases, however, did the doctor say that he knew the person so little that he could not really confirm the detailed assessment sent to him. Even in such cases, however, he could confirm the health record of the adopted person, occupational
status and community standing. It is interesting to record that there was no instance of a family doctor finding that the social history, together with an outline of the health record, as reported by the adopted person, did not correspond with his impression of the family and what he knew of them. In all cases the history was of course in much greater detail than that which would normally be taken by a family doctor but the end result corresponded to the doctor's general impressions. In 15 cases, valuable additional information was supplied by the doctor, particularly details of complicated health problems which could inevitably not have been given by the person interviewed. In the 37 cases where general practitioners knew the whole family, there were 13 where there were few problems in the adoptive home and the relationships between adoptive parents and adopted person were good. General practitioners here found they agreed with the impression obtained of the adoptive parents, and this was also true in 19 cases, where the relationship was strained. In 5 however, of these latter cases, the general practitioner felt that the adopted person, far from exaggerating the lack of understanding and warmth on the part of the adoptive parents, had made this appear less than in fact it was, out of a feeling of loyalty to their adoptive parents. The general practitioner's comments therefore highlighted aspects in these particular adoptive homes which the worker could only otherwise have inferred. Now they could be stated confidently as facts.

This consultation with general practitioners as well as being a clarification and an additional source of information, had two
further values in so far as this research was concerned. As discussed in Chapter I, social research should use a scientific method, although this does not necessarily imply a laboratory experiment. In the interviewing part of this research great care had to be taken to reduce the influence of the participant observer, and thus questions were framed to avoid implied bias, and evidence was collected from many areas before an assessment was made. With all this, however, these histories were compiled from retrospective introspection and so inevitably they were in part subjective impressions. The research worker, though objective in approach, and insisting on evidence for every statement, was using a certain amount of subjective understanding of people and human situations albeit based on training and experience to make her assessments and interpretations. The discussion with the general practitioner, however, served to show that retrospective introspection, carefully recorded and viewed against the total current situation, can be valuable, factual and reliable. The discussions with the general practitioners also validated the worker's assessments.

Once the comments of the general practitioners had been incorporated into the social histories, the total information in each case was broken down under headings, which subdivided the original areas of enquiry. Full details of this chart appear in Appendix IV. On subdivision, the area in the interview guide called "Early History" became in such analysis age at placement, previous experience, separations and changes of parent figure, reasons for adoption, and how the adoption was arranged. The
area in the guide termed "Relationships in the Adoptive Home" was subdivided into four:

first, the relationships between the parents,
secondly, the relationship between the father and the child,
thirdly, between the mother and the child, and
fourthly, with siblings and others in the immediate family.

This was then further assessed,

first, in relation to the basic security and happiness of the marriage of the adoptive parents, and
secondly, with regard to how adequately the emotional needs of the adopted child growing up in such a situation were satisfied.

The area termed, "The Adoption Situation", left purposefully not pre-determined by the worker at the planning stage of this research, as it was important to have no preconceived ideas of what to include or exclude here, was broken down into 15 groupings, the details of which are given in Appendix IV. Thus under "factual details", information was grouped under headings, such as, reason for adoption, de facto or legal adoption, contact with biological parents by adoptive parents and child at an age when the child could remember, official visits by welfare officers as they were recalled by the child, and whether the child was related. Under the wide umbrella of "Attitudes in the Adoption Situation", there were sub-divisions for chronological details of how the adopted person was told or learned of adoption and his or her reactions to this, and for the attitudes to talking of adoption,

first, of the adoptive parents to the adopted person and to outsiders,
secondly, of siblings, and
thirdly, of the adopted person himself within the family, to relatives and close family connections. There was a sub-division which gave details of the attitude of the adopted person to discussions about his adoption, first by himself to friends, secondly to strangers, thirdly to his or her own children, fourthly by parents within the family, and fifthly by parents to strangers.

Three further sub-divisions gave details of the adoptee's attitudes to the biological parents and the information wanted about them, of the adoptive parents' attitude, first to the biological parents, to unmarried mothers, and to illegitimacy, and secondly to discussion of sex, and to the adopted person in adolescence.

Similarity or otherwise in physical characteristics and temperament between the child and the adoptive family formed a further sub-division. The adoptees' knowledge or experience of adoption before they knew they themselves were adopted, their attitude to their adoptive parents and their comments about adoption in general were three further sub-divisions.

Finally, the evidence of how the person had adjusted, or the use they had been able to make of their respective potential abilities was tabulated under the following headings: school and education, work record, health record, social relationships
and interests, chronological history since adolescence and details of marriage and of children, and finally any deviations from the socially accepted form of behaviour.
CHAPTER V.

DESCRIPTION OF HISTORIES.

This chapter is concerned with giving a picture of the 58 histories in this series. First some general factual information will be given about the whole series and about the adjustment classification used. This will be followed by details of actual histories to illustrate the adjustment classifications and the complex interaction of factors found.

As already mentioned, of the total 58 14 were men and 44 were women, the sex distribution being exactly equal among the sub-group of six who are viewed as foster-children. Of the 14 men, 10 were married, one being a widower, and those unmarried were in the younger age groups, ranging in age from 18 to 24. Of the 44 women, 27 were married, and of the 17 who were unmarried, 11 were under 25 years old with an older unmarried group of 6 whose age range was from 34 to 60. Of those married, one man had been divorced and had re-married, whilst one woman was currently seeking divorce and was planning to re-marry. The first had had children by his first marriage, but none by the second. Of the remaining 35 married, 32 had children. In three of these families the children were adopted. In one case this was in itself quite unrelated to the adoption situation but in 2 cases there was no known organic reason why children should not have been born and in fact in one case a child was born exactly one year after the placement of the adopted child. In two other cases although children had been born to the marriage it was planned to add further children by adoption. This in
one case was because of diabetes in the adopted person, but in
the other case there were many neurotic features in the situati-
on and at least part of this mother's motivation was to repeat
the pattern of her own adoption.

There were 2 adopted adults, married, but only for one to
two years, who as yet had had no children. There was one
adopted adult who had married only on condition that there should
be no children, and this related to his own very unhappy experi-
ence as a child.

Of the total 58, there were 2 where it was known that,
though not promiscuous, they could by their behaviour have them-
selves become unmarried parents, and there were a further two
who, it could be assumed, were likely to have thus deviated.
All four, however, were brought up in adoptive homes where there
was a great deal of tension and unhappiness for them.

The adopted person's occupation was classified(1) according
to the Classification of Occupations to which reference has already
been made in Chapter IV. This showed that one was in Occupa-
tional Class I, 10 in Class II, 36 in Class III, 4 in Class IV
and one in Class V. Of the foster-children, 3 had been at some
point in Class III, 1 in Class IV, and 2 in Class V.

Of the 58 interviewed, 46 had been born out-of-wedlock and
the remaining 12 were legitimately born. This gives a propor-
tion of 79.3% to 20.7%. Official figures from the Registrar-
General for Scotland (2) show that over the years 1946 to 1953,
the proportion of illegitimate children whose adoption was
legalised in these years ranged from 80.9% to 76.2% for illegiti-
timate and 15.7% to 11.7% for legitimate children with a small

(1) See Table I, Page 519.
(2) These figures have been kept by the Registrar-General's
Office since 1946, but are not published.
percentage where the status was unknown (8.8% to 2.8%). Of the twelve legitimately born, six were adopted because of the death of the biological mother. In four cases this was at childbirth, in one case when the child was 5 months old and in another when aged 2 years. Of the remaining six, two were adopted when the biological parents separated, and although in one case the parents returned to live together in later years, the child remained with its adoptive parents, since the biological parents had also neglected it. In one case, the biological parents were not caring well for the child, first because there were other siblings very near in age, and secondly because of poverty. In another case the biological father had died a few months before the birth of the child. In two cases it was not known why the parents had placed the child for adoption. In two of these twelve cases where legitimate children were placed for adoption it was known that the parents had been married for only four and six months before the child was born. This circumstance might account in part for the decision to place these children for adoption rather than that some other member of the biological family should undertake to care for them. A marriage contracted because of a coming child does not always have the support of the whole family.

There is also the question of how the introduction of the adoptive parents to the child and vice versa was arranged. Of the 52, there were 15 where it was known that the contact was made through some official body, adoption society, social work agency, children's home, hospital or Public Assistance Department. In two of these cases, the biological parent had advertised in the press
that there was a baby for adoption, - a practice at that time possible, though in the Edinburgh area controlled to a certain extent through the Public Assistance Department. There were 7 cases where the contact was made through some interested third party, one where a midwife made the arrangements and one where the contact was simply through an advertisement in the press, although in fact this adoption was made official by legalisation within two months. There was also a group of 18 where there had been some contact between the biological mother or her family and the adoptive parents or their family. Included in this 18 are the 8 cases where the child was adopted by a relative. In the remaining 10 cases it was not known how the adoption was arranged. Of the six foster children two were boarded out through a local authority, and in three cases there had been a direct contact between biological and adoptive families, whilst in the sixth case it was not known how the contact had been made.

Regarding the age of the child at placement, there was a wide range from a few days to 4 years old. Of the 52 adopted children, 16 were aged 10 days and under when they were placed in their adoptive homes, 13 were aged 2 to 8 weeks, 6 were aged 3 months to 6 months, and 9 were aged 6 months to 1 year. One was 16 months old, one 18 months, one 2 years, one 2½, and 2 were aged 4 at placement. There were 2 where it was not known exactly how old they had been, but from what was known it was likely that they were well under 8 weeks when placed and so this group could be viewed as 15 rather than 13. Of the 6 foster children 2 were placed within 10 days of birth, one at 3 weeks, one at 2 years and 2 at
4 years.

An analysis of the family pattern showed that by far the largest majority were brought up by two parents and as only children. 45 of the 52 had two adoptive parents throughout their childhood, although in 7 cases one parent died while the adopted person was still in his or her teens, and in one case there was a change of father-figure at age 6 because of the divorce of the adoptive parents. In 4 cases one of the adoptive parents died when the child was under 10. In 3 cases this was the father and in one it was the adoptive mother, the child in this case being one year old. In this last case and in one other the child later gained a substitute mother or father figure through re-marriage or the amalgamation of two families. There were 3 cases where there was only one parent involved in the adoption situation. Two were widows. One had had one child of her marriage but had been a widow for 22 years, and the other had two young children of her marriage and had been widowed for only a few months when she took on the care of a year old baby. One was a single woman in her early thirties who remained unmarried.

When other siblings in the family were considered it was found that the 52 could be divided into 4 groups. First there was a group of 29 brought up as only children. Secondly there was a group of 4 where the person interviewed was one of an "adopted" family; in 2 cases the older of two adopted children, in one case the eldest of three, and in one case the younger of two. In all other 19 cases the family was a mixed one, in the sense that there were also children born to the adoptive parents. These have been
divided into two groups. First, there was a group of 13 where the adopted child was the youngest in a family of other children who had been born to the adoptive couple. There were here, however, two instances where in the family there were also other adopted or fostered children. The adopted child in this group of families was anything from 23 to 4 years younger than the others in the family. Where there was a wide age gap the adopted child was in some instances brought up virtually as an only child. This was so in 4 cases. In one other case the adopted child was virtually an only child and this was where the other child in the original adoption situation had been a child of the adoptive father by a previous marriage. A divorce separated the adopted child from this sibling. For analysis purposes this child has been grouped with the only children. Secondly, the remaining 6 cases form a separate group, since they were either older than the children born to the adoptive parents, or they were in the middle of the family. Thus there was one adopted when the adoptive parents' first child was stillborn and they subsequently had two further live children. There was one adopted, where the parents thought they were not to be able to have any children and subsequently, 10 months later, a child was born to them. There were three cases where the adopted child was second or third in a family of three or four, and there was one case where a child was adopted because the parents had been medically advised that they could have no further children, having had three, and one year after they had adopted, a further child was born to them.

Amongst the six foster children, 3 were placed at three weeks or
under, one at 2 years and two at 4 years. In two cases the child was brought up by one adoptive parent, one a widow and the other a married woman separated from her husband. One was brought up as an only child until 7 when she became the youngest by 11 years in a family of four. One was the youngest of three adopted or fostered children and the others were the youngest or second youngest in families where there were children born to the adoptive parents, aged from 7 to 19 years older than the foster child.

Of the 52 adopted adults, there were 15 who had a good adjustment in all areas at the time of interview and who had not experienced major problems as they grew up, either in their relationships in their adoptive home or in their adjustment to the adoption situation itself. At the other extreme there were 10 whose adjustment was poor or abnormal in many areas at the time of interview and where there was evidence to suggest that their particular degree of poor adjustment was of a permanent nature, and, from what was known of their total situation, not likely to improve in the future. They all had had problems with regard to relationships in their adoptive homes and with regard to the adoption situation itself.

There were a further 21 who had had or were having severe problems in their upbringing, related in some way to the adoption situation. Of these, two could be viewed as being emotionally free of these problems at the time of the initial interviews, and 8 others were at the stage of becoming partially free or more free as they gained in confidence and independence through living away from home, through marriage, or through the death of one or other
of their adoptive parents. Contact two years later with two of these adults proved that this assessment of their being in a state of transition was correct. The remaining 11, however, were still tied in one way or another to the problems of their adoption or their upbringing, and it was not possible from what was known of their total situation to forecast with any certainty that with the passage of time they would become less tied. In fact in 7 cases it seemed unlikely that any change would occur. These 21 cases have been separated from the 11 others since although they had problems, these had not prevented a reasonable adjustment in at least some of the fundamental areas of their lives, - their work, marriage, the rearing of children, and relationships with others.

There was a further group of 6 who came nearer to those who had no problems. There were 5 here who had dominating and possessive adoptive mothers, but who had asserted their independence and had coped with the situation without become guilty and uneasy about it. There was one whose personality was somewhat inadequate but this was comparable to her adoptive father.

To illustrate how the total 52 histories were classified according to adjustment, detailed case histories are given, in the ratio of approximately one third to each group. Thus 5 histories illustrate the group with good adjustments, 4 those with a very poor or abnormal adjustment, 7 the third group and 2 the final group. These could well have been selected in a random way by taking every third history when arranged in alphabetical order. It seemed more valuable, however, for qualitative presentation and in order to offer clear illustrations, for the worker to select cases which would
represent sub-groups within these main groups. Thus in the first group of fifteen, 2 being men and 13 women, it would obviously have value for prediction if the history of at least one man was given and among the women if there were histories showing the adjustment of a married woman with children and that of a single girl. On examination it was found that there were 6 women, married and with children, 5 of whom had no problems in relation to the upbringing of their children, whereas, there was one who was meeting some problems and these related to the adoption situation. The decision then was to choose one history which illustrated the first group well and one which illustrated the second. Of the single girls, 5 showed no problems of adjustment, whereas 2 showed some slight insecurity or tension. One history from each of these sub-groups could illustrate these slight differences.

In the second group, 10 in number, 2 were men and 8 were women. The adjustment of the two men had many similarities and so one history is given in detail. Amongst the women, there were 3 sub-groups, first there were 2 women whose whole life situation and capacity to lead a full normal life had been dominated by their adoptive situation and, although they themselves had remained relatively stable, they had never been able to develop their capacity for full normal living. There were 3 unmarried women equally dominated by their adoption situation who showed obvious signs of maladjustment of one kind or another. There was a third sub-group whose maladjustment was apparent in their marriage and in the care of their children. One history is given in detail to illustrate each of these 3 sub-groups among the women.
In the third group, for the purposes of illustration, three sub-groups could be described. First there were 2 adults who were now free emotionally of the problems they had experienced and one full history is given here. Secondly there were 8 whose adjustment was apparently improving. Of the two men here, one is quoted. Of the 6 women, one is given in full from amongst three whose adjustment was being improved through the understanding and help of husbands, and one from the remaining three whose adjustment was apparently improving as they grew older, as they found confidence in their own abilities, and as they were able to move away from dependence on their adoptive homes.

Of the remainder of 11 adults, all of whom were still tied to or involved in the adoption situation, three are given in detail, one to illustrate the situation of two men, both married, one to illustrate that of seven women, also married, and one to illustrate the situation of two unmarried adolescent girls.

In the final group of 6, 2 histories are given in detail to illustrate how a good adjustment was possible in spite of difficulties in the adoption situation, in most cases associated with a dominating adoptive mother.

The other histories in these various groups are also presented, but in interpretative and briefer form wherever possible and with selection of salient features. Detailed evidence similar to the cases presented as full case histories was collected before these interpretations and selections were made. In those classified as having a "good adjustment" (Group A) and in those having a "poor or abnormal adjustment" (Group B), it was possible to present many of
the features of these histories grouped together both in this
descriptive chapter and in the chapter which follows where all
the histories are analysed. This was less possible in the group
classified as having an "intermediate adjustment" (Group C) and
in those described as having a "fairly good adjustment" (Group D).
Here it was found advisable to give considerable detail in order
to present clearly the complicated interplay between the various
areas of the individual's total life situation and the great
variation found to be possible within the adoption situation
itself. This same method of history presentation was used for
the group of foster children (Group E). Interpretation was used
but also considerable detail was given to show the variety of
circumstances which arose. The details which are not presented
in any of these histories have in so far as was possible been
presented in tabular form in Appendix VIII. The original full
case-histories, together with reports of the original interviews
are in available form, but have not been incorporated as such in
this thesis. Because of the need for anonymity, different
initials from the original ones have been used in presenting the
histories and later in the text they are simply referred to by
number. Wherever possible details have been given in such a way
as to avoid any identification of the individuals concerned.

Although the histories are thus divided into four groups,
these are in no way to be regarded as water-tight compartments.
The sub-groups too are only devices to group together certain
similarities. The whole range of fifty-two histories should not
be viewed as divisible in any quantitative way. They should be
viewed rather as being on a sliding scale with the differences those of graduated degree. Some grouping of a mass of qualitative detail, however, is of inevitable value for presentation, although each history retains its essential individuality.

Although these histories are viewed on a graduated scale running from good adjustment, to fairly good adjustment, and so through intermediate adjustment to poor or abnormal adjustment, yet for clarity in presentation, it was found advisable to adhere to the order originally used in describing these different groups. Thus those who were well adjusted (Group A) are described first, and those at the opposite end of the scale are considered second (Group B) thus demonstrating the wide degree of difference in adjustment that was found to be possible. The third group presented are those in Group C regarded as showing "intermediate adjustment", where the adjustment is understandably classified in a different group only when this is compared with the group who had a poor or abnormal adjustment. In the same way those cases described as having a "fairly good adjustment" (Group D) can be seen as falling into a separate group when they are compared with those who had a good adjustment.

The six fostered children are presented in a group by themselves (Group E). Of these six children, only one viewed himself as having had a happy adoptive home and even here his adjustment seems to have been a good one because he was very accepting of any situation. The other five had had very unfortunate early experiences and in all cases their adjustment had been affected by these.

In all these histories, where appropriate, direct quotations
of what the person said are used and this is done particularly in the detailed histories. In these histories, where direct quotation is not given the details presented are frequently a paraphrasing of what was said. The result of this is an inevitable difference in the style of presentation between the detailed and the interpreted histories. Where some interpretation of the history is needed, comments are appended. In other cases the histories are self-explanatory. When relatives are referred to they are described in terms of their relatedness to the adopted child comparable to the normal family situation. When ages of adoptive parents are given, that of the adoptive father is always quoted first.
GROUP A - GOOD ADJUSTMENT.

Of the 15 who were well adjusted, two were men and 13 were women, and the age range was 55 to 20. Two were legitimately born and 13 illegitimately. Those who were married had stable marriages, and those with children were making mature and loving parents. They all had good relationships in their adoptive homes and with others in the community. They were competent at their work and happy in the occupation they were following or had followed prior to marriage, although it was evident that six might have achieved more in slightly different circumstances. Thus five passed examinations to go to Senior Secondary Schools but three did not take advantage of this and two did not complete the course. In one case the adoptive mother could not afford the extra expense involved, in another the girl had to leave school at 14, partly for economic reasons, and in a further case, the child was off school for about one year at the beginning of her Senior Secondary School education. Two others preferred to remain with their friends at Junior Secondary School. In a sixth case, inadequate advice led a girl of high intelligence to assume that she could not follow her particular ambition in a university degree course and she took instead a course at a teachers' training college. None of these six, however, had regrets about their educational achievements or were other than happy in the occupations they ultimately chose. Of the women, two were factory workers, 5 were shop assistants, one was a hairdresser, one was a clerical worker, 3 were shorthand typists and one was a school teacher. Both the men were apprenticed joiners, one having also studied at evening
classes. As far as health records were concerned, there were some problems of ill-health, but only two would be generally viewed to be associated with psychological factors. Thus one had had dermatitis when aged 12, and one reported that she was unable to have children without any demonstrable organic cause.

The detailed history to illustrate the first sub-group, that of two well-adjusted men is that of B.B., No.43. Aged 31 and recently happily married, he was a competent and ambitious joiner, anxious to study for further qualifications. He had many friends and his interests were photography and music. He was a Church organist and played in a dance band.

Illegitimately born, he was adopted at the age of 8 months through an adoption society by a married couple of 29 and 37 who had been married for 5 years. The adoption was legalised formally when B. was 16.

The adoptive father had had little education but he had regular and skilled work as a greenkeeper on a famous sea-side golf course, and he had many friends as he himself was an expert golfer. His ambition, unrealised, was to become a professional golfer. He was very conscientious, thrifty and good-natured.

The adoptive mother, older than the adoptive father by 8 years, and whose previous occupation had been as a factory worker and assistant nurse, had been married before but her first husband and the one child of the first marriage had died. She was unable to have further children. She was a competent housewife and a warm, mature, easy-going and sociable person, being an active worker in her Church (Church of Scotland), and in the Women's Rural Institute. She was also an enthusiastic whist player and swimmer.

Neither of the adoptive parents had had health problems until the adoptive mother died when B. was
18, after an illness of 2 weeks, and until the adoptive father developed pulmonary tuberculosis when he was 51. He was unable to work from then until his death at 58 which occurred during the time of the interviews.

Finances were adequate when B. was a child although strained for him when his father was unable for work. The family lived at four different addresses but they were all within the area of the same country town.

The relationship between the adoptive father and mother was an affectionate and happy one. Each had their own interests but many mutual friends and relatives visited their home. Their general attitude was that life was something to enjoy and they wanted B. also to enjoy life. They were both loyal members of the Church of Scotland, but with no particularly rigid religious ideas.

B. was given emotional security and guidance by his parents but he was also given freedom to experiment and to develop along his own individual lines. He was encouraged at school, but no pressure was put on him. His parents wanted him to have a trade, but he chose this himself. His friends were welcomed about the house, and his mother arranged many outings for him and his cousins and in the company of others of his own age. He was encouraged in his interests, for example, playing musical instruments. When in his teens he mixed easily socially and was president of a young group. When he chose to follow a different religious denomination from his adoptive parents, they protested at first but then accepted this.

His mother without embarrassment had given him details about her other son, born to her, but she did not talk about him in general conversation, nor were
there photographs of him displayed in the house. There was no question then of the adopted son being compared with a biological son. All relatives treated him as if he were the son of his adoptive parents, and no comments about adoption were ever made by them. Although everyone in his home area would know that he was adopted, there were again no comments.

When he was 9 or 10, his mother, with his father present, told him quietly and without embarrassment, that he had been someone else's child and that she had been unable to have children. Though he had been someone else's child, they looked on him and loved him as if he were their own. "I was her own little boy." B's. reaction to this information was to become quiet and to say nothing. He reported that it was not a shock. What struck him however was that the home atmosphere was exactly the same after he was told of his adoption as it had been before. It made no difference. He also remembered particularly and with pleasure his mother's final comment. His adoption was never discussed again with his parents until the request for B's. co-operation in the research. His adoptive father had been anxious that he should co-operate. His adoption was never at any time mentioned to outsiders.

When aged 25, B. saw the documents about his adoption for the first time when his father, ill in hospital, had requested B. to bring a particular file to him. When B. was aged 26, a girl whom he had known for only a short time, and who came from another town, mentioned adoption to him. This gave him a surprise. He commented that he found it interesting to realise how easily such information spread, and that to have heard about his adoption for the first time at that age and in that way would have been a shock to him.

After this incident it occurred to him to be
curious about his adoption, but he would never have asked his adoptive father, since "it would have hurt him". If he had been really curious he felt he could have asked, but on the other hand he also said that he did not wish to know more than his adoptive parents had told him. B told his wife-to-be about his adopted status. She had already known of this but had said nothing. She felt that had she been adopted she personally would have been curious about her biological parents. B's attitudes however were as follows:— why should he be curious; he was happy with the parents he had; bearing a child did not make a mother; it was the parents who brought one up whom one felt were one's real parents. Evidence of this identification with his adoptive parents emerged when he recounted how, when asked for a family health record at hospital, he gave details about his adoptive parents, and it only occurred to him later that it was relevant to mention that he had been adopted.

He considered that only if someone were unhappy in their adoptive home would they want to know about their biological parents. He also commented however that if he had been offered information he would have accepted it, although he would not have looked for it. He felt that there was no reason to feel ashamed that his biological mother had not cared for him herself. It emerged that his adoptive mother had never been critical of unmarried mothers.

In appearance he was not dissimilar to his adoptive parents, but the question of physical characteristics had never occurred to him as important.

He does not care if people know he is adopted but he would not tell them unless there were some special point in so doing, as for example, when asked for a
health record at hospital. He felt that it was best to be told of adoption but he would not have wanted his adoption discussed much. He certainly would not have wanted to be introduced as an adopted son.

The other man in this sub-group, E.L. (No.23), presented a similar picture in so far as good adjustment was concerned. He had good relationships with others of his own age of both sexes, and he was interested in and competent at his work. His adoptive parents, aged 24 and 22, at the time of his placement, were happily married and had the same quality of parental attitudes as already described in the case of B.B., although different in actual detail of occupation and the like. E. was the illegitimate child of one of the family of whom the adoptive mother was very fond. The adoptive parents' siblings knew of this relationship, but no one else, including the adopted adult, was aware of it. There were three children born to the couple, one older and two younger than the adopted child. The adopted boy was brought up as if he were one of the adoptive parents' children and he was completely accepted by his siblings who, although they knew of his adoption, thought of him as one of them. He identified completely with his adoptive family. Before going to school at 5, his adoptive mother told E. in a reassuring way of his adopted status.

The history of P.T. No.28, is given in detail as the first illustration of the sub-group of seven unmarried girls in their late teens and early twenties who showed no problems.

P.T., aged 20, was a semi-skilled worker in a
paper mill, who appeared to have the ability to do work of a more skilled type. Although finding interest in the whole manufacturing process, which was the traditional industry for her adoptive family, she was yet often bored with the particular process on which she was engaged. On the other hand, this work offered her good remuneration and so the opportunity to pursue her many out-of-door leisure-time activities with her several female friends. She had stayed at Junior Secondary School until the age of 16, preferring domestic subjects to going to Senior Secondary School although she had passed the entrance examination. She had no health problems. She had been engaged for three years, but had recently broken this off because of incompatibilities.

P., illegitimately born, was adopted at three months by a couple aged 34 and 35 who had been married in their early twenties. There was a son of the marriage, aged 9½, and a daughter had died two months earlier at the age of eighteen months. Another girl was born to this couple four years later. The adoptive father was a machine operator in a paper mill with a steady work record. He was a stable reliable person who had ambition to get on and to do all that he could for his family. The adoptive mother, who had also worked in the paper industry prior to marriage, was also a stable, mature person, fond of domestic activities and centred on her family. She had died one year prior to the interviews.

Finances were always adequate and the home was a comfortable one. They had always lived at the same address in a small industrial town.

The adoptive parents were happy as a married couple. They were companions to each other, always going out together and enjoying family holidays and outings. They both tended to worry about the children
but there was no question of curtailing their activities. They were all encouraged to follow their own particular interests and inclinations and each to have his or her own circle of friends. P. was treated exactly as the others in the family and she was encouraged in her many sporting activities, skiing, horse-riding, etc., although her adoptive parents had had no chance to do such things themselves. P.'s comment about her middle place in the family was that it was "good to have one above you to look after you and one below you to depend on you". She had a good relationship with both of her siblings. Her brother had served an apprenticeship, as also had her sister.

The parents were both members of the Church of Scotland and the children were sent to Sunday School. All relatives completely accepted P. as one of the family.

Some time before P. was twelve, she began to wonder if she were adopted. She noticed that her brother was very like her mother and her sister was very like her father, whilst she was like neither, either in colouring or in physique. She was several inches taller than either of her parents.

When she was twelve, in a quarrel at school, a girl ....... "let me have it all ... that I was adopted and so on". P. was hurt by this and told her mother who spoke firmly to the girl concerned. Her mother did not tell P. whether it was true or not that she was adopted. It did not occur to P. to ask her parents about this. She was happy and felt her parents would tell her some time if it were true. There were no further comments at school.

When P. was fifteen, her mother and father, in an unembarrassed way, asked her if she would meet a lawyer. They explained that she had been adopted and that she
could choose whether to stay with them or not. P. accepted this information and found that she was not surprised. While waiting for about a week for the lawyer to come to see her however she wondered what the visit would entail. (This visit was in fact in connection with the legalisation of her adoption and it can be assumed that the lawyer was the curator ad litem appointed by the court. Consent to the adoption would have to be given by P. herself since as stated in the Adoption Act, 1950, due consideration will be given to the "... wishes of the infant, having regard to the age and understanding of the infant"(1)).

By chance, during the visit of the lawyer, P. overheard her biological name and thus learned that a person, known to the family as Aunt A., and who had visited them for years, was her biological mother. After she knew this, she was able to see a physical similarity between herself and her biological mother and she was able to piece together the story of her early history. Her biological mother had lived in the same street as her adoptive parents and her biological aunt had been a friend of the adoptive mother. When P. was three months old her biological mother had been considering placing her for adoption or in a Home.

For many years, however, the biological family had lived in a town at a distance of several miles from the adoptive home and contact had been maintained only by three-monthly visits. P. and her "aunt" had always exchanged birthday cards but to P. this was because, by a co-incidence, their birthdays fell on the same day. Aunt A. had never appeared more interested in her than in the other children in the

(1) Adoption Act, 1950; Part I, Section 5.
adoptive family.

The family had not seen Aunt A. since P. was fifteen, when her adoption was legalised and Aunt A. had not replied to a letter sent to her by P. at the time of the death of the biological grandmother.

P. had sometimes thought about going to see her, especially after the death of her adoptive mother when "everything seemed to be tumbling about my ears". She did not however go .... "well - because, she does not bother about me.". She said that if she happened to be in the area where her biological mother lived in the future, she might go and see her,.. "but just as a friend". She would not mention adoption and she would not be looking for a mother. Her biological mother had remained unmarried and had worked as an assistant nurse. (Throughout this discussion P. always referred to her biological mother as "Aunt A." or "the woman").

P. stated that, had she not overheard at fifteen who her biological mother was, she would have wanted to know about her. She thought she would probably have been able to ask her adoptive parents about this, but she also wondered if she might have lacked the courage to do so, for she would not have wanted to hurt them. She considered that children should be told of adoption and that, had she not been told of this until she was twenty-one or more she would have wanted to know full details of how the adoption was arranged, and of her biological mother and also of her biological father.

Adoption was never talked of in her home apart from the incidents at twelve and fifteen. Until the research interviews she did not know if her sister knew. She asked her adoptive father about this and he told her that he had told her sister when her adoptive mother had died. P. was certain that
neither of her siblings knew who her biological mother was and she considered that neither were ever likely to think of this. P. and her sister had never mentioned the fact of adoption to each other. Her adoptive brother had told his wife about P.'s adoption, since when P. had felt that her sister-in-law had been jealous of her. There certainly was a poor relationship between them, with the sister-in-law being critical of P. This had hurt P. and her adoptive father was helpful and understanding to her here. P. was not ashamed of adoption but she did not talk of it to outsiders, confiding only in one special friend and her former fiance. She considered adoption was "something personal". Although she was quite indifferent to the fact that quite a number of people in her home area would know of her adopted status, she would not have dreamt of talking of it and in turn she did not want it to be discussed. She was happy in her adoptive home and clearly identified with her adoptive family.

The second illustration of this sub-group is C.S., No. 9. She was an attractive and sophisticated girl of twenty with a large circle of teenage friends of both sexes, interested in the latest rock-and-roll records and in having as gay a time as any other teenager in a large city. C.S. had attended a well-established co-educational and fee-paying school where she had been active at sport, in the drama club and in the Guides. Although she reported that she was in the top stream and passed her qualifying examination, she left school at 16 without her Scottish Higher Leaving Certificate. Her teachers had hoped she might become a teacher and go to Training College if not to University, but C. had
periods off school, first, at eleven for one year with rheumatic fever and again when at fifteen or sixteen she suffered from insomnia. Her friends were a class ahead of her and so she wanted to leave school when they did. She attended commercial college for four months and thereafter had three posts as a shorthand-typist and secretary. She had some regrets about not having taken her Higher Leaving Certificate.

At the time of the interviews, she was convalescing from pulmonary tuberculosis which had been diagnosed ten months earlier and for which she had sanatorium care for three months.

C., illegitimately born, was adopted when 6 weeks old by a married couple aged 30 and 27. There was no information about how the adoption was arranged. All that was known by C. was the name of the town in the North of England where she was born. There was also no information about the adoptive parents' duration of marriage or about their inability to have children. C. was brought up as an only child.

Her adoptive father had a painting and decorating business, which employed several journeymen, and which was financially successful. He was skilled in his trade and took some interest also in oil painting and in ballroom dancing. He was a rather anxious self-uncertain man. Her adoptive mother, who had attended the same co-educational school as C., had been a milliner before marriage. She was a warm, welcoming, placid and tolerant person, again with an interest in ballroom dancing.

Finances were always very adequate with extra money available for expensive outings. The family had always stayed in the same urban area.

There was a good relationship between the adoptive
parents, although temperamentally they were different. C. had a good relationship with her mother but a rather strained one with her father. She was at the age of resenting the fact that her parents "fussed" her. As an only child and rather a spoilt one, she was able in most cases to obtain what she wanted from her adoptive father by constantly asking for it. She and her adoptive father had frequent quarrels, but not more frequently than she found occurred between many of her girl friends and their fathers. These quarrels were never over major issues. C. found her interests were not those of her adoptive parents and she found her adoptive father rather old-fashioned. Her mother, however, encouraged her to have friends and interests appropriate to her age group.

The family were nominally members of the Church of Scotland.

The relatives all accepted C. and she was a particular favourite with her maternal grandfather. C. said she had always known she was adopted and could recall no incident when she was told. Adoption was not talked of in the family nor with outsiders. C. knew only the place of birth and her age at placement. She was occasionally curious, wondering who her parents were and who she was, but she said she was not really concerned to know. She would never ask about her adoption or about her biological parents as, "it might hurt Mum". Also on the whole, she thought it was probably as well not to know about this, especially if the circumstances of the biological parents were very different from those of the adoptive parents.

Her adoption made no difficulties for her at school or with her friends. C. in fact never thought of it and so felt there was no need ever to
mention it to people. The only exceptions to this were that she had mentioned it to a school girl friend whom she had known since she was five and who was illegitimate, and also to a special boy friend. The only occasions on which she had been embarrassed about her adoption were when she had to show her birth certificate for work. This certificate was an "extract from the Adopted Children Register".

She considered that she was "lucky in landing in the home she had", compared with what might have happened. She also considered that it was important for children to know that they were adopted. She wished that she had had a sister. It was clear that she assumed that she had been illegitimately born.

C. did not feel she was like either of her adoptive parents. Outsiders saw her and her adoptive father as alike in appearance, whilst others saw her as having her adoptive mother's mannerisms. C. could not see any of these likenesses. She was amused by these comments.

From a brief conversation with the adoptive father, it emerged that the adoptive parents, and himself in particular, were rather anxious about the adoption situation. He reported that when C. was 8, she came home from school one day very upset saying that the children had said "You're not my Mammie". This gave the parents a shock. They had explained that they were not her real mother and father and had also explained about her adoption "as nicely as we could". (Specific details were not given). C's. reply to this had been "Well, I don't want any other father and mother". The adoptive father was anxious to know from the research worker whether, now that C. was older and able to judge for herself, she still was of the same opinion.
The adoptive father, though thus showing his anxiety, failed to meet the research worker al-though C. and himself had agreed to this. When it had been diagnosed that C. had pulmonary tuber-culosis, the adoptive father had been anxious about the possibility of inherited disease, and had talked this over with the doctors concerned.

It was clear that there was a certain lack of communica-tion in this family and also a lack of homogeneity, which was not apparent in the other history quoted in this sub-section. This, however, seemed to be less a problem for C. than it was for the adoptive father, who, as a tense and anxious man, was worried about adoption and about his adopted daughter. It seemed unlikely that he would ever break through his own re-serve to have a frank talk with her. It seemed likely there-fore that he would continue to be unsure of his relationship with her, and so would tend to give her a great deal in a material way to compensate for his lack of confidence.

It was difficult however to separate out exactly how much of the parents' anxiety here was due to adoption as such, to C's. illness, or to the fact that at 20 she was going through the normal developmental stage of wanting independence and of resenting the control of parents. There was evidence, however, to conclude that at least part of the father's anxiety related to his apprehension that, because C. was an adopted child, she might not be satisfied with her adoptive parents as parents.

C., though inarticulate about her adoptive parents, clearly
viewed them as her parents. She had a close and easy relationship with her adoptive mother and there was no indication but that she felt secure in her adoptive home.

The other five histories in this sub-section present a similar picture of good adjustment to those just quoted. There were two particularly close to the first history quoted. These were:-

E.A., No.2, aged 24, adopted by a married couple aged 30 and 28 who already had a girl of twelve and a boy of 10, and G.F., No.19, aged 21, adopted by a married couple aged 34 and 35 who had a boy of their marriage aged 9½. Although E.A. had had some slight contact with her biological father, her biological mother having died at her birth, her identification was entirely with her adoptive family. At the age of twelve, this girl had had rheumatic fever, with resulting mitral stenosis and thereafter she had had to attend a special school for physically handicapped children. A year prior to the interviews she had undergone a valvotomy operation with resulting marked improvement. She had adjusted well as a child to the curtailment of her activities, had undertaken a normal apprenticeship training in her teens and she had responded equally well to the operation, making a quick and good recovery.

In these two adoptive homes there were good relationships between the parents, who were themselves emotionally warm, mature and happy people. The adopted child was given the same warmth, security and opportunities as the siblings born to the couple, and in both cases the adoptive siblings had been encouraged to take an active and protective interest
in the youngest member of the family. E.A. reported that she had always known that she was adopted. The adoptive mother, however, reported an incident when E. was 9, when a child at school had said E. was adopted. The adoptive mother had then confirmed that she was. She had explained that she had "another mother in heaven", who had asked the adoptive mother to look after her.

G.F. learned that she might be adopted from the comment of a school-teacher on seeing her birth certificate when she entered Senior Secondary School at the age of 12. She neither reported this to her adoptive mother, nor asked her any questions. She felt that if there were anything in this, her parents would tell her.

From an interview with the adoptive mother it emerged that she had felt for many years that she should tell G. of her adoption, but she had not known how to introduce the subject. A programme on the wireless about adoption when G. was 13 gave her the introduction for which she had been looking. On telling G. that she was adopted, she learned that she already knew.

The adoptive mother had told G. that she knew nothing about her biological parents. This was not in fact the case, but the adoptive mother wanted to hide from G. the fact that her biological mother had been very young. She also wanted to shield her from the knowledge that she was illegitimately born. The adoptive mother had been careful to give no one any information about G's. background.

G. seldom remembered that she was an adopted child. If and when she did think of her adoption, it was in relation to being somewhat curious about her biological parents.
The remaining three histories are nearer to the second quoted, in that there was evidence of some tensions in the adoptive family relationships. These were: - C.G., No.44, aged 23, brought up as an only child by a couple aged 45 and 40; P.C., No.14, aged 23, again an only child, whose adoptive parents had been 30 and 26 at the time of her placement, and V.O., No.29, a girl of 21, whose parents had been 31 and 41 at the time of her placement and who had a brother 3 years younger who had also been adopted.

C.G., No.44, was of University level of intelligence. Her adoptive father was a very able tradesman, while some members of her adoptive mother's family had reached professional occupations. This girl had a very close and warm relationship with her adoptive mother but a more distant one with her adoptive father. There was no evidence, however, to suggest here (as there was in the case quoted in detail) that this was related to the adoption situation itself. It appeared to be similar to a frequent pattern found in families of the daughter being closer to the mother. It could also be connected with this girl's social aspirations, which were more comparable with those of her adoptive mother's family than of her adoptive father.

When C. was aged 5, another child had passed a comment to her about her adoption. Her adoptive mother had then told her that she was adopted. C. herself could not remember this incident and she felt that she had always known about her status.

C. had been told no details about her biological parents. She was curious from time to time about this but she did not ask her adoptive mother
for any details. She was ambivalent in her attitude here. Although somewhat curious, she was also somewhat afraid of what she might learn if she asked. She wanted to know nothing unpleasant about her origins.

She identified completely with her adoptive family.

In the case of P.C., No.14, the relationships in the adoptive home were, on the whole, harmonious, with the adopted daughter close to both parents. There was evidence however that the adoptive mother, whose health was poor, was somewhat jealous of the boisterous and youthful exuberance which she saw when P. and the adoptive father were together. There was evidence to suggest that the relationships in this home were to some extent triangular with the adopted daughter and the adoptive mother competing for the affection and attention of the adoptive father. Although this kind of situation can be viewed as "normal" in that it can occur in many families with biological children, the adoption situation made it have a particular significance and nuance, particularly in this relationship between a youthful father and a non-biological daughter.

P. learned that she was adopted from two incidents when she was 12. In one case, a cousin told her that she was adopted. In the other the daughter of one of her adoptive mother's friends also said she was adopted and then at once added that this was all lies.

P. was very upset by these incidents. She said nothing, however, to her parents, but when she looked at them, she said to herself, "Are they really not my mother and father?". She worried about this, felt different from others and reported
that she developed "an inferiority complex". The adoptive mother reported that after seeing a film about an adopted child, P. had said to her, "Are you really my Mummy?". The adoptive mother was so inhibited by the strong emotions evoked by this that she found herself unable to admit that P. was adopted. She dismissed her question with .... "Of course... What are you talking about". (It is of interest to note that at age 12, P. developed severe dermatitis).

Over the years, however, P. reported that she became used to the idea that she was adopted. Her adoptive mother on her side reported that she had felt she should tell P. of her adoption, and yet found this subject so difficult to introduce that she repeatedly put off mentioning it. When P. was 17, her mother ultimately introduced the subject and became very upset when she realised P. had known of her status for some 5 years. The adoptive mother gave P. details about her biological mother, why she had been placed for adoption and how the placement had been made.

P. found that she was not interested to hear about her biological mother or to trace her, but she had been anxious to try to trace her half-siblings. (These were children of the biological mother's subsequent marriage). This appeared to relate to her feelings of loneliness as an only child.

In the case of V. O., No. 29, the relationships in the adoptive family were good in so far as V. was concerned. The adoptive mother here was of a worrying nature, protective and rather possessive in her relationship with her two adopted children. V. was able to be tolerant of this attitude, but her adopted brother resented it. V. was given freedom to have a full social life and she had recently
become engaged to be married. Although her mother had not intended that V. should know that she was adopted, V. found out, through the comments of others when she was nine, that she might be. Through persistent questioning, she obtained confirmation of this from her adoptive mother. Although her adoptive mother denied this, a striking difference in physical appearance between V. and her parents and brother made her feel that her mother might not be telling the truth. V. therefore questioned her persistently until her mother, fearing that V's. brother would hear her questions, admitted that she was adopted. V. asked frequently about her biological mother, but her adoptive mother would never tell her any more than the details of her age and that she had been engaged to the biological father.

The adoptive mother wanted to hide the fact that the children were adopted and she had told V. that she must not tell her fiance of this. V. however, had felt that he should know, and unknown to her adoptive mother, she spoke to him about it before they became engaged.

V's. adopted brother, aged eighteen had never been told that he was adopted, and the adoptive mother hoped to continue to hide this from him. As, however, at the time of the interviews, he was about to go into the Army, the fact of his adoption, though legal, was bound to emerge. The relationship between the brother and the adoptive home was not an easy and relaxed one. There was evidence that the brother was behaving in an aggressive and anti-social way, and that he was in touch with a group of young men of his own age, not approved of by his adoptive parents.
It is of interest in this history to record that although the adoptive mother was anxious to hide the fact of adoption from both her children, it was well known in the small country town where they lived that the children were adopted. The adoptive mother had made no secret of the fact to others of her own generation.

The second sub-group, that of five married women with children, is illustrated by the history of

**G.H., No.21**, a happily married, quiet and attractive woman of 29, with a daughter of eighteen months. She was a very competent housewife with a tendency to be anxious about her first child. Prior to marriage she had worked as an assistant to a dispensing chemist, having been to Junior Secondary School until the age of fourteen. She was very conscientious at work. She had many friends at school, and her own "crowd" as an adolescent, and in this way she had met her husband. She had married at twenty-two and had continued to work until five years later when they obtained their own house. Her husband was in a minor executive post in a factory. She had had no health problems.

Illegitimately born, she had been adopted at five weeks through a mother and baby home, by a married couple, of 46 and 39, who had been married for two years and who had no other children. As far as was known there had been no medical consultation or treatment about their inability to have children of their own.

The adoptive father was a semi-skilled factory worker with a steady work record. He developed a heart condition when aged 58, and thereafter was
frequently off work for several weeks each winter. He died when G. was 24. The adoptive mother, a factory worker before marriage, was still alive at the time of interview. Both parents had been kind, gentle people, who were happy with each other and who were accepted in the community. The adoptive mother was prone to worry and to be easily moved to tears. The adoptive father was understanding of a child's point of view.

The family finances were often strained because of the father's ill-health. The family had had two addresses but had always lived within the same area of a small country town.

G. was encouraged to have as good an education as possible but the final choice about sitting for examinations was left to her. As she grew up she was given freedom together with guidance to have her own interests and friends. Her adoptive mother had herself suffered from a too strict father and she determined that this should not happen to G. G. was lonely as an only child and in her teens she noticed that her mother was too old to join in her activities. Her adoptive parents, aware of this age gap, would like to have adopted another girl, so that G. could have had "someone of her own". The father's ill-health, however, with the consequent financial difficulties, prevented them from doing this.

The adoptive parents were members of the Church of Scotland and G. later became a Sunday School teacher. All the relatives accepted G. as one of the family and she felt that she was. One uncle and his wife adopted a girl eight weeks after G. from the same mother and baby home.

G. was not dissimilar in appearance from her
adoptive parents.

This placement, which occurred before the first adoption act of 1930, was made as formally as possible at the time of placement. It was subsequently legalised after the introduction of the Adoption of Children (Scotland) Act, 1930.

G. had no idea that she was adopted until she was eleven when, in a conversation with a girl at school, she had referred to her mother. The girl said "She's not your mother, - you're adopted". G. was upset by this and, on arrival home, told her parents, who also became upset. Her mother had said, "Well, it may be so. But you're ours and we're your mother and father still...We have brought you up as if you were our own". Her mother had also explained that she was unable to have children herself. Her adoptive father told her that if anyone ever said this again to her she should say that her parents chose her; that others have to take what they get. When G. was 12, another girl did comment on adoption and G. gave the reply suggested by her father. The girl had departed "stunned" and G. was quietly pleased at this effect.

About thus finding out that she was adopted, G. had been hurt by the cruel comments of children, and she felt that it would have been better if her parents had told her. It made no difference, however, to her attitude to her adoptive parents..."still my parents, the only ones I have known". Her adoptive parents had meant to tell her of her adoption but not until she was older. After the incident at eleven, her adoptive mother was reported as saying that G. had asked "many awkward questions" about where they had got her and about her early history.

When G. was about fifteen she was given details by her adoptive mother about her biological mother.
She was told that she was a school teacher whose parents did not wish the baby to interfere with her career, (and so G. assumed she was young). She was also told that her adoptive parents had gone to a mother and baby home in another town to fetch her. The adoptive mother reported that she had always been afraid that the biological mother might claim her back, and that neighbours, at the time of the adoption, had said she "did not know what she was bringing up".

G. knew that she has three different certificates and documents relating to her birth and adoption but she had never been required to show any of these for any official purpose.

Adoption was mentioned by the adoptive mother within the family when the subject occurred naturally in general conversation, but it was never discussed with relatives and friends. G's. female cousin, who was also adopted, had always been a close friend, being G's. bridesmaid at her wedding. Adoption, however, had never been mentioned between them, although G. considered her cousin would probably know of her own adoption and also of G.'s adoption. G. had told her fiance that she was adopted and he had mentioned it to his parents, to discover they already knew. They had felt, however, that it was for G. to tell him or not as she thought fit.

G.'s attitude to her biological mother was that she was glad to have information about her. She would really, however, have liked to know also what she looked like, what she was like as a person and what were her present whereabouts. Sometimes she fantasied about her. She would like to see her once, but without her knowing who she was, to satisfy her curiosity. She was certain her biological
mother must wonder about her on her birthday. But "the parents who bring you up are your parents".

In the four other histories in this sub-group, a similar picture of good adjustment emerged although each had its own particular and individual variations. They were all competent women, happy in their marriages and in the rearing of their children. One, N.J., No.22, was brought up as an only child by a married couple in their early thirties, J.H., No.5, and M.T., No.34, became the youngest by twelve and twenty years respectively in families where there were children born to the adopting parents and where the parents themselves were aged 50 and over. In the fourth history, S.L., No.11, was adopted by a couple who already had an adopted daughter of nineteen. The adoptive father died when the child was three. A year later the adoptive mother's sister died and the adoptive mother became the mother figure also in this household which consisted of an adoptive uncle, grandfather and four adoptive boy cousins, aged from sixteen to five. All the children were treated alike and thus the adopted child, then aged four years, acquired four adoptive brothers.

In all these 4 cases there were good relationships between the adoptive parents and parent figures in the home and the child was given emotional security, freedom and consistent discipline and guidance. In each history the adoption situation had its own particular variations, but in all cases they felt that their adoption was a happy one.

N.J., No.22, aged 26, born illegitimately to one of the adoptive mother's younger sisters, was
not aware of this relationship until she was 14. This was made particularly possible because the adoptive family had moved, because of the employment situation, to another city when N. was 9 months old. On their return to their original home city, when N. was 10, they had little or no contact with the biological mother and her family.

N. was not told by her adoptive mother that she was adopted until she was 14. She had, however, since she was 7 or 8, wondered if she might be adopted. At that age she had overheard a snatch of conversation between visiting relatives and her adoptive mother, which implied that the latter was not her real mother. She did not ask about this. She was not supposed to have overheard this conversation.

Although she wondered about being adopted she denied that she worried about this. By temperament she found she was not inquisitive and in any case she felt information about this would have to come from her mother. When she was 14, her adoptive mother, showing considerable emotion, told her of her adopted status and who was her biological mother. N. then told her that she already had guessed that she was adopted. She did not wish her biological mother referred to as her mother, since to her, her mother and father could only be the parents who had adopted her.

This adoption which was originally a de facto adoption was legalised when N. was 14.

J.H., No.5, age 33, reported that she had always known she was adopted and of the details about her biological mother and the circumstances of her placement. Her biological mother had worked in the same factory as one of her adoptive sisters. The adoptive mother had originally cared for J. on a day-time
fostering basis while the biological mother worked, but after 3 months the adoptive family officially took over full responsibility for the baby. There was no further contact with the biological mother.

J. used her biological name at school and her adoptive parents' surname for all other purposes. She denied that this made for difficulties for her, since by chance no other children from the particular street in which she lived attended the same school. She felt, however, that it was important that a child should know that it was adopted, since it was then in a position to cope with any comments about this from children outside the home.

In this particular case, the adoptive sisters were very protective towards this youngest sister. They became very angry if any outsider referred to adoption in any way. They always made it clear, both inside and outside the home, that she was their sister.

M.T., No. 34, age 55, was an illegitimately born child adopted within the family, in this case by the biological mother's aunt and her husband. The latter lived in a medium-sized country town a considerable distance away from the village when the biological mother lived, and an even greater distance away from the town where she ultimately settled on her marriage soon after this child's birth.

M., who was a very intelligent woman, probably more so than her adoptive parents, recalled that at 4 she had asked her adoptive mother where she was born. Her adoptive mother evaded answering this but when M. was about to go to school she told her of her adopted status. The adoptive mother, however,
never indicated who M.'s biological mother was until a particular incident occurred at 12 when the biological mother asked to see M. Before this, M. had been aware that she was related in some way to her adoptive mother, but she did not know exactly how. She never asked about this, but she was constantly on the look-out for any clues which would have given her the answer.

At 12, M. had said that she did not wish to see her biological mother, which greatly pleased her adoptive mother. Thereafter there was no direct contact between the adoptive parents and those of the family closely connected with the biological mother.

M. met comments at school about her adopted status. These were, that her sister was not her real sister. This related to the fact that her adoptive sister was 20 years older than she was and was different in physical characteristics. M. had replied that it was true that she was not her real sister but she was a relative and they had been brought up as if they were sisters. When M. went to work she met the comments that the people who were bringing her up were not her real parents, and that "we don't really know anything about you". Again M. agreed with the truth of these statements, and said that people would just have to accept her for the person that she was. She reported that these comments did not worry her since she was happy in her adoptive home. She confided in her adoptive mother about those comments which were made when she was 7 or 8 but not about those which she met when she went to work, since she felt that such comments would have been hurtful to her adoptive mother.

Some time after her adoptive mother's death, when M. was 20, she met her biological mother for the
first time. This was not by arrangement, but by chance when M. was visiting the biological mother's town. Thereafter her biological mother had visited her in her home area and M. occasionally went to see her. M. was proud of her biological mother since she was a very attractive woman, but she found that she was not fond of her and that she had in fact no feeling for her at all. Her adoptive mother, to whom she had been devoted, and who was equally fond of her, remained her mother. She found, however, that, when in her early twenties, she did wonder how things would have been for her had she been brought up by a somewhat younger mother. Her adoptive mother had been 50 and her adoptive father 55 when they adopted her. (Her adoptive father had died when she was 10 and, although doing well at school and able for a Senior Secondary School education, M. had left willingly at 13½ in order to care for her adoptive mother who was then ill). By contrast her biological mother was in her twenties when M. had been born.

It was only when she thus met her biological mother that she learned the details both about her and about her biological father.

S.L., No.11, age 25, was the youngest of 4 legitimate children whose mother died at her birth. The adoptive parents were friends and neighbours and the adoptive mother, who was very fond of children, had always indicated that she would care for the children of the biological mother at any time. The three older siblings, all boys, were cared for by a biological aunt and then ultimately were brought up in a children's home. S. was taken for permanent adoption by the adoptive parents when she was 3 days old. Changes of address when she was 4 and 10, the first within the same area of the
town and the second to a completely new area, meant that contact was not maintained with the biological family. The biological father, a sailor serving in the Royal Navy, in any case had died within a few years of the biological mother's death.

S. did not know she was adopted until she was about to go to work at 14 and required her birth certificate. Her adoptive mother then told her, with difficulty, that she was adopted and gave her some details about her early history. She did not make it clear, however, that she had not been illegitimately born. Hearing thus of adoption was a shock to S., and at first she worried that she might have been illegitimate. Gradually, however, she realised that, with a father and a mother and siblings, this was unlikely. Like the others, however, she was unable to ask her adoptive mother about this. Although very curious about her biological parents, again she could not ask but waited for her adoptive mother to give her details.

At 15 she met her biological brothers, contact with them having been made by her adoptive mother after she had told S. of her adoption. Although S. established good relationships with all these brothers, her more positive identification was with her adoptive family. She remained curious, however, about her biological parents. She thought that "perhaps one day" she might go on holiday to the part of the country from which her biological father had come in order to try to meet some of her paternal relatives.

The history of the sixth married woman in this group is given in detail, since it illustrates how a person whose own
adoption proved a happy one, was having difficulties as an adoptive parent herself.

C.H., No.38, was a happily married woman of 46, who, prior to marriage at 29, had been a dressmaker. She had an adopted daughter aged 9. She had always had severe dysmenorrhoea, but no other health problems, and no medical reason had been found for the inability of her husband and herself to have the children they wanted. Her husband, a semi-skiller transport worker, was like herself an easy-going person. They were devoted to each other and to their adopted daughter. Neither, however, had faced telling their daughter of adoption and they had no intention of doing so unless they had to. C. made it clear that she "dreaded this".

C.H., presumably illegitimately born, was adopted at 10 days straight from hospital by a married couple both aged 30 who had been married approximately one year. It was reported that the adoptive mother had said they adopted as she feared she was not going to have a family. Ten months after adopting C. a girl was born to the adoptive parents.

The adoptive father was a railwayman, who, after several years of ill-health, died of an intestinal obstruction at the age of 48. The adoptive mother became a domestic worker on the father's death. Both parents were people of integrity who had been very fond of both their children. They had been very devoted to each other having known each other since childhood. They had a pleasant social life with many friends, each being members of masonic organisations, enjoying dancing and the like. They were both members of the Church of Scotland.
Finances had been adequate though not abundant, until the adoptive father's ill-health made for some financial difficulties. The adoptive parents moved to a new area soon after they adopted C. and remained at this address until C. was 17.

C. and her adoptive sister were brought up as if they were sisters and, although different in temperament and achievement (the girl born to the adoptive parents had become an established civil servant), each was accepted for herself, and no comparisons were apparent. For example, they were each given music and dancing lessons. The child born to the parents was more successful in the musical field and the adopted child had success as a dancer. She ultimately became a teacher of dancing in her spare-time. C. and her sister found that they chose different friends. This was accepted by the adoptive parents and each group was made welcome at home. Both parents took a share in the children's upbringing, and there were many family outings, holidays and so on.

Relatives always accepted C. as one of the family and treated both girls alike.

The child born to the adoptive parents had not married and she continued to stay with the adoptive mother. She was a reserved, rather self-contained individual, whilst C. was emotionally labile and an overtly friendly, easy-going person with a sunny disposition. In physique and in colouring they were dissimilar. C., however, in these could be seen as like her adoptive mother, whereas in both these respects, the sister was like the adoptive father.

C. reported that she had no idea that she was adopted until she was about to be married at 29, and her birth certificate was then required. This
was given to her fiance who was asked by the adoptive mother to tell C. of her adoption. This he did and the adoptive mother later asked C. how she felt about it. C.'s reply was that her adoptive mother was the only mother she had known and it made no difference to her. Her adoptive mother at this point had described how sad C.'s biological mother had looked when she took the baby from her. There had never been a further discussion of adoption since then. Adoption had not been mentioned to outsiders.

C., in thinking back, reported that perhaps it was a shock at the time when she was told of her adopted status, but she denied that it had worried her. Once she had been told of her adoption she could recall that, when she first went to work at 15, her birth certificate had been put in a sealed envelope, and, although at the time she had thought this rather odd, it never occurred to her to open the envelope. Even if she had thought of so doing, she would not in fact have done this since in her upbringing, amongst other things, the privacy of other people's letters had always been stressed. As a growing child, and as an adolescent, she had also noticed the differences between her sister and herself, but she had never thought of them as significant. After she knew she was adopted she saw them as due to the fact that they were not biological sisters.

C. was unsure if her adoptive sister knew of her adoption. She assumed she must know. She thought she could recall on one occasion that her sister had said to her "You're adopted anyway"; but she was so unsure about this that it seemed that she probably wanted to deny that any such comment could have been made.
There had been no comments from outsiders about adoption. Neighbours of the family did not know of this since the family had moved to an area when C. was a few months old.

C.'s stated attitude to her adoption was that she was not interested in how it had been arranged; there was no disgrace in it and no point in enquiry. "To this day I don't know who my mother is." When, (several years after marriage), she was first given her birth certificate, C. had thought that perhaps she "ought to look her up". (Since this placement was made before legal adoption, the original birth certificate would give the name, address and occupation of the biological mother.) She had decided, however, not to do this, and she had never even looked at the address given for her biological mother. At the time of the interview, she could not recall what was on the certificate. C. reported that even if she had been curious, she would not have asked her adoptive mother. She would have left it to her adoptive mother to tell her.

A completely accurate assessment of this adult's real attitude to her adoption was complicated however by the fact that at 46 she looked at adoption also through the eyes of an adoptive parent. After eight years of marriage, C. and her husband adopted a baby girl through an adoption society after a wait of two years. C. wanted a very tiny baby girl, in order to know that she had done everything for her, and thus feel that the child was her own. C. also wanted everything to be as like her own adoption as possible. She had therefore not told her daughter that she was adopted and she only would do so if her daughter asked directly. The subject of adoption had already appeared several times on television,
but her daughter did not seem to have noticed this, and C. had avoided using the word. C. felt that she could never introduce the subject herself as she was so easily upset, and she saw no real reason why her daughter's adoption should not parallel hers. Although neighbours knew of the adoption of her daughter, C. felt she had warded against any comments being passed, by her request to them not to talk of it.

She realised intellectually to a certain extent that she was avoiding seeing the situation here but she also knew she would use her own adoption situation as her guide. Here in fact she became illogical. As an adopted child she had felt that any details about her own adoption and about her biological mother had to come from her adoptive mother. In her daughter's case, she again felt that any questions about adoption had to come from the other person in the situation, this time her adopted daughter. She did not see that the roles were now reversed. She paralleled too her lack of curiosity about her own mother with the lack of curiosity she had about her adopted daughter's biological mother. She had seen the biological mother's name and address on the original birth certificate but had made no effort to memorise these. In fact, she wanted neither to know these details nor to remember them.

In all this, C. emerged as someone who was very accepting of situations and who suppressed what she did not wish to think of. In this respect she could be viewed as not well adjusted, although in fact it was her way of successfully adjusting to her own particular adoption situation. It seemed likely however
that in the future it would lead to difficulties for her, as an adoptive parent, if things did not go exactly as she had planned with her adopted daughter. That she herself reached the age of 29 without needing to be told of adoption seemed to have been the result of a series of chance occurrences. These might not recur similarly in the case of her daughter. C., however, would not acknowledge that there need be any difference.

With regard to occupation, only 2 were happy and successful in the occupation of their choice, and there was evidence in all cases that their achievement of their choice of occupation had been affected by their unhappy adoption situation or their poor relationships with their adoptive parents. One of the men had served apprenticeships and one had gained preferment to become a colliery electrical engineer, while the other, after a period in the merchant navy, had also been promoted and was a foreman dockside builder. Of the women, one was a factory worker, one a dressmaker and then a clerk, one a shop assistant and also a music teacher, one a qualified librarian, and one was a state registered nurse and a health visitor. Of the remaining 3, one had never been able to
GROUP B - POOR ADJUSTMENT

The second group of histories to be described is at the extreme other end of the scale of adjustment. Ten have been viewed to be in this group. Two were men and 8 were women and the age range was 60 to 31. Three were legitimately born and 6 were definitely known to be illegitimate, whilst in the tenth case there was good reason to assume illegitimacy. All the 5 who were married showed evidence of maladjustment in their marriage relationship or in their attitudes to their children, or in some other way. Of the 5 who were unmarried, 2 had never been given any chance or freedom to develop their potentialities, and of the 3 remaining cases, one had a very abnormal personality and 2 were tense, nervous people unable to mix easily with others. Both of these last mentioned had had problems in their relationships with those of the opposite sex.

With regard to occupation, only 2 were happy and successful in the occupation of their choice, and there was evidence in all cases that their achievement or their choice of occupation had been affected by their unhappy adoption situation or their poor relationships with their adoptive parents. The two men had both served apprenticeships and one had gained promotion to become a colliery electrical engineer, while the other, after a period in the merchant navy, had also been promoted and was a foreman coach builder. Of the women, one was a factory worker, one a dressmaker and then a clerk, one a shop assistant and also a music teacher, one a qualified librarian, and one was a state registered nurse and a health visitor. Of the remaining 3, one had never been able to
do full-time regular work but had done part-time work during wartime as a shop assistant, later working spasmodically as a seamstress. Another had been a nurse in training for a year and a half and then did voluntary Red Cross work during the Second World War, soon after which she married. The third had a domestic science qualification but worked only for a year and a half. After this she stayed at home to look after her parents' home for 21 years, when she became the proprietrix and then ultimately the manageress of a small draper's shop.

Only one of the 10 had had no health problems. One, though healthy in all other respects, had agoraphobia. Another had had severe tuberculosis of the knee, together with a phobia about birds. One had a reported nervous breakdown when 12 described as due to over-training for running for parental monetary reward. At 18 he sustained a severe hand injury which left a residual disability and so prevented him from enlisting in the armed forces. One was a stammerer as an adolescent, and always had had severe dysmenorrhea. Two had asthma and two had developed thyrotoxicosis in their thirties. In one case of the latter, it was viewed as cystic in origin, but the other was recognised to have a large psychological element in the aetiology. One was a very disturbed person, who had had night terrors as a child, a reported nervous breakdown in her teens, and showed marked hypochondriacal and hysterical behaviour.

To illustrate the first sub-group, that of the two men whose histories and adjustment presented many similarities, the history
of T.D. is given in detail.

T.D., No. 41, aged 56, was a foreman coachbuilder, intelligent and well read but slight in build, nervous in manner and lacking in self-confidence. He had left school at 14, not having achieved much at school. At 16 he had started an apprenticeship but went to sea a year later. He had intended making the Merchant Navy his career and at 24 he had planned to go to nautical college. He became ill, however, with rheumatic fever at this time and he had also recently married. He decided to obtain a shore job and to finish his coachbuilder's apprenticeship. He gained promotion at work and at 49 was promoted to the position of foreman. In this position, however, he had difficulties because of his poor relationships with others. At 55 he developed very severe bronchial asthma which was considered by the consultant chest physician to be largely psychological and to relate to his inability to cope with the men under him at work. He had difficulties also in his relationships in other fields. His first marriage ended in divorce and his second one was lacking in mutual understanding and sympathy. When at sea he had started to read widely and he now found satisfaction in reading and in having discussions with others on religion, atheism and the like. He was in the habit of using whisky to give himself confidence and to stimulate him for such discussions. He would not reveal however exactly to what extent he had drinking bouts. After the break-up of his first marriage he had had considerable recourse to alcohol.

T. was adopted when 1 year old by a married couple each aged 40. There was one daughter of the marriage, then aged 8. Prior to this and from the age of a few weeks, T. had been cared for inadequately by his biological
mother's brother and wife, who were neighbours of the adoptive couple. His biological mother, a domestic servant, was unmarried. The adoptive parents, seeing he was not well looked after, offered to care for him permanently if they could adopt him and bring him up as a Roman Catholic, the biological family being Protestant. There was contact with the biological mother and aunt for about one year, after which the biological family moved from the area and contact was lost. T. used his adoptive parents' name and was brought up as if he were their son.

The adoptive father was a roadman in steady employment, a devout Roman Catholic of Irish extraction, who carried out his religious ideals in his everyday life. He had had little education but was intelligent and well read, being very interested in politics. He was well respected in the community. The adoptive mother's family was also of Irish extraction and she too was a devout Catholic. She was not intelligent as was her husband, being in fact almost illiterate. She was a competent housewife but had no other activities or interests apart from her attendance at Church. She had few friends and saw little of her neighbours. The adoptive father died when T. was 19, and the adoptive mother when he was 22 or 23.

Finances were always adequate and the family lived throughout at the same address in a small closely-knit country-like community near the city.

The atmosphere in the adoptive home was respectable and very religious and although the parents had quarrels they were not of a very serious or constant nature. They had occasional visits from relatives, all of whom accepted T., but otherwise few people visited the house and as a result the family was socially isolated.

His parents were kind to T. and he considered that they were fond of him in their own way, but he was very
unhappy with them. He found he was temperamentally different from them and he felt this particularly in relation to their attitude to religion. He stated that he suffered from "claustrophobia" whenever he went to Church, which he had to do regularly, and that he found that his parents instilled fears into him in connection with their faith. He was also sensitive that, being a Catholic, he was different from all the other children in the area and thus went to a different school. His reaction was to hate school.

His mother was very strict with him using frequent physical punishment and he found that he was "checked and thwarted at every turn". He was not allowed to play with the other children of his own age. The general tenor of his relationship with his parents was that he was "to be a credit to them". They were not interested in what he did at school so long as he behaved well, nor in what occupation he followed so long as he was earning. He had no real relationship with his adoptive sister, who was so much older that he had no interest in her. She was also very religious and a devout Roman Catholic.

After T. was 16 he was given a little more freedom and he began to have friends of his own age, all of whom were Protestants. He was ashamed of being a Catholic. At 17, he decided to go to sea in order to escape from home. Once he was away from home, he broke with the Roman Catholic Church and read widely on atheism, agnosticism and such authors as H.G. Wells and Bernard Shaw. He knew his parents would disapprove of such literature. This break with the Catholic Church worried him a great deal, and at the time of the interviews he still could not rid himself of the fears engendered in him by his parents. From 17 until his
mother's death when he was 23, he sent money regularly to his parents. He was seldom, however, at home, and from the time he went to sea he did not feel responsible for them. Emotionally too, he made a break with his home, and from age 17 he felt that now he was on his own.

T. did not know he was adopted until he required his birth certificate for his application to the Merchant Navy. He noticed that his parents hesitated over this. They were both upset and his mother wept. He was given details about his early history and placement and he learned that his biological family were not Roman Catholics. T. was sure his parents had not meant to tell him of his adoption, as being illegitimate was viewed by that generation to be a disgrace as much for the child as for the unmarried mother. He stated also that they would not think there was any need to tell him, for endorsement of the birth certificate by the priest, would make the adoption legal in their eyes.

Being told of adoption upset T. and gave him a shock. "What I had been led to believe all along was true, was not true". He wondered to what other things he had been told by his parents this could apply. He stressed such doubts as the main problem for him in his adoption situation.

Once he knew that he was adopted he could recall having heard whisperings from adults and children. "Then what I feared might be true, was true".

He reported that he had worried about all this for a time, but that once he got away from home, having new interests and activities, he soon forgot. He insisted that, in other ways, knowing of adoption made no difference to his attitude to his adoptive parents. This knowledge, however, together with the realisation that his biological mother was a Protestant, was one of the
factors in his decision to break completely with the Roman Catholic Church. In fact it was this break which he considered worried him far more than being adopted, since he felt in making such a break he had done something very wrong. He was however very ashamed whenever he had to show his birth certificate (which would state that he was illegitimate), although he admitted that no one had ever treated him differently because he was illegitimate.

In his teens he was not curious about his biological mother and did not want to find out any more detail about her - at least not sufficiently to take any action about it. He stated that if a person were unhappy in his adoptive home, he would want to get away from it, and not want to go and find another mother. He also considered, however, that his biological mother must have been totally indifferent towards him, since she had been unconcerned that he would be brought up as a Roman Catholic.

T. married at 24 and two years later, unknown to him, his wife traced his biological mother. T. stressed that he himself would never have done this. As well as lacking in curiosity about her, he did not think such an action was fair to her. His wife, however, was inquisitive. T. wondered if women were not more curious about such matters than men, and he considered that his wife might have wanted to know because of their children.

T. visited his biological mother several times and he met his half-siblings. His biological mother was more "easy-going" than his adoptive mother, and she seemed to him to be a nice person though unhappily married. He did not maintain the contact.

T. had thought a great deal about how he felt towards her when he met her. To him she was "just a woman, not a mother" ... "The D's. were my father and mother, even
although I'd been told they weren't". He was sure that it could be no other way for adopted children. It was the people who brought you up whom you looked on as your parents. He had, however, no feeling for his adoptive sister as a sister.

T's first marriage ended in a divorce when he was in his early thirties. This was a serious personal blow to him and he said, "I lost my head for a while". The children of the marriage were looked after by his wife, but he had access to them from time to time. When he remarried (date not available) he did so on a very different footing. It was on the understanding that there was "nothing romantic" about their relationship. There were no children of this marriage, and although it had lasted longer than the first marriage, there was evidence of constant tension.

T's attitude to adoption was that he wanted to be told of it and something of why he had been adopted. He felt very strongly however against any child being placed with any couple who would want to indoctrinate the child into any particular firmly-held religious belief. He thought he himself might have been able to accept the Roman Catholic approach to life had he been born of similar Irish parentage.

It is of course not possible in this history to assess exactly what weight to give to all the factors in the total situation. Although T. saw his difficulties as due to differences of temperament with his adoptive parents and also to their religious ideas, it could equally well be that his strong negative feelings about their religion were really an expression of his feelings against them as parents and that he projected these feelings as antagonism to Roman Catholicism. There is also the possibility that T. was already an emotionally deprived and insecure one-year-old when he
joined the adoptive family, and, as already mentioned\(^{(1)}\) on the basis of Bowlby's thesis, inadequate mothering in the early months may have permanently damaging effects on personality and on a person's capacity for good adjustment.

These considerations apart, however, it is clear from this history that the adoptive parents were far from adequate parents since they did not offer T. the basic requirements for a child, - security, warmth and affection, and freedom with guidance to allow the child to develop its own personality. T. had always to be a "credit to them", and they had adopted him "out of pity" for his plight and not from a genuine and spontaneous love for children. They also conveyed to T. the feeling that illegitimacy was something of which to be ashamed and that they would want to hide this. The adoption situation itself created for T. the problem that if his parents had implied an untruth about his parentage in what else in his upbringing by them had there been untruths. This too, could also have contributed to his revolt against Roman Catholicism.

Similar in many respects from the point of adjustment is the other man in this sub-group.

**G. McD., No. 45**, aged 50, was adopted at 3 months by a couple aged 33 and 39 who had no children of their own. He was the illegitimate child of one of the adoptive mother's siblings who had worked as a domestic servant. His father was from a well-to-do farming family. He had no contact with his biological mother as he grew up and did not know of this connection until he was 9 or 10. He was very unhappy in his adoptive home, finding himself more intelligent than his adoptive

\(^{(1)}\) See Page 64, and also Page 528.
parents and temperamentally different. The father worked as an underground miner. Both parents drank, and the father did so particularly heavily. There were frequent quarrels between the parents and neither took any interest in G's schooling or other activities, except to encourage him to train as a runner. It was known that the biological father had been a successful athlete and the motive for thus training G. was most probably for financial gain. Betting on such running by young people had been a part of the cultural pattern in his home area.

When G. was aged 9 or 10 there was an occasion when his parents were angry with him and had been drinking and they told him cruelly that he was adopted. In subsequent quarrels they frequently referred to him as a "bastard" and told him he would have been "in the gutter" but for them. He, like T.D., planned "to get away from it all" to sea. On the day however, before he was of age to enlist, he had an accident whilst working as an underground miner and sustained a severe hand injury which debarred him from the Armed Forces.

He had ability, ambition and drive. Although unable to escape away to achieve his ambitions, he qualified as an engineer through an apprenticeship which became financially possible for him at the colliery. While he was receiving Workmen's Compensation Allowance following his accident, such "light work" leading to training was also prescribed for him. He ultimately obtained the post of electrical engineer in a colliery.

During his teens, on persuasion from a biological half-sister who came to see him, he went once to see his biological mother "out of curiosity".

T. remained a most insecure man, very sensitive to the comments of his fellows. When he married, which he did only when he was 41, it was on condition
that there should be no children. He did not want children after all that he had been through in his adoptive home. Also there would have been the problem of telling them of his adoption.

Although he did not, as did T.D., develop any kind of psychosomatic illness, his attitude to parenthood was abnormal. His relationships with others, fellow-workers and those close to him, were not easy and relaxed and he was very ashamed of his illegitimacy.

The second sub-group, that of two unmarried women who had never had any opportunity to develop their capacities for full and normal living is illustrated by

  T.W., No. 50, aged 60. Socially apparently confident, she now lived alone in a small comfortably furnished suburban house. She owned a small draper's shop, and took an intelligent interest in the events in the community. She found, however, that because of her particularly restricted upbringing, she had never been able to use her abilities or her intelligence to the full. She had little schooling since from the age of 11 she was viewed as an invalid because of tuberculosis of the knee. Her parents did not arrange any alternative education for her, taking the attitude, as did their medical adviser, that as a girl she would just marry anyway. T. greatly regretted her poor education. She was handicapped in many ways by her health record. From 14 to 16 she was confined to bed at home and subsequently used a caliper for a year. She then developed a chronic tuberculous condition, which was cured only when she was 30 and went to stay in a sanatorium in Switzerland. She had had good physical health since then, but continued to have a phobia about birds, with specific fears of feathers,
this dating from her childhood before the age of 4. T., presumably illegitimately born, was adopted when she was about 4 by a married couple in their twenties, who had married when they were 20 and 18 and who had no children. She knew that, immediately prior to this, she was cared for by an elderly woman of whom she was very fond and she assumed that she would be a foster-mother. She was brought up as an only child until she was 15 when her adoptive parents adopted a boy 18 months old.

Her adoptive father had a draper's business, this being the family tradition. He was meticulous about all aspects of his business being unable to delegate work to others and his officious manner made him unpopular. His interests were in his business and in gardening and he was not sociable. He had, however, a sense of humour and from T's. point of view proved to be more tolerant than her adoptive mother. He had suffered from asthma throughout his life.

T's. adoptive mother had not had much schooling as a child and had spent 2 or 3 years prior to marriage training to be a dressmaker. She had met the adoptive father when buying materials in his shop. She had been given a great deal of attention as a child and was used to getting her own way, and this continued into her marriage. She was obsessional about the care of her house, about her clothes and those of T. and she was also obsessional about adhering rigidly to a particular routine in the house. Fond of social life and anxious to climb the social ladder, she had a circle of similar friends of her own, in which the adoptive father played no part. She was, according to the family doctor, "a spinsterish kind of person of the type who are frequently afraid of pregnancies". She had no warmth of personality and she was not motherly. She was reported as always "delicate", but
she was in fact hypochondriacal seeking frequent attention from her family doctor.

The finances in the adoptive home were very adequate and we can assume that the adoptive father was successful in his business since between the time T. joined the family and her reaching the age of 29, the family moved 8 times, usually to a larger house or one with a larger garden. The last two moves, when T. was 27 and 29, were to suburban villas built by the adoptive father. One of the early moves to a completely new area was timed to coincide with the adoption of the second child so that those living roundabout need not know that either was adopted.

Both parents were members of the Church of Scotland, with the adoptive mother being very religious and more active in Church affairs than the adoptive father.

The adoptive father and mother had frequent quarrels. The adoptive father was devoted to the adoptive mother and was dominated by her, but she resented the fact that he did not give her the social life she wanted. He also was lavish in giving money away and of this she only approved if it brought social prestige, as in giving to the Church. T. hated to hear her parents shouting at each other. She wondered if her mother regretted marrying her father. Their quarrels were less frequent as they grew older.

T. received a great deal materially in her adoptive home, such as clothes, toys and medical care, but her mother had no understanding of her emotional needs as a child. She could recall that at 12 she said to her mother that she wished she gave her fewer dresses and more love. This poor relationship existed from the age of 4 or 5. T. was afraid of her parents and started to tell lies because she was afraid to tell the truth. She was punished physically for this, which made her even more afraid to tell the truth. Her
mother became so distrustful and asked so many doubting questions that T. continued to tell lies to stop these questions. Her adoptive mother was afraid she would inherit a tendency to untruthfulness, and was, as a result, so very much on the outlook for lies that it seemed to T. that she was almost wanting her to be untruthful. A further confusion here for T. was that she noticed that her mother told lies about T's. early history to avoid telling people that she was adopted.

T. was a sensitive child who disliked being talked of. Her mother frequently did this to her friends and if anyone commented that T. was well dressed or well mannered her adoptive mother would say that this was thanks to her.

Her adoptive mother was very strict with T. but not consistent in her discipline. After punishing her she would go out and buy her a lavish present as if from remorse. She also expected T. to conform always to her wishes in how she behaved, what she did, and what she thought. This in later years was taken to include even religion and T. was made to join the Church at a time dictated by her mother and not at the time when T. felt she was honestly able to do this. When T. was in her early teens and began to have ideas of her own, she and her mother came frequently into conflict. Her mother then stopped kissing her good-night saying there was no point in so doing if T. would not do what she wanted.

Her parents were not interested in her schooling or education and her mother did not encourage the interest T. found she had in politics and the affairs of the world in general. Later her parents could not understand why she wanted a domestic science training for a year. Her mother, however, gave her meticulous care when she was ill as a child. She was encouraged to have friends of her own age but her mother tried to
dominate her as to who these should be, and her parents were always very distrustful if she came home a minute later than instructed. Because of her health record and absence from school, T. never had an opportunity to experience the usual group activities of a child growing up. 

There were frequent quarrels in the adoptive home when T. was in her teens and early twenties. Her mother's distrustful attitude made T. very unhappy, sullen and sulky for days. She frequently threatened to run away but this was to gain attention and sympathy since she found herself unadventuresome. In any case she had nowhere to go, and with her tuberculous knee, no training and little education, she knew she could not support herself. She often wondered how she would be able to live through this period of unhappiness. In these quarrels, her mother frequently said that she ought to be grateful to them for what they had done for her, and her mother related this also to their having adopted her.

In these conflicts her adoptive father was more tolerant than her adoptive mother, saying that after a certain age, a child had to make its own decisions, but in any actual quarrel he always took the adoptive mother's side. T., however, was fond of her adoptive father.

When T. was 19 she insisted on one year's domestic science training and thereafter worked in a Children's Home for 2 years. Then her adoptive mother said she was needed at home as she was unwell. T. felt obliged to return. She was tempted one year later to take a good post away from home which she was offered, but she felt that, although her mother was not genuinely ill and did not really need her, she was expected to stay at home. Thereafter she was used by her adoptive parents as the person responsible for all
the house-keeping, but she was given no definite money allowance from her father. T. resented this and she was very unhappy at home. Her parents interpreted her desire to go to Switzerland for treatment for her tuberculosis as a desire to get away from home, and they agreed to this only very reluctantly and after many quarrels.

T. knew one or two boys when in her teens and early twenties and she had gone to social activities at the church. She always, however, had to meet any boys secretly since her mother disapproved of any such friendships. T. said that in any case she had put marriage out of her mind because of her tuberculosis and so she never encouraged a close relationship with anyone of the opposite sex. There was also some evidence, however, that she was influenced by her mother's extreme disapproval and her fear that if she had "disgraced" her parents in any way they would never have forgiven her. Her adoptive mother used to say dogmatically that T. was certainly not going to marry at 18 as she had done.

The relationship between T. and her adoptive parents improved in later years once they saw that as an adopted child she was not going to do all the things they feared, and also when she herself, "feeling so battered" gave in to their wishes. She nursed them devotedly in their terminal illnesses, her father dying when T. was 55 and her mother when she was 58.

T's. adoptive parents were less strict with her adopted brother, 13½ years her junior. He however was also more self-assertive than T. and she felt he would have insisted on going his own way. He was clever at school, going to fee-paying schools on scholarships and reaching university entrance standard. He chose to train as an actuary, although his parents would have financed him through a university course.
T. felt her parents obtained "more pleasure and satisfaction" from him and from his achievement. He "was more of a credit to them" than she was.

T. and her brother were completely accepted by all relatives on both sides of the family (being particular favourites with the paternal grandmother because the adoptive father had been her favourite child).

Though this adoption was arranged many years before it could be legalised in any way, the arrangement was a permanent one and T. always used her adoptive parents' name. Although she was brought up as if she were their daughter and although her adoptive mother took precautions to prevent it being known that she was adopted, T. never felt that she belonged in her adoptive home. She knew vaguely that she had another home although she could recall no details of it. She could recall someone elderly and of whom she was very fond, bringing her to her adoptive mother. When this person left her, she tried to run after her and wept bitterly.

When T. was 14, her adoptive mother told her that they were not her real parents and that she was adopted. Her mother also led T. to understand that she was telling her this in case someone else did. T. had said there was no need to tell her; she had always known; she had never felt they were her parents.

Adoption was thereafter mentioned frequently in quarrels between adoptive mother and T., as "After all I've done for you" ... "you don't know where you'd have been if we'd not taken you" .... "If this is how you treat me, I should just have left you where you were". To this T. used to say that she would have been much happier if she had. Her
mother then said that she would not have been so well off; nor have had such a nice home. T's reply was that she would rather be happy.

The attitude that T. ought to be grateful made T. very angry, and she was also very hurt by it. She considered it a dreadful thing to say to a child.

She came to feel that her adoptive mother was not her mother and when she was asked by her to do anything, she felt "Why should I?"

She considered that her adoptive mother had adopted both children "on the whim of the moment" and not from any love of children.

The adoptive mother hid adoption from outsiders. She viewed the fact that she had not borne children as something to be ashamed of and she was always afraid T. would tell her friends. Trying to hide adoption led to embarrassing situations, such as, for example, when other women were talking of their pregnancies and confinements and the adoptive mother would not admit that she had not had T. in the usual way.

There was some physical similarity between T. and her adoptive father, and outsiders saw her speech and mannerisms to be like those of her adoptive mother. In physical appearance she was very different from her adoptive mother. T. did not consider that this question of similarity mattered one way or the other.

T. knew nothing of how her adoption had been arranged, nor about her life before she came to her adoptive home, except that she realised that she had then been in a much poorer home. She did not wonder about this period, nor did she ask. She considered that she was the kind to accept things, but she also
admitted that there would have been no point in asking since her parents never answered her questions anyway.

During the years of conflict with her adoptive mother, T. felt she was not her mother. She dreamt of other parents and longed for a mother and father and brothers and sisters of her own.

Her adoptive mother gave her no details about her biological parents, but her attitude was that they had weak wills (as unmarried parents) and so she must keep a close check on T. to see that she did not "go the same way." T. in fact saw all her problems in the adoption situation as stemming from this distrustful attitude.

Her adoptive mother and her particular generation appear to have viewed illegitimacy as a shocking social disgrace.

T. herself would not have dreamt of telling anyone of her adoption, since she viewed it as a very "personal affair", but she was very opposed to the secrecy with which her mother enshrouded it. She would have liked it to have been accepted openly that she had been adopted, and then there would have been no need to talk about it. She certainly would have been cross if any of her friends had introduced the subject. Although she was against the fact of adoption being made secret she was opposed to the idea of frequent reference to it. For example, she would have hated to be introduced as "an adopted daughter". If this had happened she felt she would have been like a flower always being pulled up; she would have had no chance to grow roots.

T. knew nothing about how her brother's adoption had been arranged. Although she was 15 at the time
she was given no details. She had never been curious about his parents. She knew her brother knew of his adopted status, but she does not know how or when he was told.

Her attitude to adoption in general was that it should not be made a secret but should be made known by the parents, as, for example, by a notice put in the press. Then everyone knew, and it need not be referred to in general conversation. She felt it important that both parents should be equally enthusiastic about adoption and that no one should be allowed to adopt in order to have someone to look after them. She also considered it was much better to be adopted as a baby and then one could not remember even shadowily an earlier home.

It is clear from this history that T. was not given affection and emotional security in her adoptive home, nor was she allowed to develop along her own individual lines. It could be considered that as she was not placed until she was 4, and had already built up a warm relationship with one mother figure, such a change when placed in the adoptive home was damaging to her. Although her education was restricted, part of the difficulty here was her medical condition, which appears to have been acquired from a contact when aged about 9 or 10. It must also be borne in mind that many women of her generation who were brought up in middle class homes were not offered educational opportunities, and it was automatically assumed that, if they did not marry, they would stay at home and care for their parents. It was also common not to give daughters a regular money allowance but to expect them to ask for what they wanted from their parents. It
is clear that T. was not accepting of the dependent role which her parents expected her to fill. One might argue that if she had a different temperament, or one similar to her adoptive brother, she would have revolted and possibly left home. It could however equally well be contended that her circumstances prevented this possibility; first there was the problem of her chronic ill-health and secondly, she felt an obligation to her adoptive parents it being the social norm at that time for single daughters to stay at home.

The description of this history and of the relationships in the adoptive home might then find many parallels among single women now aged about 60, of good intelligence, who had unimaginative, rigid, possessive, dominating and unhappily married parents. Such women, however, born to these parents would not have faced several additional tensions which arose out of the adoption situation itself. First, there was the ever-recurring theme throughout this history of the adoptive mother's fear of what this child, illegitimately born, might inherit from its weak-willed parents. This fear was a further factor in the adoptive mother's disapproval of T. having male friends and in her concern that she should always know where T. was going and what she had been doing. Secondly, there were the comments of the adoptive mother that T. ought to be grateful for what she had done for her. This might also be said in anger by a mother who had borne a child, but only in the adoption situation could the cruel comment be added that the mother ought to have left the child where she was. There was also the added insecurity that the
adoptive mother might send the child back. Thirdly, there was an abrupt change of permanent parent-figures for T. when she was 4, as may arise in any late adoption placement. Fourthly, when T. was resentful of parental control in adolescence, a normal experience, she had the added feeling of resentment in having to do what her adoptive mother told her, yet knowing and feeling that she was not her mother.

The second history in this sub-group is again that of an unmarried woman, E.Y., No. 33, who had spent her life devotedly helping in her adoptive parents' home and ultimately caring for them in their terminal illnesses. B, like T.W., had had no opportunity to live a life apart from her parents, but in her case she accepted this with docility. Her whole adjustment response had in fact been one of complete acceptance, and at 58, she still acted out in all her relationships the role of the dutiful daughter trying to gain the approval of a mother or a father. She lived alone, and had lost touch with any friends she had had, as they had all married and had families. Her leisure time was spent in devotedly caring for the vestments in the Roman Catholic Church.

Illegitimately born, B. was adopted at the age of 4, by a couple aged 51 and 42 who had been married for two years. The adoptive father was employed as a time-keeper in a large mill. He was understanding of a child's point of view and anxious to allow B. to have her own life. In practice, however, by having social standards different from others in their social group, he set his daughter apart from others of her own age. He disapproved of the consumption of alcohol, of public dancing and the like. The adoptive mother, who lacked warmth and was quarrelsome, was
punishing towards B. as a child. She dominated her completely and did not want her to have a life of her own. The adoptive father was a member of the Church of Scotland whilst the adoptive mother was a Roman Catholic, B. was brought up as a Roman Catholic in a predominately Protestant community and this too set her apart.

There were years of uncertainty for B. as to whether or not she was adopted. When she started work in a factory at 15, others there commented on how different in physique she was from her adoptive parents. This led on to comments implying that she was adopted. B. then realised that she had never seen her birth certificate. The girls at work constantly urged her to ask her parents about this or to look for documents at home. B., however, could never bring herself to do either of these things. She also never asked outsiders for confirmation of her adoption when they hinted at it, since this would have been an admission that she did not know. To avoid the comments of others she withdrew into herself.

She was aware that an adoptive aunt did not completely accept her as a member of the family and that her cousin referred pointedly to her adoptive mother as her aunt, implying in a proprietary way that the adoptive mother was related to her in a way which did not apply to B.

For years B. worried almost constantly about adoption and she was frequently on the point of asking her adoptive mother, but always lacked the courage to do this. She felt too that her parents did not wish her to know of her adoption and so she would incur their displeasure if they knew that she had wondered about it. Here again she withdrew into herself, and into day-dreaming and fantasy.
The only comment which her adoptive mother ever made which implied adoption, was to say to B, when scolding her, "Some people don't know when they've got a good home". Adoption as such however was never mentioned by her adoptive mother until the latter was 80, when B. was signing her pension book on her behalf. Her mother, with her strict moralistic standards, viewed this as forgery and told B. that she was adopted.

B. knew nothing about her biological mother, and could only surmise about her life before the age of 4.

B. commenting about her feelings of constant uncertainty said that because of these others might well have walked out and left home.

At 13, B. had a very frightening experience when she was suddenly attacked by a very vicious cat. Coinciding with this she had been disobeying her parents about coming for a meal, and it was clear that she had felt very guilty about this. Also her adoptive mother interpreted the incident in terms of her disobedience implying that had she come as she was told to, the incident would not have occurred, and in this way B's. guilt further reinforced the traumatic effects of the attack. Prior to this B. had been confident in her normal social relationships. Following this incident, however, she developed a severe stammer. Although this gradually improved as she grew older, at 58 B. still retained the feelings of tension which had been associated with the stammer, whenever she was in unfamiliar situations, or in situations where she felt familiar or ill at ease.

The third sub-group here, that of the three unmarried women who showed more outward signs of their maladjustment is illustrated
by the detailed history of

MM., No. 46, aged 36, as competent conscientious nurse, well-liked by her patients, but tense and ill at ease in general social situations. She had always denied her femininity and though potentially attractive had dressed in tweeds in a rather masculine way and she had always avoided close relationships with others either of her sex or the opposite sex. Her interests were athletic and out-of-door activities, and she had a deep emotional feeling for music. She had always been interested in nursing, "particularly the macabre aspects of it", but had spent the first 6 years after leaving school at 14 in a commercial art firm, where she had studied at evening classes. She did not, however, have enough artistic ability to be really successful here and at 20 she started her full nursing training. Having qualified as a State Registered Nurse, she trained further to qualify as a Health Visitor for a post in Public Health work. Her ambition was to join one of the international health organisations but she considered that her first duty lay with her aging adoptive parents. She was tense and unhappy in relation to her adoptive parents, yet she felt very responsible for them and was very conscientious about caring for them. She smoked moderately heavily to assist herself to feel more relaxed.

Having had a previously clear health record, she developed at age 33 thyrotoxicosis. At the time of interview this was considered by the family doctor to have arisen from a cystic condition of the thyroid gland.

M., who had been legitimately born, was adopted when 3 or 4 weeks old by a married couple, aged 41 and 35, who had been married for 5 years but had no children. There was no known medical reason for this.
When visiting one of Mr. M's. sisters in a city a considerable distance away from their home in the north of England, they heard that one of the guests in her boarding-house, a married woman, whose husband had died a few months earlier, had had a baby and had placed it with a foster-mother for adoption. Mr. M's. sister suggested to Mr. and Mrs. M. that here was a baby needing a home and they had no children. Mrs. M. responded to this at once and felt that "it was God's plan". They stayed for 4 more months with Mr. M's. sister and then returned to their home area with a five months old baby girl. It was not therefore known in their home community that the child was adopted. She was brought up as their only child.

The adoptive father, an iron-moulder by trade, became during the 1930 Depression years an investigating officer for the Unemployment Assistance Board. He thereafter was employed variously as a canvasser and on various clerical jobs. Interested in politics, he became a Town Councillor and Magistrate. He had, however, rather a passive type of personality and he was dominated at home by the adoptive mother. Brought up in an evangelical missionary family, his father having been a missionary in an English city, he adhered to this religious teaching though less strictly than the adoptive mother. He retired when he was 73 and at the time of interview was in poor health. The adoptive mother had been the eldest in a family of five where her parents had been very religious in the puritanical sense. Her siblings all showed instability, three of them with tendencies to promiscuous and morally irresponsible behaviour. Emotionally she was very much tied to her mother, and was always expected to help out in family crises. Her parents had also controlled
whom she should marry. She met Mr. M. through their common interest in evangelical work. She was intelligent but had no opportunity to train for an occupation suited to this. During the Depression she supplemented the family income by running a retail draper's business and taking in boarders. She was attractive and always interested in dress, jewellery and her appearance, and she was anxious to be successful socially. She was also, however, very opinionated, and critical of those who did not follow the moral principles she advocated. She retained all the strictly religious and puritanical teachings of her parents. The family were members of the Congregational Church. She was in poor health at the time of the interviews, having previous had a clear health record.

Because of Mrs. M's. concern for social position the family always lived above their income and there were considerable financial difficulties during the Depression years. For the first few years of their marriage the parents had lived with relatives, but for most of M's. childhood they stayed in a house purchased by them in the suburbs of the city.

The marriage was not a happy one. Both parents, because of their strict upbringing, were inhibited and undemonstrative. The mother was the dominant partner but she did not find the marriage satisfying emotionally and the father spent a great deal of time and energy outside the home. Though the parents got on well together on the surface, there were frequent quarrels during their financial difficulties in the 1930's.

M's. upbringing was left almost entirely to the adoptive mother who, although she desperately wanted a child, was not really a child lover. She lavished a great deal of affection on M. and was possessive of
her, becoming jealous if M. saw much of anyone else. She therefore discouraged M. from having friends of her own age. She also dominated her and had high aspirations for her, picturing her at University and considering her to be very clever. M. passed the examination for Senior Secondary School but because of financial difficulties, the parents could not afford the extra expense of this and also keep up their home in a good area. M's. mother viewed the latter as more important and M. went to a Junior Secondary School.

Her mother was very strict about her regular attendance at Church and about her strictly following her religious principles. She did not, however, worry if M. stayed out late in the evenings. She said she trusted her.

When M. was 16 or 17 she began to resent her mother's domination and she wanted to be free. She dressed like a boy and would not wear the pretty clothes her mother bought for her and she never used make-up or jewellery. She also did not want to grow up, preferring to remain a "tom-boy". She revolted against her mother's way of life and her religion and, unknown to her mother, she went out to "have a beer with the boys" from her place of work, and she smoked. When her adoptive mother found out about this she was very hurt saying "What have you done to me". Her mother did not encourage her to have boy friends but M. found she was not interested in boys and, in fact, she did not want to have a close relationship with anyone.

When M. was in her late teens she was very anxious to train as a nurse. This was partly because of her interest in this profession, but
also as a means of getting away from home. Her mother was opposed to the idea until she saw that she could talk about her daughter being in a profession. She wanted M., however, to train in her home area. M. was determined not to do this and as it was war-time she was able to use this as an excuse to go to the first training Hospital that offered her a vacancy. This happened to be a Scottish one.

In this struggle to gain freedom she found that, whereas her father has always supported her mother in any decision when she was a child, he gave her a measure of support in her desire to train as a nurse. She could not, however, rely on him since he would only express an opinion after he knew what attitude his wife was going to take.

After M. became a nurse she spent only holidays at home, although she always sent money regularly. The adoptive family were regular Church-goers and as a child M. had attended Church three times on Sundays. She had been "saved" in the evangelical sense at the age of 8. When she was in her teens she lost all sympathy with Church-going but continued to attend. On leaving home she gave up all Church connections, a decision which was a continual source of tension between M. and her mother. Her mother also brought religion into the adoption situation which added to the difficulties there. The adoptive father was less strict than the mother about some of the implied religious principles of their forebears and he, unknown to his wife, would for example take alcohol on social occasions. This further influenced M. to feel he was not to be relied on to have a point of view nor the courage to adhere to it.
M. was accepted by all the relatives on both sides of the family but she never felt she belonged. She noticed her adoptive mother was emotionally very demonstrative to her relatives and she contrasted this with her own detached attitude.

Although this adoption was arranged before there was an adoption Act in England, it was a permanent placement with M. always using her adoptive parents' name. The adoption was legalised when M. was 8, which was two years after the Adoption of Children Act (1926) was passed. M., however, did not know that she was adopted.

When she was 10 or 11, she found a paper which referred to her by another surname (her biological one). She pushed this paper away from her at the time, saying that her parents would tell her some time. She told no one of her discovery.

When she was 15$, her mother told her about reproduction and made it clear that M. had been born as a result of union between her adoptive parents. M.'s. attitude to this was that if her mother said it was true, then it must be so.

When she was 16, M. without any introduction, asked a friend of her mother, with whom she had a warm relationship, if she knew whether she was adopted. The friend, who was taken by surprise, said it was something for her mother to tell her. On returning home M. tried to ask her mother about this but found she could not. Later her mother, having heard from the friend, introduced the subject by asking why she had asked. Her mother admitted that she was adopted and gave her details about how they had adopted her, saying that she had been unable to have children and that God had given her this one. M. asked who her parents were. Her mother said she did not know much about
them, and had not wanted to know. It was God's plan and will that M. come to them; the rest did not matter. Her mother had said several times very insistently that she had not been illegitimate. (This was important to her adoptive mother as she "had a horror of illegitimacy"). She also told M. that no money payment had been involved.

M's. immediate reaction was that she did not mind so much about being adopted, but she was very cross that her parents had not meant to tell her and she said so to her mother, and also asked "what if I had wanted to marry." She was unable, however, to get her mother to see things from her point of view, and she was unable also to argue with her about it as her mother used religious arguments and M. knew that there was no use arguing with her about religion. Talking about adoption was very upsetting to Mrs. M. who asked that there should be no further discussion of it. M. said at the time she would view it as a "closed book" but she later saw this as a mistake as she was never able to re-open the subject and did not feel that this one inconclusive discussion had really cleared things for her. M's. later reactions were two-fold. First, to find out that she was in fact adopted was "shattering". She had believed her mother completely when at 15½ she had implied that M. was born to her. Until then she had always thought her mother "was right and wonderful", but now she knew that she had deceived her and had not meant to tell her the truth. From then on she doubted her and did not feel sure of anything she said, since she felt she would dramatise and exaggerate. Secondly, she felt "rootless"... "not an individual if one was adopted"... "in a vacuum if I do not know my
forebears).

From 16 to 17 M. was very aggressive, she wanted to dress like a boy, to get away from home and to be free. Mrs. M. was reported as saying that M. had changed after the age of 16, that she became less docile and that the change in her continued after she left home. Mrs. M. blamed Scotland and the others whom M. met when nursing for her break with the Church.

Mrs. M. was always very anxious that M. should not tell any of her friends that she was adopted and she became angry at any hint that this had happened. Her attitude was the Victorian one that it was something to be ashamed of that she had not had a child, and also she very much wanted to believe the child was hers. She could not see that for M. in discussions with nurse friends, for example about breast feeding and baby care, M. could be placed in the position of telling lies if she did not say she was adopted. M., who felt there was nothing to be ashamed of in adoption, talked of it to her nurse friends. When in her late twenties and doing private nursing, one of M's. employers to whom she mentioned that she was adopted, became very curious about her biological family, suggesting she might be from "a sprig of the nobility" and urged her to consult Somerset House. With encouragement in this way, M. went to Somerset House and learned about her place of birth, that her mother had registered the birth and that her father was an engineer. A complete search could have been made, which would have given details from the marriage certificate, whether her parents were still alive, and so on, but M. "let things go at the time". She had discovered she was not connected to any nobility and she was "scared" in case by accident any
correspondence should go to her adoptive mother.

Over the years M. learned a little about her biological parents from her mother's comments. She learned thus that her biological mother was a nurse. On one occasion when M. wanted a sherry, she was told that her biological father had been killed in a motor cycle accident a few months before she was born and that he had been drunk at the time. Her adoptive mother, who referred to "the curse of drink" had been afraid that M. too would be affected by a desire to drink.

M. had never discussed adoption again with her mother. She could never introduce the subject. If her mother introduced it, then she listened to what she had to say but she would not ask anything.

As a nurse living in a group, M. gradually built up for herself a life of her own with her own friends. She had had one or two male friends, but she never allowed any such friendships to develop. In connection with this, she said "Whatever would I tell anyone about adoption?" - and about not knowing her own parents. She also said, however, that she never wanted to marry or to have a special boy-friend.

M's. relationship with her parents remained a tense and unhappy one. On her father's retiral she took on considerable financial responsibilities for them, and they moved to near her place of work. She maintained, however, her own life as a nurse apart from them. Her mother still centred everything on her, was critical and disapproving of her way of life with its lack of Church attendance and of observation of the Sabbath, its cigarettes and occasional drink. M. resented that her mother was thus critical of her, her comments hurt her, and she worried about her own lack of religious belief.
M. found that, because of her mother's domination, she had had difficulty in being sure she was right to have her own opinions, and yet intellectually she knew she was. This led to tenseness and unhappiness for her and there were frequent family quarrels. Her mother too remained possessive and very jealous of any friends M. had made.

One year after her parents moved to be near her, and at a time when they were guests in her house and there had been many tense and unhappy scenes, she became aware that her thyroid was not functioning normally. A year later this was diagnosed as thyrotoxicosis of a cystic nature, and after removal of a cyst the condition was controlled by drugs.

M's. comment about adoption in general was that she felt an adopted child either gave more than a biological child to its parents, or else it walked out. If she had had one other person of her own age she would have left home for good, or else she would have stood up for herself more. In providing for her parents financially, and in her general care of them, she feels that this is "what I owe them".

She felt all parents should tell their child of adoption at an early age but she was against the idea of saying the child was chosen ... "for then you feel more obliged than ever that they gave you a home". Also she could not see how a parent could explain to a child that they were chosen from amongst a large number of other children. In any quarrel between herself and her parents she, as an adopted child, felt in a more dependent and difficult position since such a child can never say "I didn't ask to be born". She found her parents' strong religious beliefs and her mother's use of these in the adoption situation added to her problems. She felt so strongly about this that she felt people
like her parents should not be allowed to adopt, yet she realised that people of similar religious convictions were particularly likely to adopt children.

Although M. gained a certain freedom and independence through leaving home and leading her own life as a nurse where she built up a circle of her own friends away from her mother's jealousy, this history shows that she was still emotionally very much tied to her parents and to her adoption situation. It also shows that had she had no valid excuse, such as the need for nurses in war-time, she might not have been able to gain even this measure of freedom through training far from her home area. She felt she owed her parents a great deal and she was very conscientious about caring for them, but she clearly resented their intrusion into her own life. She was still unsure of herself and of her right to have her own opinions apart from them. She found herself temperamentally very different from her adoptive mother who wanted to shower affection on her and for her to respond, whereas she found that her way of coping was to remain detached.

In her revolt against her parents at 16, it is not possible to differentiate exactly how much was due to the poor relationship with her mother which resulted from hearing of her adoption, and how much was a natural reaction against her mother's possessiveness. As however, a factor in this possessiveness was related to the mother's need to believe this child was born to her, it seems appropriate to give considerable weight to the adoption situation. M's. feelings of resentment against her
mother appear to have been made more acute by the fact that she suspected when she was 10 or 11 that she was adopted, and then was more or less convinced by her mother when she was 15\(\frac{1}{2}\) that this was not so. She must still have wondered, however, but probably was hoping for confirmation that it was not so.

Her adoptive parents were clearly not ideal parents and her mother emerges particularly as rigid, possessive, egocentric and with no insight. She always saw situations from her point of view and had no understanding of the need to allow M. or any child to have their own individuality and opinions.

This revolt against her mother at 16 coincided with the time in early adolescence when it can be regarded that many boys and girls normally pass through a phase of homosexual attitudes. In later adolescence they gradually develop with maturity normal heterosexual inclinations. This last phase for M. would have meant wearing pretty clothes, jewellery, and so forth. Since this was just what her mother wanted her to do, M's. motivation at this age to do exactly the opposite of identifying with femininity was strongly re-inforced by her strong negative feelings towards her mother. Her wanting to remain at what she referred to as the "tom-boy" level also reflected her insecurity within regard to more mature emotional attitudes.

Furthermore her mother had not been able to talk easily about the sexual aspects of marriage, her attitudes here being influenced by her puritanical religious approach to life.

All such factors in M's. total life situation, together with her fear deriving more specifically from the adoption situation of any kind of close relationship, can be seen to
have influenced M's. level of adjustment, where she denied her femininity and that she should marry and have children of her own.

Of the two other histories in this sub-group, one presented a very similar picture of reactions and of adjustment.

K. McI, No.10, aged 40, was an intelligent, attractive and sensitive professional woman. She was tense and unsure of herself, yet successful to a certain extent in her work. She had been completely dominated by her adoptive mother and had had no chance to have normal relationships with others of her own age.

K. was adopted when a few days old by a woman of 48 who had been a widow for 22 years. There was one child of the marriage, a boy, then aged 23, who was at that time in the armed forces. The adoptive mother's motive in adopting emerged as to have "someone of her own" and to have someone to care for her.

The adoptive mother had had difficulties in her life since the age of 10. A change in financial circumstances had prevented her from have the good education planned by her family. She had married unhappily at 24 and her husband, a mechanical engineer, had been killed when she was 26. Financial difficulties followed and she earned her living by taking in boarders, usually the masters from a well known public school. She emerged, however, as a dominating, rigid and ego-orientated woman, who had quarrelled with her relatives and who had few friends.

The adoptive mother gave K. a great deal materially but she was selfish in what she expected of her. She did not encourage K. to have friends of her own age and she would never return any hospitality which K.
might receive in the homes of her school friends. At school, K. was expected to do well in class, but she found that her activities were restricted there, first, because unlike the other girls she had no pocket money, and secondly, because her mother never allowed her to take any physical risks. K. left Senior Secondary School at 18, with her Scottish Higher Leaving Certificate, and started a professional training chosen for her by her mother, because it offered financial security.

K., who resented her mother's domination, felt she had to have freedom somehow, and from 15 she began to tell lies to obtain this. She withdrew into herself and became secretive. She was unable to discuss with her mother anything which was at all tinged with emotion.

The adoptive mother developed severe arthritis when K. was 16 and thereafter she expected K. to care for her. K., who had always helped a great deal in the house, cared devotedly for her mother, yet while doing so she longed to escape to a life of her own. Throughout the Second World War she desperately hoped that she would be called up as this would have given her an acceptable reason for leaving home. She could not herself however take such a step.

There was also uncertainty for K. about whether or not she was adopted. There was an incident at 9 or 10 following another girl's remark, when the adoptive mother denied that she was adopted. K., however, continued to wonder about this. Inevitably she wondered who her biological father was and she wondered in turn whether this had been her mother's husband or her adoptive brother. She day-dreamed about a father and about possible parents. At 13 a further incident made her more
suspicious that she might be adopted, and at 15 by chance she found her birth certificate. This was a severe shock to her but she did not confide in her mother. Her reaction was in fact thereafter to become even more secretive with her adoptive mother.

From her birth certificate, K. learned the name of her biological mother and of her husband and that the latter was a senior officer in the armed forces. She also learned that they were from one of the Dominions.

During this time she was very unhappy in her adoptive home. She wanted to find her biological mother feeling that she would understand her in a way her adoptive mother did not. K. resolved to ask her adoptive mother for details on her 18th birthday but at the last moment she lacked the courage. Soon afterwards, however, she insisted on details when completing an application form for employment which asked for details of her family. Her adoptive mother told her about her placement and that, although her biological mother had stated that she wanted the baby adopted because she and her husband travelled about a great deal, it was also possible that the baby's father was not her husband, but was a professional man from the south of England.

After K. started to work she tried to trace her biological mother through studying directions and later by writing to the War Office. She learned, however, that the appropriate service unit in which her biological mother's husband had served had been disbanded. It was suggested that she contact the military department of the appropriate dominion. She took no further action however, as she feared first, that her adoptive
mother would learn of her enquiries, and secondly, that it might be embarrassing to contact her biological mother's husband. It was her biological mother whom she wanted to meet.

K., however, remained very curious about both her biological parents, but she was unable to ask her adoptive mother again about this. There was in fact no real communication between them, but K. cared for her adoptive mother devotedly and allowed her to dominate her since she felt she "owed her so much".

During her mother's final illnesses, K., "felt frequently at breaking-point". On her mother's death, she became able for the first time to express her own personality and this she did in a spate of compulsive activity. Two years later at 38 she developed thyrotoxicosis which did not respond well to thiouracil treatment and which was viewed as emotional in origin being the result of the years of pent-up frustration. 

A.P., No.7, aged 35, was the other unmarried woman in this sub-group. Oddly and unattractively dressed, she was only able to do spasmodic work, and was constantly seeking medical attention for various complaints which were all viewed as of a hypochondriacal nature. She showed "la belle indifference", normally associated with hysteria, towards her life situation. Although she had a small income, she had heavy debts, but she was quite unconcerned about this. She talked casually of suicide and was absorbed in her bodily functions. She was adolescent in her attitudes and enthusiasms.

(1) See Chapter VI, Page 505, for discussion of this medical condition.
and her stories were exaggerated and grandiose.

Adopted at the age of five weeks or under by a married couple, both aged 42, she was brought up as their only child.

The adoptive father had a small semi-professional business in the city which provided the family with an adequate income.

The adoptive parents were unhappily married and there was some evidence that the marriage might never have been consummated. The marital relationships were certainly abnormal with the adoptive mother very inhibited about sex. The child appeared to replace the adoptive father to the mother by always sleeping with the mother, while the father slept elsewhere. The adoptive father was subject to violent temper outbursts, and was inconsistent in his treatment of the child.

A. was always viewed by her parents as "delicate", and she had night terrors and phobias from an early age. She would not be separated from her mother and because of this her schooling was inadequate. Both parents were musical and they encouraged her to be interested in the arts in general. Her knowledge here was fairly accurate.

A. never had friends of her own age and she could recall that from a very early age she preferred her parents' musical evenings to playing with toys. A. never felt accepted by the relatives of the family and she never had her adoptive cousins as play-fellows. Socially isolated from others of her own age, she was in fact always in the company of her parents, and her emotional development was precocious.

When her adoptive mother died when A. was 19,
A. reported that she had a "nervous break-down" and that she felt "half of me was dead". The adoptive parents were practising Roman Catholics and at this point A. had thought of entering a Convent.

After her adoptive mother's death, A. had an abnormal relationship with her adoptive father, apparently transferring to him some of the feelings which a more normal heterosexual adolescent would feel towards those of her own age of the opposite sex. In this relationship A., whether consciously or unconsciously was apparently replacing her adoptive mother. She wore her mother's wedding and engagement rings on the appropriate finger.

There was uncertainty for her as to whether or not she was adopted. When she was 12, there was a rumour at school that she was adopted but her adoptive mother denied that this was true. A. accepted this, although when 15, she asked to see her birth certificate. She implied to her mother that she was simply curious to see what a birth certificate looked like. She was not shown this. When in her twenties and working as a shop assistant, customers asked if she were the adopted daughter of Mr. and Mrs. P. A. began then to wonder if there had been some truth in the original rumour, but it was clear that she had also wanted to deny this and to believe what she had been told by her adoptive mother.

A. never asked her adoptive parents about these comments and she was afraid that, by some chance, her adoptive father might overhear them. Her parents, on their side, did everything they could to prevent A. from being in touch with people who would know of her adoption.
A. only had confirmation that she was adopted when she found her birth certificate on the death of her adoptive father when she was 32. She reported that this was a great shock to her. She at once made enquiries to try to find out about her biological parents. Thus, from Register House, she learned of their marriage, and that her biological father had been in the Royal Navy, his rank and the ship on which he had served being given. A. tried to trace this ship, but she learned nothing further. She made enquiries from a neighbour about her age at placement. She also wrote to the paediatrician, whom she knew had been consulted about her when she was a baby, to see if it were he who had arranged the adoption. He reported that he had not done this and that the early records about her health as a baby were not now available.

A. expressed very negative feelings towards her biological parents. She felt that, as a baby, she had been unwanted and that they had only married to make the "birth respectable". She interpreted her own chronic ill-health as "my mother's hatred of me coming out in men".

A. felt that she ought to have been told of her adoption, and she remained curious about how it had originally been arranged.

This person's adjustment was so abnormal that much of what she said had to be discounted as at least potentially exaggerated. She loved the dramatic value of her story and she enjoyed telling people about it, and about her assumption that her biological parents led immoral lives.

She stated that her life was one devoted to the arts, but in reality she appeared to live in a completely ego-orientated world of fantasy.
Finally there is the group of 3 married women whose adjustment is illustrated by giving in detail the history of J.M.

J.M., No.4, aged 30, had been married for 5 years and had a son aged 4, who was suffering from asthma and attending a Child Guidance Clinic. At the time of interview J. was desperately trying to adopt a baby girl and apparently hoping thereby to repeat the pattern of her own adoption. She was, at the same time being rejecting in her attitude towards her son. Because the adoption of a baby girl was not proving possible, J. felt very acutely that she was being punished. She was a competent housewife, doing much home-baking and the like. She was however very adolescent in her attitudes and manner towards others, and she had no real friends. In mood she appeared to be somewhat cyclothymic.

Prior to marriage J. had done clerical work and had been a dressmaker, having served an apprenticeship for this after leaving school at 14. During the Second World War she was in one of the women's services.

After her discharge from the service, J. reported that her "nerves" were affected. She became a chronic bronchitic, suffered from asthma and was frequently off work. Her health had improved since her marriage.

J. had been taken to her adoptive home from hospital when 10 days old. The original arrangement had apparently been a fostering one, the adoptive family having been asked to help the biological mother. This had been done willingly by the adoptive mother because she loved babies. When the biological grandmother wanted J. admitted to a Children's Home, since she disapproved of her daughter keeping this illegitimate
child, the adoptive family at once said they would keep the child permanently. If the biological mother made any payment for the fostering, it was a small one and only for a short time. There was no written agreement between the two families. There was, however, a formal arrangement that the biological mother would not contact the child, and that the elder daughters of the adopting parents would undertake to care for the child if the adopting parents should die.

The adoptive father, aged 50, was at the time of J's placement in the armed forces during the First World War. Being very fond of children, however, he was in favour of the adoption. He was a hard working master decorator and painter, but at that time such employment was seasonal. He died when J. was 19.

The adoptive mother was also aged 50. She had been married at 21 to a serving soldier in the regular army, and there were 5 children of this marriage. After the death of her first husband, she worked for some time to maintain her family and then remarried at 36. There were 4 children of this second marriage. She took in boarders to supplement her husband's seasonal income. She, like the adoptive father, was hard-working, and she was gentle in manner and fond of children. She was reported as "old fashioned" in her attitudes to child rearing in that she always tried to shield J. from any unpleasant situation. She died after 2 years of ill-health when J. was 21.

J's siblings, by the first marriage were aged 28 to 19, and by the second 14 to 8. Six were girls and three were boys. All were still living at home, except first, the eldest daughter who was married and had a daughter of about the
same age as J., and secondly, the one adult son who was in the army. The second eldest daughter, also married and with a son 3 years older than J., was living at home at the time of J's. placement, since her husband was in the armed forces at that time. She had taken an active part in the original decision to take J. for fostering.

The home was described by J. as "a house full of women" with the men in the forces. "A baby was a great attraction". This second eldest sister continued to take an active part in the up-bringing of J., who, from the age of 3 spent the summer months with her, her husband, who had by then returned from the Forces, and with her son, who was 3 years older than J.

There was never much money in the adoptive home, although finances were always adequate. There was, however, more money available when J. was a growing child than there had been when some of her adoptive siblings were children. This may have contributed to some of the future jealousies which sprang up in the family.

The family lived at the same address until J. was 14 when they moved to a new area in the city.

The adoptive parents were members of the Church of Scotland and J. went to Sunday School and later became a member of the Church of Scotland.

In spite of there being a step-father, who at first was resented by the children of the first marriage, the home was a happy one. The adoptive parents were happily married. J. was given every encouragement to lead an active and full life with others of her own age, and to join in their activities. Later she had many energetic activities; skating, tennis, swimming and cycling, and she was
always given the necessary equipment to pursue these interests. She was encouraged in the occupation of her choice.

J. and her adoptive mother were very close to each other. The whole family in fact gave J. a great deal of attention and "babied" her. She never felt she was treated differently because she was adopted. As an adolescent she was not interested in boys, being "always with the family". Her adoptive mother was never able to discuss sexual matters with her. The family had approved that "there was no trouble with boys". Although there was this acceptance of J. by her adoptive siblings while her parents were alive, it was found on her adoptive mother's death that the adoptive sister nearest to her in age, that is, 8 years older, had removed J's. name from her adoptive mother's will. The other members of the family rectified this. This sister, however, remained jealous of J. and later quarrelled with the adoptive family because of this.

All relatives accepted J. as one of the family. J. did not know she was adopted. When J. was 9 or 10, the daughter of the eldest adoptive sister told the other children at school that J. was adopted. J. asked her mother about this and she denied that it was true. J. accepted this and there were no further comments at school. When J. started work at 14, her birth certificate was given to her in a sealed envelope. She did not see this as significant at the time.

When J. was 15 and visiting her eldest adoptive sister, who had moved to another town, her daughter (that is, J's. adoptive niece) again said that J. was adopted. The relatives did not deny that this was so and J. at once came home. This time her
adoptive mother did not deny it either. J. was very upset when she knew it was true. She commented that it was "a dreadful blow"; and that she had "felt besmirched and inferior ever since". Her niece had told her of her adoption in a spiteful and cruel way. J. realised that her niece had done this out of jealousy because J. had taken the place with the adoptive mother which this niece would otherwise have had as the eldest grand-daughter.

For a time after this incident, although J. still felt she was one of the family, she wanted to die. She threw the clothes off her in bed at night hoping to catch pneumonia and die. She became aggressive and resentful saying many things to her adoptive mother which she afterwards regretted.

At the time of the interviews, J. could still not give the details about this incident at 15 without being very emotionally upset. She could recall it as clearly as if it had just happened.

J's. adoptive mother, although admitting that J. was adopted, did not tell her much of how the adoption was arranged, nor did she give her any details about her biological mother. J. related this to the fact that her adoptive mother always tried to shield her, including shielding her from the fact of her adoption. J. was certain that, even if her adoptive mother had been told that she ought to tell her of adoption, she would not have done so.

J. herself could not have asked her adoptive mother for details, nor even have mentioned the subject of adoption again. She was able, however, to ask her adoptive sister to whom she was very close, and she continued to ask her about her
biological mother over the next two to three years. J. again asked for details when she was about to be married. J. thus learned about her early history, and that her biological mother had been a tailoress who had also worked as a clerkess. She had been engaged to a sailor who was lost at sea. J's. adoptive sister was sympathetic towards the biological mother and had described her as a "nice, respectable girl". Adoption was not discussed in the family, nor was it mentioned to outsiders.

J., who was ashamed of being adopted, never told people about it, with the exception of her family doctor and her minister when she was trying to adopt a child herself. She was very sensitive about the whole question and found it hurtful even to overhear anyone talking in a general way about adoption and about illegitimacy. J. felt children should be told of their adoption by their parents and not by anyone else.

When J. returned home from the forces, both adoptive parents were dead and she lived with her eldest adoptive brother and her youngest unmarried sister. This sister was very jealous of J. and there were frequent quarrels. As a result of these the sister ultimately left home. It was during this time that J. complained of suffering from her "nerves" and that she developed bronchial asthma.

At 33, J. married her eldest brother's friend, aged 35, a hairdresser who was building up a business of his own. He and J. lived in the brother's house. This brother, aged 50, at the time of interview, had been engaged for 20 years. J. and her husband had one child, a boy, and
when he was 18 months old he developed asthma. All three adults in the house shared in the care of this child. The adoptive brother, however, played a much larger role as father than did the husband, who, because of working longer hours spent less time at home. Both brother and husband, however, were at home at week-ends and this time co-incided with the child's asthmatic attacks. The family doctor reported that it was considered that the child was reacting to this triangular situation. J., however, had no insight into the fact that her marriage situation was abnormal or unusual. It seemed likely that the adoptive brother, though engaged, would not marry, and that he was viewing J's. son as if he were his own.

Following the birth of her son, J. had a severe prolapse. When operative treatment did not effect a complete cure, J. appears to have wanted a sterilisation operation. This was performed, and J. had said at the time that she could always adopt a child. At the time of the interviews, however, J. was finding that it was not as easy to adopt a child as she had anticipated. Because adoption societies had not accepted her application, J. felt that she was being punished. Because of her immaturity, J. in turn wanted to be punishing. Her overt way of doing this was to stop attending Church and to discontinue helping children's charities. She interpreted her rejection by adoption societies in terms of being herself an adopted and illegitimate child.

J. wanted the child she adopted to be a girl; so that ... "I can repay the good time they (the adoptive family) gave me". She also said that she would not allow such a child to
be hurt by outsiders as she had been.

Later in the contact with J., it emerged that she had had a further gynaecological operation to restore normal function. She was optimistic that she would now have a further child and, although she acknowledged intellectually that one could not be certain about such matters she was sure in her own mind that when she had this further child it would be a girl.

In her relationships with her adoptive family, J. kept in touch with nearly all her siblings and she did a great deal for them. She reported that she helped them "because I feel I ought to, as they did so much for me." She even wanted to keep in touch with the youngest sister who had been jealous of her. J. said here that she "bore her no grudge".

From this history, J. emerged as someone very immature and childish in her attitudes. Because of this she was concerned primarily with her own needs and so was an over-protecting, frustrating and rejecting mother to her own son. She was very accepting of the behaviour of any of her adoptive family and showed no aggression or resentment towards any of them. In her relationships much of J's. motivation appeared to derive from wanting to repay and to gain approval. This too could be seen as her motivation in wanting to adopt a baby girl. If she were to have further children she would clearly identify with girls and reject boys.

This adjustment could be seen to be related to J's. experience in her adoptive home, where the pattern established for her had been that of the baby and the youngest of a large family. As
she entered the family at a time of great stress for the female adults because of war-time conditions, it would be inevitable that they would give the baby a great deal of attention in part at least as a means of distracting themselves from their own worries. J's. unusual adjustment in adolescence where she did not, as is normal in adolescence, seek to establish her independence from her adoptive family, showed that her main identification was with the female members of her adoptive family. She was still emotionally very tied to her adoptive siblings particularly her eldest sister.

Her adoptive mother had viewed adoption as something from which to shield J. This attitude must have re-enforced J's. feeling of inferiority and of being "besmirched", which resulted from being told spitefully about her adoption by her jealous adoptive niece. Once J's. adoptive parents were dead, she began to be absorbed in illness. After her marriage, she replaced this with a pre-occupation with her home. Although her adoptive parents had been warm and very accepting towards her, it could be seen that it was the total family situation, together with the attitudes, not just of the adoptive parents but of the whole family, which ultimately influenced her adjustment.

The other two histories in this sub-group are of married women whose own problems so diminished their situation that they too were unable to have good relationships with others. Their marriages were insecure and they were facing problems in their relationships with their children.
P.H., No. 25, aged 31, was an attractive, well-dressed woman, with two children aged 5 years and 8 months. She was isolated both from her husband and from her adoptive family. To counteract her feelings of insecurity, she found herself absorbed in social position which she gauged by material possessions.

P. was adopted at 9 months by a married couple in their early 40's and she was brought up as their only child. The adoptive father, successful and absorbed in his modest business was dogmatic and puritanical in outlook. The adoptive mother was a very gentle person but she was ineffectual, neurotic and constantly complaining. She was dominated by the adoptive father. She desperately wanted children and she wanted to believe that P. was her own child and not an adopted child. She was very possessive towards her. She had various illnesses with severe diarrhoea and vomiting which were considered to be psychological in origin. She was particularly ill and required nursing home care when P. was pregnant. There was evidence of identification with P., there being again severe vomiting, and fear of pigmentation similar to the chloasma of pregnancy.

The adoptive parents' marriage was not a happy one and there were frequent quarrels. Many of these were over the differences in attitude between the parents to P's. upbringing. The mother pampered, indulged and spoiled her, particularly when the father was away from home on his frequent business trips. The adoptive father, on the other hand, dominated P., was critical of her demonstrativeness, and was inconsistent in his handling of her. In these family quarrels, P. learned to "put on an act", and she was consciously aware of this, and "begged
them to talk to each other". There was no real discipline at home and P. reacted against any discipline at school.

P. attended a large well-established fee-paying school for girls, and her parents expected her to achieve Scottish Higher Leaving Certificate standard. This, however, she did not achieve. She only made good marks in the one subject where she had a good relationship with the particular teacher.

By the age of 14, P. was out of parental control. She behaved in an hysterical manner to get her own way. At school she reacted against any form of disciplinary restriction and was so aggressive that she was threatened with expulsion on several occasions. When she was given a final warning about this at school she was elected President of her class. To retain this position of acceptance by her peers was very important to her, and although she still defied authority she did so less openly and became sly and cunning about this.

P. was not encouraged by her parents to have friends of her own age. She always had difficulty in her relationships with others, choosing when possible, friends older and from a better social position than herself.

On leaving school at 16, P. was sent to an inexpensive secretarial college by her parents, but she did not attend the classes. She worked as a clerkess for a short time, and then started to train as a nurse. She left however, when half-way through the course. Thereafter she was at home and pursued no particular occupation.

Her ambition had been to become a dancer or an actress, but her conservative adoptive parents were however, very curious. Her parents' attitude
extremely opposed to either of these professions. P. had to conform to their expectations of what their daughter should be like. P., for her part, felt that she could not leave home as she had to be there to nurse her mother when she was ill and to protect her from being dominated by her adoptive father.

P. learned that she was adopted from another girl at school when she was 12, having previously had a child pointed out to her as "an adopted child" as if this made the child "something different". It was a shock then to be told that she too was "an adopted child", although she considered that it might have occurred to her to wonder if she were adopted because of her parents' age.

P's adoptive father was very angry that she had been told. Once P. knew that she had been adopted, she felt that her father had probably never wanted her and had simply agreed to adopt a child so that the adoptive mother would have company when he was away from home on business.

P. was very curious about her adoption and eventually she asked her adoptive mother. Her adoptive mother, however, gave her no details, and all that P. learned was that her biological father had "something to do with music" and that her adoptive parents had not approved of her biological parents.

Later when P. required to know her place of birth for a passport, she asked her adoptive mother for this. Her response was "I could tell you, but there is no need for you to know". P. felt this attitude was "stupid". She obtained the information herself by contacting Register House and Somerset House. She remained, however, very curious. Her parents' attitude
had been that adoption and illegitimacy was something sordid and to be hidden. P. found that it was a frightening experience to be an adopted child but she considered that it would have been less so, had there been another adopted child in the family.

When P. was in her teens her parents distrusted her, fearing that she too would become an unmarried parent. When she was 18 she became engaged for a short time to have "someone to be gay and young with", and also "to have someone of my own" on whom she could lavish her affection. When she was engaged her parents "feared even more what I might be up to". P. found that such a distrustful attitude nearly drove her to do just what her parents feared.

P. considered that had she been allowed to pursue her own interests she would not have been so anxious to marry. At 22, however, she met and married a well-to-do young man with an assured social position. He too had had an unhappy childhood and this originally brought them together. Soon, however, a barrier existed between them since they found themselves temperamentally different. He was an extrovert in many ways while she lived at a very introspective immature emotional level. They lived expensively and above their income. She wanted to be a good mother to her children but was superficial in her approach to them.

After marriage P. was still emotionally tied to her adoptive mother and she was very attentive to her. She never felt however, that she had been allowed to develop her own personality or to have her own opinions. Her relationship with her adoptive father was a very poor one. There was in fact evidence of considerable suppressed resentment
against both parents. P. found herself temperamentally very different from them both.

P. had had no serious illnesses. She suffered however from feelings of agoraphobia before her marriage, and although these were less frequent since marriage, they still recurred from time to time, particularly when she was in a depressed mood.

**J.G., No.45**, aged 37, married with three boys aged 7, 5 and 2, also did not have a completely compatible relationship with her husband, who was stable and hard-working. She was a very indulgent mother and found difficulty in controlling her children. She was heavily in debt, and was somewhat unreliable and easily led. She was a very gifted pianist but had not been able to use this to the full because of her emotional problems and her inability to concentrate.

She had been adopted at 10 months old by a couple aged 41 and 43 who had married in their twenties. There had been several miscarriages. J. was one of several legitimate children of the adoptive father's sister, who lived in the south of England. Because there was a large family, close in age, J. was neglected and the adoptive parents undertook to care for her permanently. She used their name and was brought up as their daughter and only child, not knowing of her adoption until she was about 12.

Her adoptive father had a small, successful tradesman's business in a country village. He was intelligent, sociable, popular and described as a man of integrity. Her adoptive mother was below average in intelligence, and very frugal and thrifty, with rigid inflexible ideas related to a
narrow religious outlook. She had few friends. Throughout J's. childhood she was not in very good health.

The adoptive parents were happy with each other but J. found her adoptive father much more sympathetic and understanding of her viewpoint than was her adoptive mother. He took a lively interest in her activities and spoilt her, whereas, her mother was very strict and restricting, not allowing her to play with others of her own age. Later when J. was in her teens her adoptive mother did not allow her out late in the evenings and so she was unable to join others in social activities. J. considered that her mother feared she would get into "bad company".

J. was a good pupil at school and gifted musically. She chose to continue with music lessons rather than go to Senior Secondary School. She passed examinations of the London School of Music to qualify her to teach music. Her parents were very insistent that she should practise regularly locking her in a room to do so.

When J. was 12, a comment of a neighbour about her "aunt" puzzled J. and made her wonder. She ultimately asked her adoptive father what this meant and he told her that she was adopted and related. This amount of information, however, only made her wonder more if she were illegitimate.

Her adoptive father later gave J. details of her early history. He also described what her life would have been like had she stayed with her biological family where there was considerable poverty and her biological father had been in prison. He also told her she had been a lovely baby and others too had wanted to adopt her.

When J. was 16 and 21, letters came from her
biological mother asking her to go and stay with her. J. had to make her own decision about this and she "felt very afraid and very much on my own". J's. decision was to stay with her adoptive parents. Although at 21 she changed her name by deed of declaration to her adoptive parents' name, she still feared, especially after her parents' death, that her biological parents would contact her again. She was afraid her biological mother might come when her husband was out and then she would "have no one to turn to". J. wondered how she would greet her, and so on. Although she did not want to see her biological parents or siblings, she frequently wondered what they were like.

Once J. knew that she was adopted she felt closer than ever to her adoptive father. She ignored her adoptive mother, never confiding in her, and feeling frustrated by her restrictive attitudes.

J. worked as a shop assistant and music teacher, but she was not successful at the latter because of her inability to concentrate. She was well liked and accepted in the community, though she had no intimate friends until her mother's death when she was 29. She married a competent tradesman the same year. After her mother's death she spent money lavishly. This continued and led to serious financial difficulties and unpopularity with others because she was always borrowing.

Aware of her own impulsiveness, J. saw this as due to the mixed discipline in her home. It was clear that she had never acquired self-discipline and when in doubt about a course of action in her teens and early twenties she had always quite
consciously made the decision on the basis of what her parents would have done.

Her adoption situation with its uncertainties appeared to play into her insecurity. She considered that 12 was too old to be told of adoption. A child she said knew too much by then and would work things out, for example, the likelihood that it was illegitimate. Also once she knew that she was adopted she identified even more with the parent who was related and she ignored the unrelated parent. She was, in fact, like her adoptive father in level of intelligence and in temperament whereas she was unlike her adoptive mother in both these respects.
GROUP C - INTERMEDIATE ADJUSTMENT

The third group of histories is the largest in number and is a rather heterogeneous group. When adjustment is viewed as on a sliding scale, the group is not so obviously maladjusted as the last group but none are or have been without problems.

The twenty-one histories have been broken down into three subgroups. First there are those, 2 in number, who had problems in their adoption situation and adoptive home, but who could now be regarded as being more or less free of these. Secondly, there is the group of 8 who at the time of interview were in a stage of transition and whose adjustment was improving. Thirdly, there was a group of 11 still involved in and affected by their adoption situation, but functioning adequately in many areas of their lives. Of the total twenty-one cases, 4 were men and 17 women, and the age range was 42 to 19. Five were legitimately born and 16 were illegitimate. Sixteen were married. In occupation, of the 4 men, one was a doctor; one a first mate on a large trawler, one a butcher and one was in semi-skilled employment. Of the women, there was a non-graduate teacher, a state registered nurse in training, an assistant nurse, 8 who were or had been shorthand-typists or secretaries, one who had been a skilled factory worker, and one an unskilled factory worker, while 3 had done domestic work and one was a sewing maid.

Health records over the years showed that only 7 had had no health problems, but of these 7 two were potential unmarried parents themselves and one ran away from home. Two showed
symptoms of hypochondriasis, with in one case, an attempt at suicide. One had hysterical paralysis and another had a functional aphonia. Several complained of sleep disturbances, 2 had tension headaches, one suffered from migraine, and 2 had had enuresis. One had had asthma, together with infantile eczema, and one had a recurrent puerperal psychosis. It will be noticed that in all of the above complaints the condition could be regarded either wholly or in part as attributable to psychological factors.

To illustrate the first sub-group, the history of B.C. is given in detail.

B.C., No. 51, aged 24, was a large, pleasant, easy-going country woman, happily married for 4 years to a farm worker and tractor driver, with two children aged 2½ and 1½. She moved frequently from farm to farm as is still the custom with many of the less skilled farm workers. She had good relationships now with her neighbours and was a reasonably competent housewife and a devoted mother. Apart from obesity which she had suffered from since the age of 10, she had no health problems, although at 11 she had had rheumatic fever which kept her in bed for 9 months and off school for one and a half years. Prior to marriage at 19, she had worked in a series of unskilled jobs, on the railways, in hospitals and in laundries, and had left school several months before the statutory leaving age of 14 because of her adoptive mother's death.
B., illegitimately born, was adopted when aged 18 months or 2 years, by her biological mother's uncle and his wife. She had previously been boarded out by the local authority with a foster mother who proved unsatisfactory and had spent two periods in a Home run by the Royal Society for the Prevention of Cruelty to Children.

The adoptive father, a "kindly" man, aged 64, was a carter. He was employed until his death at 80 when B. was 17. Her adoptive mother, aged 60, had no health problems, and was described as "a good manager". They had been married since their early 20's and had three children; a daughter, aged 48, widowed with no children, and living away from home, an unmarried son, aged 45, who lived in a common lodging house, and an unmarried daughter of 36 who did farm work, living at home and taking over the housekeeping when the adoptive mother died. Irritable, unstable and very unreliable about money, she was admitted to a Mental Hospital at the age of 58. There was also an adopted boy of 15, legitimately born, whose biological mother had died at his birth. When his siblings were adopted into other families, he had been cared for since a few days old by the C's. and legally adopted. He achieved more than the rest of the family, becoming a clerk in a Roman Catholic newspaper office and later in a law office. He left home to go into the
Army when B. was 7.

The family lived in a quarry worker's cottage for 30 years and although the adoptive father never had a large wage, finances were adequate because the mother was a good manager.

The family were nominally Roman Catholics by denomination and the children attended Catholic schools, but the adopted brother was the only practising Catholic.

B. was not articulate about her parents, but it was clear that her adoptive father had accepted her and been kind to her. Her adoptive mother and the younger of her two adoptive sisters were, however, constantly critical of her and were always asserting that she would be like her biological mother. Thus she was given toys, but not allowed to take them outside the house in case she broke them; she was not allowed out of her parents' sight for long, or to go out and play with the other children from school. It was said that she would just want to go away from the house and that she would be like her biological mother. She received frequent physical punishment. She always felt she was treated differently from her adoptive brother, 13 years older, on whom her adoptive sister (referred to as "aunt") lavished gifts and who in B's eyes was given greater freedom. She resented this, partic-
ularly because she knew his name had had to be changed to that of the adoptive parents. Her name, on the other hand, because of the relatedness, was already the same as theirs, although she was told she too had been legally adopted. Her brother tried to be friendly with her, but she only became angry and quarrelled with him. Later they were able to discuss this together and he realised how she had felt.

Her parents took no interest in her activities and frequently when she had been scolded at home she truanted from school.

B. knew she was adopted from the age of 7. By chance, when shopping in a large multiple store with the elder of her two adoptive sisters, they had met a woman in her 40's who had given B. a present. She was told later that this woman was her biological mother. This elder sister was in no way critical of her biological mother, but the unmarried sister and the adoptive mother were very critical. Now that B. knew she was adopted they told her that she was the youngest of four illegitimate children whom her mother had borne all to different men. They also told her that she had been neglected and poorly cared for during the first 18 months to 2 years of her life, and that she had had at least three moves.

B's reaction was that it was at first a shock to be told this; not so much that she was adopted, for
she had had her suspicions about this because of her adoptive parents' age, but that she had been moved so frequently and neglected. Gradually, however, she became used to such ideas for whenever she was "given a row", her mother and her sister would "cast up" that her biological mother was unmarried and had had four illegitimate children and that B. would turn out just like her. When B., remembering the gift from her biological mother, said there must be some good points about her mother, her unmarried sister became particularly angry.

B. considered that but for this chance meeting, her parents might not have told her of adoption - certainly not when she was so young.

At school, B. found the taunts of the other children about the age of her adoptive parents embarrassing. They used to ask if her sister were not her mother. Her way of coping was at first to run away. When the children further taunted her that she ran away because they were not her real parents, she used to reply, "I know they're not, but they're the only ones I've got; and there is no need for you to talk about it too." She became angry and fought the other children, until gradually they stopped commenting.

These incidents started when B. was aged 8 or 9 and went on until she was about 11 when, with a
change to secondary school, fewer children knew her circumstances. B. also made it clear that she would fight anyone who passed any comments, and her adoption was seldom mentioned.

B. revolted against the critical attitude at home, feeling it was unfair that she should be blamed for what her mother had done. The fact that her own mother had been unmarried made B. resolve... "No one was going to make a fool of me." She told her adoptive family this, but they paid no attention. When she became unusually fat at 10 or 11, they feared she was pregnant. If she behaved well, no one commented. She felt, therefore, that she might just as well be bad; she was at times "so angry" that she "wanted to go around smashing things." "I'll go and get into trouble... be put away and so get away from them." She realised now that this would only have been hurtful to herself, but at the time her feelings were so strong that she saw it as the only means of escape. In her revolt against her adoptive mother and sister, she used to say that she need not do as they said, for although they said they had legally adopted her, she could never find any papers to confirm this.

She said that she "used to keep going" by saying that she would be free of them at 16. She never felt that she would have cared if anything had
happened to her adoptive family, for then she would be free.

When her adoptive mother died when she was 14, and her adoptive sister took charge of the house, life was unbearable for B. In quarrels her sister threatened her with a bread knife.

B. obtained exemption from school after her adoptive mother's death, and with her first week's wages she ran away from home going to her younger adoptive brother, who was married by then and living in England. She was traced by the police and a Welfare Officer interviewed her to see whether she should be sent home. She was allowed to stay and she continued to live there for a further 2 years. She returned home at 16, partly because she felt her brother and his wife were exploiting her to care for their children, and partly because she was home-sick for her home area, though not for her home, and was anxious to see her adoptive father again. The situation for her on her return home was in no way different.

The family were evicted from their home about this time because of non-payment of rent by the adoptive sister, and they had to live in a farm shack. When the adoptive father died when B. was 17, B. did not want to live with her sister, but she was "not ungrateful" and felt ... "I should give her a home as her father had done for me." By working together
on a farm they were allocated a farm cottage.
B. remained very unhappy living with her sister who, now that B. was at the age of having boy-friends, did all she could to disrupt any friendships. She intercepted letters and told the boys about B's biological mother and her four illegitimate children. B. was so unhappy that she "would have taken the first opportunity to get away." Until then B. had not told people about being adopted, but she now realised that she should tell any boy-friend herself, rather than allow her sister to do so.

When B. became engaged, her sister again tried to intervene, this time by telling B's fiancé that she was out with other men. Her sister became more disturbed as B. planned to marry. She became violent, threatened suicide, and was ultimately certified. After she had been 18 months in a Mental Hospital, B. and her husband "took pity on her", applied for her release and acted as surety for her during her parole period. The sister obtained a resident domestic post, and spent all her off-duty with B. Though now less disturbed, however, she still had not changed in her attitude, but B. was now able to say outright what she thought of her. Although irritated by her, B. was able to tolerate the situation, and she wanted to help her because of what the family had done for her.
It was clear that B. was happy in her marriage and that her husband trusted her, otherwise the sister's persistent comments might have made for difficulties. B. was very proud of the fact that her first child was born 10 months after her marriage, whereas her adoptive brother's child was born 7 months after marriage.

B. had wanted to meet her biological mother again since the age of 7, but she could never ask her adoptive family about her or about her whereabouts. When she was very unhappy in her adoptive home, she never thought of trying to trace her biological mother, since, she said, her adoptive family would never have agreed to this. In her teens she met her biological half-brother, who had written to her adoptive father. They met unknown to the adoptive family and tried to trace their mother through the local authority department which had originally boarded out B., but they were given no information. She also met her biological sister twice. Her brother would possibly have kept in touch, but again her adoptive sister intervened, telling him when he called that B. had gone to work elsewhere.

When B. married, she put an advertisement in a local paper, giving her biological mother's name and asking her to contact her. A person of the same name, but not her mother, replied.
B. would still like to meet her mother, but she thought one meeting would satisfy her, except that she would like her children to have a grandmother. She realised that her mother might not want to meet her and that it might be embarrassing if she were now married. B. frequently talked to her husband about this desire to trace her mother. She would not consider advertising again as she did not want her neighbours to know of her adoption.

B. did not want adoption talked of when she was a child, nor did she tell people now about it, for she felt she would then have to tell them the whole story. When asked about her parents, she said they were dead.

B's attitude to adoption was that adoptive parents should not know too much about the biological mother. In her own case, this had meant that her adoptive parents could recall all her biological mother's faults. She felt she would have been better brought up in a Children's Home or adopted by people who did not know her biological mother. She also felt that at 60 and 64 her parents were too old to adopt. She was sure that had they died when she was younger and she had thus been left even more to the care of her sister, she would have "gone wrong" and ended in an Approved School.

Though similar in having had problems and now being free of
most of them, the adjustment of the other married woman in this sub-group was not as good or as normal as that of B.C.

A.K., No. 17, now aged 33, was taken for adoption at 2 or 3 weeks old by a couple aged about 50. They had been married when under 20 and their 7 children were adult and away from home. They lived on a small isolated farm and possibly adopted for company. They were more comfortable financially when they adopted A. than when they had been bringing up their own family and they gave A. a better education at Senior Secondary School and Commercial College than their own children had. This led to jealousy on the part of one of the adoptive brothers.

The adoptive home was a happy one, visitors were welcomed, but A's upbringing was limited, partly because of isolation, partly because of the elderliness of her parents who were kind but not demonstratively affectionate, and partly because her adoptive mother never left the farm because of crippling varicose veins. The adoptive father, dominant in the home, was strict, and occasionally if A. did not do what he felt she should do, he commented "After all we've done for you, you defy us?" A. was somewhat resentful of such remarks. "They made me feel under an obligation."

A., like B.C., wanted freedom in her teens and she achieved this by taking a residential domestic
post together with some farm work rather than doing
the clerical work her parents had hoped for and for
which she trained. She later volunteered for one
of the women’s services unknown to her parents, who
would not have given permission for this, and thus
gained further freedom and greatly widened her
experience. Her parents gradually acquiesced,
however, and were ultimately pleased when she did
well. She married a sergeant, a regular soldier,
when aged 24.

The adoption situation was also different. A.
always used her biological name, although she and
everyone round about always referred to Mr. and
Mrs. K. as her parents. There was an incident at
8, when a boy passed a comment about her parentage.
She asked her adoptive parents about this, and they
explained that her mother could not care for her and
left her in their care. A. was not upset by this
news. At 12 or 13, A. asked again for details, and
her adoptive parents gave factual details about her
mother who was a domestic servant on a nearby farm.
Thereafter A. did not concern herself about her
adoption. Her adoptive parents talked occasionally
about her biological mother, but there were no further
comments from outsiders. The country area in which
she was reared was very accepting of illegitimacy
and this did not worry her. She was not interested
in her biological parents until she was about to be married and then she wanted to ask about her early history. She put off, however, doing this, partly because she thought it might upset her adoptive mother and partly because she was afraid of what she might find out. She herself had had "a respectable home", and feared to learn what her mother's might have been. She finally decided to ask her adoptive mother, her father now having died, on her next leave at home. Her mother, however, had a stroke in the interval and lost the power of speech. A. regretted not having asked. Later, when she was expecting her first child, she tried unsuccessfully to obtain information through Register House. She remained curious but accepted that now she would never know. She continued to view her adoptive parents as her parents.

Her problems as a child had been social isolation and loneliness, and when she married, she realised how undemonstrative her parents had been. As a child she had had infantile eczema and also asthma, the latter continuing into adult life, and becoming particularly severe during the first year of her marriage. She reported that no specific allergic factors were found, and that she had been advised that if she had children the condition might improve. At first she and her husband had not wanted children but then A.
began to want a child of her own and one who had to be a girl and not a boy. She related this to the fact that she had never felt that her adoptive parents had really belonged to her, and she also knew that they did not. A child would belong to her. When A. was 30, a child, a girl, was born, and she had since had only one slight attack of asthma. She and her husband had decided that they would have no further children. A. tended to be very strict with her daughter as she felt that she might tend to spoil her as her only child. Her desire to have only one female child, and her attitudes towards the child, can be seen to derive largely from her adoption situation.

In her marriage, A. was very happy with her husband who appeared to understand her. Although shy and not fond of a gay social life, she had many friends from her army life, which in itself had compensated for her social isolation as a child. She expressed no feelings of shame about having been illegitimate and adopted.

The second sub-group consists of 8 whose histories showed an adjustment which was improving, and will be illustrated by giving 3 histories in detail and the other 5 much more briefly. The history of one of the two men in this sub-group will be given in detail, with one from the 3 married women and one from the 3 unmarried women.
W.L., No. 52, aged 19, and unmarried, was a tall, slim, pleasant, but self-uncertain man, having the manner and attitudes of one much younger than his 19 years. After leaving Junior Secondary School at 15 with his Lower Leaving Certificate, he had started an apprenticeship as an engineer, but later gave this up. After working as a salesman for a short time he decided that he wanted to do farm work. He had been an operator of agricultural machinery with a contracting firm for a year and a half. He was working temporarily in a piggery at the time of interview. He had the normal interests of a boy of his age and friends of his own sex, but he was very shy with girls. It was unusual, however, amongst his city-dwelling friends to choose to do farm work. He enjoyed this out-of-door work, saying that on a farm there was always something new to learn. He had had no serious health problems.

W., illegitimately born, was adopted when aged 10 days by a couple aged 32 and 22 who had been married for 1 year and whose first baby, a boy, had just died at birth.

The adoptive father, a grocer's assistant for most of his working life, with a period of 3 years during the war as a military policeman, had poor health for many years. At 32 he had an operation for the removal of a fibrous growth from his brain.
From 45 to 48 he had severe headaches, poor eyesight and frequent accidents. He died of a brain tumour at 48 when W. was 16. He was a large over-weight man, aggressive, quick-tempered, rigid and punitive. His own upbringing had been in the strict Victorian pattern, and had also been very religious, and he brought these attitudes into his own family life. He was not sociable but became an elder in the Church of Scotland. His irritability might, of course, have been attributable in part at least to the brain tumour.

The adoptive mother was very different in temperament and experience. Brought up in Children's Homes after her mother left her father when she was 4, she had been a very lonely child. When in domestic service from 16 to 20, although she was in touch with her father, she felt desperately lonely and longed for a home of her own. At 21 she married Mr. L. who was 10 years older, having had no experience of friendships with others of her own age. She continued to do domestic work after her marriage because of Mr. L.'s frequent periods off work.

At 19, before marriage, and again at 22, following her first pregnancy, she had operative treatment for thyrotoxicosis. Since then this condition had been controlled by drugs, but she was unwell during her five pregnancies, and very seriously ill during the
fifth pregnancy, developing severe high blood pressure. Although she was reserved and rather aloof in her relationships with others, and had few friends, she was warm, affectionate and relaxed within her own home circle. She was attractive in her appearance and youthful in her attitudes, and this contrasted markedly with the adoptive father.

There were four further pregnancies after W. was adopted. Five years later a girl was born who died at nine months. Eleven years later, a boy, J., was born. J. had spent a considerable period in hospital as a baby, when his survival was in doubt, and was now aged 8 and very like the adoptive father. The two further pregnancies terminated in a miscarriage and in a stillbirth.

The family finances were always strained because of the father's ill-health. They lived at the same address throughout, in a semi-residential area of the city.

On marriage, Mrs. L. was very anxious to have children, and when her first baby died, she was very upset and depressed, and immediately wanted to adopt a child. She was medically advised that she was not sufficiently physically fit to adopt. She felt however she would get better if she had someone to care for and she did not feel her husband needed her in this way. The adopted child had to be a boy as
the dead child had been a boy. Through a social worker Mrs. L. applied to the appropriate department of the local authority and it was arranged for Mr. and Mrs. L. to see a baby boy who was available for adoption. Mr. L. at first had agreed to this to please his wife, but he too was pleased with the baby when it was placed with them. In a family crisis, however, 5 months later, when both parents were ill, he talked of putting the baby back into a home. The adoptive mother said she would leave him if he did. The baby was in fact cared for by a relative for a month followed by residential nursery care for six weeks.

The relationships in the adoptive family were not satisfactory. The father, although fond of the mother in his immature possessive way and kind to her, was a very domineering partner. The mother, having gone into marriage looking for companionship, was disappointed, and when she tried to influence her husband's attitudes she found him very rigid. She found too that the father became jealous of any obvious attention she gave to the children. When W. was aged 3 to 6, the adoptive father was away from home, and W. viewed him as a stranger when he returned. He and his adoptive mother had by this time a very close relationship and as W. grew older his mother made a companion of him. She talked through some of
her problems with him, and he always confided in her. The adoptive father had high standards for W., expecting him to do well at school. With W., he was very quick tempered and unreasonable and punished him physically for trifles, until W. wondered if he loved him at all. He was very strict about Church attendance, and although W. was allowed to pursue the usual interests of a boy of his age, his father was very strict about the precise hour by which he must return. If W. were late his mother "covered up" for him. W. was unable to discuss anything with his father, since he was afraid of him. He channelled all his requests to his father through his mother.

The adoptive father, in fact, although providing materially for W., was rejecting in his emotional attitudes to him. He was, however, devoted to his biological son and appeared to find in him someone of his own, whereas W. was not. The adoptive mother, on the other hand, felt the same towards both boys and viewed them both as sons, since she had cared for them both since they were helpless babies. W., feeling that he was treated differently from his brother by his father, said, "it made you deceitful... it made you want to leave home." When W. was 16, an incident occurred which illustrated his fear of his father. W. was admitted to the local hospital late one night, saying he had been attacked by a
youth and hit on the head and reporting that he had suffered from concussion. No injury was found and the next day it emerged that he had made up this story because he was out late and had been afraid to go home fearing punishment from his father.

Few relatives were in touch with the family, but these accepted W. as one of the family.

W. knew he was adopted but did not remember being told of it. His mother, however, had informed him that she had told him when he was 8 or 9. At 16, he reported that he asked his mother about his adoption and for details about his biological mother. Prior to this he had known his place of birth as this had been needed for some official purpose. From the account given when his mother was interviewed by the worker, much more detail emerged, - detail which W. had either forgotten or had absorbed without recollecting when or how he was told. His mother reported that when W. was 8 or 9, he had described how upset a boy from Dr. Barnardo's Home had been at school, because others had said he had no parents and was illegitimate. His mother felt that she should take this opportunity to tell W. of his adoption. She explained how her baby had died, how she wanted and needed a baby, had gone to a Nursing Home and on seeing him had felt she "could not have anyone but you". She also gave details about his young biological mother, her
occupation as a shop assistant, and the name of the country village from which she came. She talked nicely about her saying that he was not to think she "was a nobody". She also told him adoption was nothing to hide, but she wanted it to be something between W., herself and the girl he married. W. at the time appeared to take no interest in what she was saying and continued to play, but after she had finished he came to her and hugged her, - so she knew "all was well". In telling him of his adoption she found the most difficult aspect to explain was his illegitimacy, and she related this to her own prudish feelings about sex. She felt it was important to tell him of adoption in such a way as to make him feel wanted. She therefore did not tell him what a large and ugly baby he had been. She reported that her heart "had sunk" when she first saw him, and she admitted that had she known in advance what he looked like, she would not have taken him.

The adoptive father was angry when Mrs. L. told him that she had informed W. of his adoption. He had felt that there was no need for W. ever to know. Mrs. L., however, was sure she was right and this was confirmed for her by overhearing soon afterwards the comment of a boy in the stair to W. that she was "not your real mother .... you're only adopted". W. had replied easily "Oh, I know that, but she's the
only mother I've ever known."

From this time, until W. was 10 or 11, Mrs. L. mentioned adoption from time to time as she knew young children were forgetful. Sometimes when she mentioned it, W. asked about his father. His mother did not tell him that his putative father had disclaimed paternity since she herself felt that in W's position, such information would have been hurtful. She told him she did not know much about his father except that he was "a big strapping man of about 6 feet". She did not tell him that his occupation was that of a commercial traveller. She also told him again about his mother and they made puns about the name of the village where she lived. During this time, the family went on a bus tour which passed through this village, and W. called out laughingly to his adoptive mother that this was the village they had a joke about.

She had said quietly that she remembered, and they both looked for the cottage where the biological mother had lived. Mr. L. was taken aback when he discovered that Mrs. L. had given W. this particular item of information.

After W. was 11, his mother stopped mentioning adoption, since she thought it would be wrong to overdo it. He might think more of his biological parents than of them. He had taken being told so calmly that she wondered if he "bothered about it at all."

She confirmed that adoption was not discussed
again in the home until W. was 16, when he asked to see his adoption papers. Mrs. L. for a moment could not think what he meant. She said she forgot he was adopted - he was her eldest son, etc. He was pleased by this reaction. She showed him the papers and he was curious about his biological mother.

W's version of what he was told was different from that given by the adoptive mother. He remembered the county from which his biological mother had come. He thought she had never seen the baby and that she was from a well-to-do family. He was sure his adoptive mother had not met her and that she had told him all she knew. There was no point therefore in wondering further.

Adoption was never talked of with the adoptive father, and the brother, J., did not know W. was adopted. W. felt there was no need for him to know. Adoption was never referred to with outsiders, although neighbours would know of the adoption at the time. The only person outwith the family who ever referred to W's adoption was the family minister. When the adoptive father died he had said to W. that he must now look after his mother and repay her for what she had done for him in adopting him. This made W. and Mrs. L. very angry. Mrs. L. reported that as a mother she did not expect to be repaid. Neither had seen much of the minister since.
W. did not tell people of his adoption except once when it arose with one special friend in the natural course of conversation. His attitude here was similar to that of his mother. His adoption was nothing to hide but it only need be talked of within the family. He did not want everyone to know and he did not want constant discussion of it. He would not like to have been introduced as an "adopted son". He commented that if parents referred to "my son, then you feel you belong". Although Mrs. L. was very sympathetic towards unmarried mothers, W. was very critical of them and was not so kind in his attitude here as he was in all other things.

In colouring and physique, the son born to the L's was extremely like the adoptive father who was very dark. W., however, was fair, blue-eyed and tall, but so was his adoptive mother and he was pleased about this similarity.

Since the adoptive father's death the tension had gone out of life at home for W. and he was able to lead a more normal sociable life with his friends whom he could now invite to the house. He was still, however, unsure of himself and very dependent on his adoptive mother, leaving many decisions to her, and being unreliable about his money and undertaking any responsibilities. His mother, however, was aware of this and was insisting that he take decisions
himself and so grow up.

His relationship with his adoptive brother was not a good one. J. "thought the world" of his older brother but W. had no time for J. and shouted at J. in just the same way as his adoptive father had shouted at him.

In his attitude to adoption, W. stressed that simply to be told of adoption was "not enough - a child will want to know more", and if parents do not give more information then the child will think there is something being hidden. He would certainly not have liked to be told of adoption by outsiders for then he would have felt his parents "had deceived you". He was glad it was his mother who had told him and not his father, but he felt his father should have told him about adolescent changes and not left this to his mother.

This history shows that the strengths in this family all came from the adoptive mother who showed warmth of personality and an intuitive understanding of the child's point of view probably derived from her own childhood. She was not happy in her marriage but she managed to preserve a degree of unity in the home and she took the initiative in handling the adoption situation and went against her husband's wishes here. It could be argued that many of the problems for W. could be attributed to his father's irritable personality which could have been associated with his organic condition. There was evidence, however, that he was
able to be kind to the adoptive mother and to his own son, but that he rejected his adopted son. In fact, fundamentally, it seemed that he had only agreed to adoption to please his wife. With regard to W's adjustment it was clear that, had the adoptive father not died when W. was 16, there might have been further episodes when W. made up fantastic stories to escape from his father's anger, or alternatively he might have shown maladjustment in some other way.

The other history in this sub-group is similar to that of W.L. as an example of a man whose adjustment was improving. H.G., No. 20, age 33, was older and more intelligent, and his improving adjustment came about with the passage of time rather than through a radical change in his environment.

Legitimately born, he was adopted at four months old, because his biological parents had separated. His biological mother felt she could care only for one child, his sister 2 years older, at the same time as going out to work. He was adopted by his biological maternal uncle and his wife, aged 33 and 34, who had been married for 3 years, and had no children. They lived in the city, some distance away from the village where H. was born. He was brought up as if he were their only son, used their name, and it was not intended that he should know either that he was adopted or related. The whole family acted together in this.
The adoptive father, a grocer, died of Hodgkin's disease when H. was 8. He was rigid and critical of H. The adoptive mother, country bred, a head table-maid before marriage, was also rigid, and possibly frigid, having a universally Calvinistic attitude to life. When the adoptive father died, she took in University students as boarders. At 49 she developed angina and died at 55.

A third adult in the house was an unmarried friend of the mother, also a waitress but more intelligent. She had known the mother before her marriage and continued to live with her after marriage. The relationship appeared latently homosexual.

The household then was rather an unusual one and all three adults centred very much on the one child and competed for his affection. Both parents were inadequate personalities and were not well adjusted to each other. They were unable to give warmth of affection to H. They had, however, social and educational aspirations for him and made considerable financial sacrifices in order that he should go to a fee-paying school. This continued after his adoptive father's death when finances were strained, for H. was intelligent and won yearly bursaries until he attained the Scottish Higher Leaving Certificate level. He was expected to do well at school but he resented very much that his adoptive mother could take no interest in his developing
intellectual interests. Neither could his "aunt", although she, with more money than his mother, bought him "improving books". He was socially isolated, not being allowed to play with the children round about who were viewed as too rough, and since he did not want to bring his better-off school-friends to his shabby home. He became increasingly self-orientated, and the situation at home accentuated this, since he found that he could play his mother and aunt off against each other to achieve the greater material gain for himself.

When H. was disobedient, his mother punished him physically until he was stronger than she was, and also used the threat "Wait until I tell you something that will make you sit up .. then you'll be grateful for what I've done for you."

He had persistent nocturnal enuresis as a child which recurred at 12 on admission to Hospital for a few weeks.

At 12, H., when looking through drawers which he was forbidden to enter, found his birth certificate. He learned thus that the person he had viewed as his aunt, but never met, was his biological mother. He was surprised at this, and then accepted it. He gave no indication to his adoptive mother that he knew. When he was 16 or 17, and details of birth were required for a formal application for a school bursary, his mother with difficulty told him of his
adoption, and of how he was related. H. accepted this information, again without comment. From the age of 12 he had been very curious about his natural parents, but he could not ask his adoptive mother, and although after 16 or 17 he asked his "aunt," she gave little information.

Over the years, however, he gradually pieced together the story and learned about both his natural mother and father. She had since re-married and none of the relatives really approved of her, describing her as "flighty". She had been more intelligent and had a better education than the rest of her siblings.

Although intelligent, H. never used his capacities to the full. At school, where he wanted acceptance from his peers, he found no one admired the "swot". Later at University, where he studied medicine, he put a great deal of energy into doing well at sport, rugby, boxing, and the like, not so much because he enjoyed the sports for their own sake, but in order to compensate for previous inadequacies, and to win. Again he had few friends, finding conflict in the fact that he was a fellow student with his mother's boarders. With his adoptive mother he had no real communication. When he qualified, his biological sister came to see him, and out of curiosity he went once with her to see his biological mother towards whom he felt very resentful since she had placed him for adoption. He had no
desire to see her again. He was, however, very curious about his biological father and learned all that he could about him.

His relationship with his biological sister was a very close one, and in fact it developed abnormally since they found they were physically attractive to each other. They were both already engaged by this time. Each subsequently married but kept in touch with the other. They found it very difficult, however, to adjust their relationship to one between siblings since they saw so little of each other.

H. married at 22 and he continued to be self-orientated both in his social attitudes and in his marriage. He admitted that when he volunteered as a paratrooper during his peace-time National Service, he was again over-compensating. Later his ambition was to be a neuro-surgeon, but he achieved little towards this.

By his late twenties his attitude became more mature, and more realistic. He took an administrative post which did not use his medical skill to the full, but gave him and his wife the chance of an adequate income and a home of their own. He had now also time to pursue his artistic and intellectual interests.

Having feared responsibility and that he would be an inadequate parent, he had previously avoided parenthood. He and his wife now sought to have a child and
having achieved this he found himself maturing and
dwelling less on the past.

This man in his childhood had little warm feeling for anyone.
He felt that he had never had parent-figures and being interested
in psychiatry and psycho-analysis, his diagnosis of his own
situation was that he was one of the affectionless personalities
as described by Bowlby.¹

The emotional isolation which he experienced as a child was
possibly no different in kind from that felt by many children,
who are much more intelligent and better educated than their
parents. In fact one can see him as the "classless person"
described by Hoggart.²

The factors, however, peculiar to the adoption situation were
twofold. First, he was brought up by a mother who had had no
child of her own, and who was considerably less intelligent that
his biological mother. Secondly, there was her insistence that he
should be grateful to her for what she had done for him.

Although this man's adjustment was apparently improving at the
time of interview, he had not resolved many of his problems of
relationships with others. Although he had good relationships
with patients, these were very poor with equals and those in
authority over him.

Of the four married women in this sub-group, the history of
M.N. is given in detail.

¹ See p. 528 of this thesis.
² Hoggart R.; The Uses of Literacy, 1957; Chapter 10.
M.N., No. 37, aged 21, was an attractive girl dressed in brilliant colours and heavily made-up. She had married at 18, had a daughter of two and she was again pregnant. She and her husband, an apprenticed painter-and-decorator who was doing National Service at the time of interview, had made an attractive home out of a single attic room in a tenement.

M. had gone to Junior Secondary School until the age of 15½, having stayed for an extra term at her father's insistence to obtain some commercial training. She did clerical work and then residential domestic work.

She had had no health problems of a physical nature, but she reported that since 14, her "nerves" had been affected by her unhappiness at home. She had been referred to a Psychiatrist because of stealing, and at 17 she had attempted suicide.

Although M. was excitable and irritable, and behaved in an attention-seeking way whenever her husband had to leave her to return to his unit, her adjustment had greatly improved since her adolescent years.

M., illegitimately born, was adopted when 9 months old, through the appropriate department of the local authority, by a married couple, aged 30 and 33, who had been married for 5 years. She was brought up as an only child, her adoptive mother having had 2 or 3 miscarriages before adopting her.
The adoptive father had steady employment as a machine operator in a factory. He had no health problems. He was unassertive and very quiet. He read a great deal, and although he had no real leisure interests, he was more sociable than the adoptive mother. His weekly outing was to visit his stepmother. A strict adherent of the Roman Catholic faith he became more religious as he grew older.

The adoptive mother was a competent housewife but "always delicate and nervous", and she frequently attended the family doctor. At 50 she was admitted to a Mental Hospital with a rare kind of anaemia which produced psychotic symptoms. After treatment for the anaemia, the psychotic symptoms cleared. She was, however, basically unstable with a cyclothymic personality. She had no friends and no interests outside her home, although she enjoyed the cinema and theatre.

She had been emotionally very close to her own mother, but she had also been tied to her and dominated by her. She wanted to repeat this pattern with M. Originally she had been brought up as a Roman Catholic but she did not attend Church regularly.

The family finances were always adequate and the family lived at the same address, in a centrally situated working-class area of the city.

There were constant quarrels between the parents.
During these the mother behaved in an hysterical way, and, following them, there were frequently silences between the parents lasting for up to 2 weeks. These quarrels dated from before M's adoption but later she was always involved in them. For example, if M. spoke to her father during such a quarrel, Mrs. N. accused her of taking his side. If the father commented on how Mrs. N. was bringing M. up, then he was accused of being on M's side.

The mother was reported as saying that the happiest years of her marriage were the 3 years when her husband was in the army. She had letters from him, but M. and she were then on their own. The mother was very possessive towards M., discouraging her from having friends of her own age. There was a very close relationship between them until M. was 12. The adoptive father took no part in M's upbringing during these years.

After 12, M. began to want to have friends and activities apart from her mother, and by the time she was 14 she and her mother were constantly quarrelling about this. Her mother, who had an exaggerated idea of how M. would grow up "into a lady", was critical of any friends M. made. She constantly watched M. and was very distrustful in case she should become friendly with any boys. If M. ever came home later than expected, her mother did not believe her explanations.
As M. felt that her mother never believed her when she told the truth, she decided that she might just as well tell lies. She kept a diary, however, of her daily activities and when she was 14 her mother found this and read out the contents to her. Here M. had recorded various innocent meetings with boys and how she had not told her mother of these. M. reported, "My mother never really believed me after that."

M. felt, however, that her adoptive mother's whole attitude towards her was wrong. She was sure she should have a life of her own, and choose her own friends, who always came from homes like her own. She was determined not to be dominated in this by her mother. In these constant adolescent quarrels, adoption had been frequently mentioned by the adoptive mother.

M. had had no idea that she was adopted until she was 12 when children from school taunted her that they knew something about her - that she was adopted. M. could not believe this and was at first afraid to ask her mother. Her mother, however, urged her to have no secrets from her, and then denied that it was true that she was adopted, saying "Don't be silly." M. would have dismissed the whole subject from her mind if her father had not told her that evening that it was true. He had said, "But you'll always be our
little girl." M. burst into tears at this and continued to weep all evening. Her adoptive mother then also became upset, saying that she had had no idea M. would react in that way. M's father remained calm, and her mother, who had not wanted M. to be told of adoption, was very angry with him. M. herself was upset, not so much because she was adopted, but because she had been moved to tears by the nice way in which her father had told her. M. never felt that knowing of adoption made any difference to how she felt towards her parents. She thought about her adoption for some time after this, but then it slipped into the background. Her adoptive mother, however, maintained that M. hated her parents because of it from the day that she knew, and the adoptive mother frequently quarrelled with the adoptive father for ever having told M.

At 12, M. was given no details about her early history. When she was 16 or 17 she was very curious about this, but she would not ask in case it hurt her mother. She decided to wait until the information came out gradually. On several occasions when her mother was in an amiable mood, M. heard about how she had gone to a "big house" to fetch her and how there were no clothes for the baby as there should have been. M. worked out her own interpretation of this which favoured the biological mother. M. learned too
that her adoptive mother had been the prime mover in wanting to adopt. When her mother was angry with her for not doing exactly as she said, M. was told "You ought to eat humble pie ... we gave you a home ... you ought to be grateful." M. commented that she realised that she should be grateful but she found she could not show her feelings. Her mother had also commented: "My mother said you would bring me nothing but trouble."

Later when there was a family quarrel about M's break with the Roman Catholic Church, M. was told she was born a Catholic and that her parents had answered an advertisement that a good Catholic home was wanted for a baby girl.

Her adoptive mother, however, never gave M. any details about her biological mother. Her only comment about her was when M. stole. The adoptive mother had then said, "What can you expect - bad blood." M's reaction to this comment was to be very hurt and angry, but she indicated none of these feelings to her adoptive mother.

The family had no real contact with relatives. The maternal grandmother, who died when M. was 5, had been opposed to adoption.

In the years after leaving school at 14, M. was very unhappy and rebellious at home. There was constant conflict between her desire to have a life of her own like all the others of her age, and her mother's
desire to be possessive of her. M. also found the adult world which she entered on starting work to be rather frightening, and, because of her restricted upbringing with its few social contacts, she found she knew little about life in general.

M. showed signs of maladjustment. She defied her parents and went to dances and to other teenage activities. At her first dance, after she had alcohol for the first time, she had sexual relations and it was later feared that she might be pregnant. Her mother had given her no information or help about relationships with those of the opposite sex.

When employed in two positions in a cash desk, M. stole sums of money ranging from £3 to £14. She reported that she did not want or need the money, but that she stole because her mother did not trust her. She knew that she was doing wrong and she appreciated why her parents became very upset. She thought, however, that they had been too strict with her. On the second occasion she was seen by a psychiatrist who advised that she should leave home. M. had frequently threatened to leave home and, after a particular quarrel when her father in anger had said she had better go, she used this at once as an opportunity to get away. This was viewed by her parents as running away.

Later, however, her father saw that M. would be
better away from home, and she was put in touch with a social work agency to arrange this. Thereafter M. took residential domestic work, not from choice, but in order to have somewhere to stay. She reported that if she had been charged with stealing and sent to an Approved School, she felt sure that she would never have improved. About this time, however, she became friendly with and fond of her husband who was one of her so-called adolescent "crowd". It mattered to her that he should have a good opinion of her.

M. was in a series of resident posts, staying only a few weeks in each one, and because of day-dreaming being dismissed. She was unhappy away from home, worrying about her mother if she did not see her, and longing to have a good relationship with her parents. When she went home, however, there was constant tension. M. was an attractive, sophisticated teen-ager by this time, and her adoptive mother never trusted her alone with the adoptive father. If he indicated that he was fond of M., the mother would say that he was fonder of M. than of her, and that their relationship was not a father-daughter one. M. denied that this was so.

During this time, M. had nowhere to sleep on one occasion between two jobs. Her adoptive mother would not allow her to stay alone in the house, as she and the father were going on holiday. M. spent the night
in a large railway station, accompanied by her boyfriend. She never forgave her mother for this apparent lack of feeling for her. Soon after this, following influenza, she took an overdose of barbiturates. Her adoptive mother showed concern and M. was allowed to stay at home for a short time.

At 18 M. married a stable, kind and competent young man, no older than herself, who was a Protestant. He had been very understanding of her problems, and gradually she was maturing and her adjustment was improving. After marriage she had still hoped for good relationships with her adoptive parents, but these fluctuated as before and gradually M. was learning to lead her own life and become independent of her adoptive mother. On leaving home, M. had given up any contact with the Roman Catholic Church, and this caused some tension with her adoptive father, particularly over the baptism of his grandchildren.

There were problems in M's marriage, since the husband was away and they had bought more expensive furniture than they could afford on a National Serviceman's pay. When the husband returned, however, to a job which was assured to him, this would alter. It seemed likely also that M's adjustment would continue to improve when she had a reliable husband constantly with her on whom she would depend.

In her attitude to her own adoption, M. said she
would like to have known about her biological parents. She wondered if her mother was living and why she had placed her for adoption. She assumed that her biological mother had been unmarried. M. accepted, however, that she would never learn anything of this from her adoptive mother, whom she thought probably knew nothing about her biological mother. In spite of her poor relationship with her adoptive home, M. viewed her adoptive parents as her mother and father, and she was sure that, had there been less talk of her adoption in her home she would have forgotten about it.

This history again shows the pattern, already mentioned several times in this series, of a possessive mother who dominated her daughter. In this case the daughter did not acquiesce, but became rebellious. This led to a period of quite severe maladjustment for her. In fact, if she had not met her husband and grown very fond of him when she did, she might well have become a confirmed delinquent. She herself realised this. She found that now she was "honest to excess", and she commented about her stealing "I shall never live it down to myself."

Although the situation of an adolescent rebelling and becoming a near-delinquent could happen in a similar kind of home where there were biological as opposed to adopted children, there were clearly specific tensions in this home due to the adoption situation itself. For example, there was the adoptive mother's fear of "bad blood", and her comments about adoption and gratitude.
There was also the question of her interpreting the relationship between the adoptive father and M., who was not his biological daughter, in an incestuous way.

Similar in present adjustment, and in some respects in the problems of adolescence, are the other three histories in this particular sub-group. In all three their adjustment was improving through gaining emotional freedom from their adoptive home with the help of a warm relationship with an understanding husband or fiance.

E.W., No. 18, aged 25, was married to a regular officer in the Air Force, and had a nine months' old son. B. was adopted when 10 days old by a couple, aged 35 and 32, living in the South of England, who had been married for 15 years. There were no children of the marriage and there was some evidence that the father was probably the infertile partner.

The adoptive father was a French Canadian. Though he had trained as a plumber, he had an unsatisfactory work record and gained promotion only during war-time shortage of labour. He had had little education, and had no friends or interests. The adoptive mother, whose forebears had been Spanish, had been spoiled and petted as a child. She was immature and self-centred. Her intelligence was poor and she too had little education. Although at one time a fairly competent housewife, at 49 she came under the care of a mental hospital and her symptoms suggested those of a pre-senile dementia.

As a child, B. could recall at least 9 children
whom her mother had cared for on a fostering basis for a local authority. B. had frequent separations from home. Until she was 6, she stayed with a maternal aunt for long periods, and at 9 she was evacuated for about a year.

The parents were not well adjusted to each other. They had separated twice during the first few years of their marriage, but the father took the initiative in a reconciliation. Their poor adjustment, however, continued with acrimonious quarrels and evidence of unsatisfactory sexual relationships. As they grew older the quarrels subsided, but B. found these quarrels very frightening.

Pampered and spoiled, B. was given no discipline and yet her mother "nagged" at her for months over trifles. In early adolescence B. and her mother quarrelled frequently. When B. showed such aggression, her mother would not talk to her for weeks. B. had, in fact, no real communication with her parents. She found herself more intelligent and she had wide interests which she could not share with them. She was given no guidance about school or work, except that, for social prestige, she had to work in an office. Her ambition was to train as a mannequin and she showed great drive and initiative in planning this and saving the necessary money. Her adoptive mother's own sexual problems were revealed in her opposition to B's plan. She implied
that all mannequins were prostitutes. The onset of the adoptive mother's illness coincided with B's planned departure from home, and her parents pled with her to stay and look after her mother. She did so, because, she said, "I felt I owed it to them."

There was constant uncertainty for B. about whether or not she was adopted and about her antecedents. At school, there had been comments and she could partly recall possibly significant snatches of conversation which had occurred when she was 3. When she asked her mother, however, when she was about 9, if she were adopted, her mother denied it. B., however, noticed that her mother was confused and excited over her question, and naturally she had wondered why her mother was upset if it were not true. B. threatened to run away if it were true. At 12, after a biology lesson at school, B. asked her mother about how babies were born and if she had borne her. B. concluded from her mother's evasiveness that she did not know how babies were born.

When B. was in her late teens, and particularly when she was engaged from 19 to 22, she worried a great deal about adoption, feeling her fiancé should know if it were true. She feared .... "I might have coloured blood." At 21 she asked her mother about her birth certificate, but was told to stop asking questions.
B. was very happy in her engagement and determined to marry in spite of parental opposition. As her wedding approached, however, she became very anxious about her antecedents. She also felt that she could not bear to stay any longer at home but feared that her fiancé would change his mind if he knew that she was an adopted child.

B.'s health record at this time reflected her conflicts. From 14 to 19 she had dyspepsia of nervous origin. At 19, immediately following an operation for appendicectomy and the removal of an ovarian cyst, she developed hysterical paralysis, which at her recent interview she attributed to the feeling of immobility following a spinal anaesthetic. Thereafter at 2 to 4 monthly intervals, she had sudden and severe attacks of complete paralysis.

Just prior to marriage, she became acutely ill and told her fiancé she thought she was adopted. After her marriage, her fiancé confirmed for her that she was. He had been told but sworn to secrecy by her father.

The tension eased once B. was married and also once she knew she was adopted. Immediately after returning from her honeymoon, she had one inconclusive conversation about her adoption with her parents. Her father would have given her details but her mother would not. It was during this conversation that the mother commented bitterly that it was not she who was responsible for the lack of children of the marriage.
When B. showed any curiosity about her biological parents, her adoptive mother's response was "Have we not done enough for you?" B. therefore felt that, although very curious about her biological parents, she had to accept such detail as her mother offered her. In fact B. knew little about her biological parents except that they were unmarried. She had been given two different occupations for her biological father.

Since her marriage, B. had been very happy. She was gradually gaining in self-confidence and becoming more relaxed. She had two attacks of paralysis after her marriage, but these were less severe than previously, and she responded in both instances to reassurance from her husband.

B. was an attractive, intelligent girl with a very good clothes sense, and she felt much more at home in the social group of her husband than in that of her adoptive parents. Not knowing about her biological parents made her wonder if she would not have had more opportunities with them than with her adoptive parents. She interpreted an apparent interest taken in her by a well-dressed middle-aged "lady" in her home area as indicating that she might be related to her in some way. It was possible that there was some truth in this since her adoptive mother had avoided meeting this person on the street since B.
was aged 2. She had also been determined that B. should not know her biological name. On the other hand, this could be wishful interpretation on B's part.

B. had very ambivalent feelings about her adoptive parents. Though feeling particularly resentful of her unintelligent, sentimental adoptive mother, she considered that she would keep in touch with them in the years ahead although she was determined that, no matter what happened, she would never go and live with them again.

L.H., No. 12, aged 21, was an equally attractive and intelligent girl who was very happy in her marriage. Illegitimately born, she had been fostered unsatisfactorily for one year before being adopted by a couple aged 37 and 39 who had been married for 20 years. They lived in a country area in the North of Scotland, the father being a farm worker, a wood contractor and then the owner of a small holding. There were four boys of the marriage, aged 20 to 10 and an adopted daughter, known by her biological name, who was then aged 12.

L., on the other hand, always used her adoptive parents' name and was legally adopted, money having been available from her biological father's family to meet the legal fees.

The adoptive parents were happily married and both took a share in bringing up the children. Both were demonstrative and affectionate to L. until she was
about 9, when, however, she felt that they ceased to be. The difficulties in her home sprang originally from the jealousy and instability of her adopted sister, whose biological mother was in a mental hospital. She was cruel to L. as a child. Later in quarrels between them the adoptive father always favoured the sister.

L., when aged 10, found correspondence about her adoption. She found this very upsetting and she wept bitterly. She said it must have confirmed her worst fears. She realised that before this she had wondered about adoption for various reasons. First, her adopted sister had said she had no more right in the home than she had. Secondly, she could recall spending a day when she was 4 with someone who looked rather like her. This, in fact, had been her biological mother although L. was not told this. Thirdly, she had overheard vague conversations that her parents were old to have had such a young child. Finally, when L. was aged 10, the comments of children at school had been ... "L.H. is adopted, don't speak to her." L. had tried to shut her ears to these comments but found that she could not totally disbelieve them. By the time L. was 11½, all the children at school knew she was adopted. The result was that L. did not want to go to Senior Secondary School with the same group of girls.

Adoption was seldom referred to at home and her adopted mother only spoke about her biological mother
on three occasions. Whenever the subject was mentioned L. was "near tears". Although she was very curious about her biological parents, she could only sit and listen to what her adoptive mother told her.

She learned that her biological mother, a crofter's daughter, was not viewed as socially "good enough" to marry her biological father. She was resentful that they had not married and that they had placed her instead for adoption. She learned too that her biological mother had spent some money which had been intended for L. when she was 21. She wished this information had not been given to her, since prior to having it she had been able to think of her biological mother as someone kind.

When L. was 13, her adoptive parents discovered that her adopted sister, who had been off work for 2 years, was in fact malingering with regard to her symptoms. In a fury about this, the sister attacked L. The adoptive father insisted that the sister restart work at once. This she did, but this parental insistence led to a family quarrel, some of L's siblings agreeing with the parents and some feeling that the father had been too strict. One who took this latter view was the brother who had comforted L. when she found out that she was adopted. He had promised to "be a brother to me always." When he left home over this family quarrel, L. felt that she had been deserted by him.
Although the situation at home improved when the sister was no longer there, L. was acutely unhappy between 12 and 14. She felt that no one belonged to her. Her brother had broken his promise to her. She thought of suicide, and of running away. She resented her parents whom she felt allowed her little freedom. Her adoptive mother in fact worried to some extent that L. might repeat the pattern of her biological mother and become illegitimately pregnant.

When her mother scolded L. for her behaviour, she said ... "Children you bring up are not the same." L. used to retaliate and do everything she could to show that she did not think her adoptive parents were her real parents. During this period she wanted to meet her biological parents but she did not know how to start tracing her biological mother.

When L. was 14 she left Senior Secondary School having taken her Lower Leaving Certificate with ease. She became a clerkess and later a very competent private secretary in a lawyer's office. Her parents would have been happy for her to stay at school and go to University, but she did not like school and felt she was different from the others there. This was partly because she was adopted and also because, being a country girl, she was dressed differently.

After starting work, she had more to interest her and was given more freedom. She looked older than
her years and she met her husband, then aged 24, when she was only 15. Her parents approved of him and of her engagement and subsequent marriage at 18. Her husband was employed as a representative and they lived on the outskirts of the city in a small modern house which they were buying.

L., who was very happy in her marriage and had many friends, now wanted to do everything she could to make her parents forget the period when she had been rebellious. They, on their side, whilst preferring their own sons when she lived at home, now were more centred on her.

Her health record showed her insecurity and fears. From 4 to 9, she had intermittent nocturnal enuresis, and after 13 when her sister left home she had frequent vivid nightmares in which she felt someone was going to hurt her. These would appear to relate to the fears she must have experienced on discovering that after a quarrel in which she was involved, there was a major family quarrel when her sister and two brothers left home. At the time of the interviews, L. was attending her family doctor with migraine attacks and severe nightmares. These were viewed as residual symptoms reflecting her unhappy adoption situation and as likely to subside because of her happy relationship with her husband. This prognostication was in fact confirmed by a contact two years later.
L's attitude to her adoption was still to feel ashamed of it although intellectually she knew there was nothing of which to be ashamed. She considered that this feeling arose because her parents had made a secret of her adoption, referring to it in whispers to outsiders. She remained curious about her biological parents, but stated that she had now no desire to trace them.

It must be remembered, however, that she was now anxious to identify completely with her adoptive parents and to forget all the feelings she had had when aged between 12 and 14.

M.F., No. 13, aged 25, was an attractive, intelligent and vivacious person, with drive and ambition; she had an interesting secretarial post. She had married unhappily at 18 and was obtaining a divorce. She was engaged to a stable young man with secure employment and her adjustment was improving.

Illegitimately born, M. was adopted when a few days old by a couple aged 38 and 37 who had been married for 10 years and had had 3 sons, all of whom had died either in infancy or before the age of 2. Eighteen months after the death of the third son, they adopted M. who was brought up as their only child.

The adoptive father had regular semi-skilled employment, was fond of children, but easy-going and unassertive.
In the early years of his marriage he drank heavily. The adoptive mother was of lower intelligence, hypochondriacal, quarrelsome, lethargic and self-centred.

The family moved to a new housing area of the city, when M. was 3, and so it was not generally known that she was adopted.

In the marriage relationship the mother dominated the father completely, but there was no mutual companionship. M. found her father sympathetic to a child's point of view, but her relationship with her mother was always very strained, even when she was a child, and she ... "never felt able to get through to her". Her mother resented her presence in the home and was constantly scolding her. She was inconsistent in her discipline rather than restrictive. M. tried to gain her affection by giving her presents but these were thrown in the fire. At this M. felt that she wanted to "murder" her adoptive mother. When she was 9 or 10 years old she dreamt so vividly that she had done so with an axe, that she had to get out of bed to reassure herself that this was not true.

M. always did a great deal of housework but her mother never acknowledged this, but instead expected M. to be grateful to her. Her mother was strict about hours in M's adolescence and never encouraged her to bring friends to the house.

M. did not know she was adopted until she was 15,
when her birth certificate was required. Prior to this, however, she had wondered about herself because her mother had frequently commented that one day she would find out about herself. Her mother also feared that M. would look in drawers. M's reaction, however, to learning of her adoption was .... "to feel the bottom had fallen out of my world". It was a "blow" to realise that her adoptive father was not her real father. On the other hand she found it a relief to know that she could not inherit her adoptive mother's temperament.

Prior to being told that she herself was adopted, M. had a preconceived idea about adoption from two incidents. First, her cousin was adopted and M. noted that people treated her differently and said ... "Poor wee thing". M. had felt ... "Thank goodness I'm not adopted". Secondly, a friend reported to her that when one of her relatives who was adopted was told of this, she reacted in such a disturbed way that she was admitted to a mental hospital. M. had thought .... "How awful if I am adopted". She stated that these two incidents made hearing that she herself had been adopted even more of a shock to her.

The adoptive mother made it clear that she looked down on M. and that adoption was something to keep secret. The result was that M. worried a great deal about her adoption. In quarrels with M., who was rebellious and resentful in adolescence, her adoptive
mother would say "I'm not your mother anyway."

M. was curious about her biological parents, but she could learn nothing about them by asking her adoptive mother directly, since she told her to "stop probing." Being more intelligent, however, than her mother, M. chose to ask her questions when her mother was in a good mood. M. also tried to trick her into giving information.

Her mother usually gave information easily and naturally about the biological mother saying that she married soon afterwards, had 4 children and named the town where she lived. She was, however, inconsistent in her attitude and sometimes, when she was angry, she made disparaging remarks, such as .... "Like mother, like daughter." Whenever M. asked however about her biological father, her adoptive mother wept, became upset, and told M. conflicting stories. In each such story, however, she always stressed that he had died, either suddenly on the street, or following pneumonia.

As a result of these conflicting details, M. did not know what to believe, and so she fantasied, wondering if her adoptive father could be her biological father, and if she had been illegitimately conceived during one of his drinking bouts. She saw some physical resemblance between herself and her father as possible evidence for this. She also interpreted as significant the fact that on her birth certificate
her middle name was given as that of her adoptive parents. This, however, was a common device in adoption arrangements at the time of M's placement, the biological surname thereafter being dropped.

M. had never mentioned adoption to her adoptive father, as she was .... "Too fond of him". They were also both embarrassed by the subject.

Although M. noticed that relatives had a differential attitude to her cousin who was adopted, they all accepted her completely, and no comments were ever passed about her adoption.

M., who had been quick at school work and had won a bursary for Senior Secondary School, was advised that her ability was such that she could have become a teacher. The adoptive mother, however, was opposed to further education, pleading lack of finance, and M. left school at 14, having taken a commercial course.

M. was very unhappy at home in her teens. At 18 in order to feel that she had someone of her own, and to be free of her mother's restrictions, she married a soldier whom she hardly knew. He was posted abroad a few weeks later.

While he was away, she built up a warm and lasting relationship with a stable and competent young man whom she had known since childhood. They planned to marry when her divorce came through.

M., whose relationship with her adoptive mother
continued to be very strained, was "counting the days" until she left home, after which she intended to make a complete break with her mother. M. had no serious physical health problems, but she worried a great deal about her health. She reported having "aches and pains" and occasional feelings of unreality. In one rather demanding post, she became particularly tense, projecting on to the female supervisor her fears and resentments towards her adoptive mother and being determined that in this situation the supervisor would not dominate her. M. feared that there was something wrong with her mentally, that she might drop dead as her reported biological father had done, or have sudden heart attacks as reported by her adoptive mother. M. suspected that her adoptive mother was hypochondriacal and she realised that most of her fears related to her experience in her adoptive home. Although she worried thus easily about herself, M. was equally easily reassured by the family doctor.

She remained, however, anxious about her lack of information about her antecedents. She commented that everyone else knew their origins. She continued to fear what she might have inherited, wondering if she would have a half-caste child. She still wondered if she could be her adoptive father's child. She wanted to meet her biological mother once, yet feared
what she might thus find out. She did not want her adoptive mother to know of her enquiries. The secrecy surrounding her antecedents had made her feel there was something "momentous" here. In wanting to meet her biological mother, she was looking not for a mother, who would understand her as her adoptive mother did not, but simply for accurate factual information.

During the interviews, and supported in this by her family doctor, she was encouraged to make some enquiries and thus she obtained reassuring factual information about her biological family and her half-siblings. She also wrote to her biological mother but received no reply. Although reassured by the information that her biological family were all normal, M. was still curious, and would have liked to see her biological family once. She was anxious, however, to cause her biological mother no embarrassment.

M's feelings about this remained mixed, curious yet afraid. It seemed likely that she would take no further action, although she said that, "perhaps one day" she would go to the town where her biological family lived, and see if she could observe them without their knowing who she was.

The two unmarried women in this sub-group were also in a state of transition in adjustment at the time of interview, and the history of one of them is given in detail.

P.P., No. 30, aged 20, was slight in build, pretty
in a quiet way, and quietly spoken though poised and outwardly composed. She worked as a sewing-maid in a hospital, having been unable to pursue any of the occupations of her choice because of severe bilateral flat foot resulting from untreated fractures of the toes. She had been educated at a fee-paying convent school, where it had been anticipated that she would sit her Scottish Higher Leaving Certificate. Circumstances in her adoptive home, however, were such that her schooling was irregular from the age of 13. It was also doubtful whether she had the basic intellectual ability for such an educational standard. At the time of interview, she found that she became extremely tense before going to any social function and she was only happy in situations where she knew everyone. She had a male friend, however, who was now helping her to lead a more normal social life than had ever been possible for her prior to her adoptive mother's death a year before the interviews.

P., legitimately born, was adopted when 2 months old, probably through a fee-paying nursery in the Edinburgh area, by a well-educated unmarried woman of 32. The adoption was legalised. The adoptive mother, who had been brought up in a comfortable middle-class home, had, from the age of 19, nursed her invalid father until his death when she was 31. She was a director in her father's business, her one brother
having left the city to become an electrical engineer. A year after her father's death she adopted P. and devoted all the emotional energy that had previously gone into caring for her father to the care and upbringing of P.

The adoptive mother was fit until the age of 45 when she developed disseminated sclerosis. Her gait and speech were affected and she became bedridden, dying at the age of 51. She would not accept her illness, was very difficult in behaviour and was constantly changing her doctor. She had a dominating personality and strong opinions. She was an enthusiastic member of a political party and of the Episcopal Church in Scotland. She was limited in her understanding of situations, being able to see things only from her own point of view. Her friends were either widows or unmarried professional women.

The finances were always very adequate and the adoptive mother owned a pleasant house and garden in a semi-residential area of the city.

The adoptive mother centred her whole existence around P. They were always together, and P. led a very sheltered life, her mother choosing whom she should have as friends and planning even her leisure time activities.

The adoptive mother put considerable educational pressure on P., always doing home lessons and music
practice with her, and not allowing her to accept invitations out during term time. P. was taken to Church from the age of 18 months, and when she could write she was expected to write down parts of the sermon for discussion with her mother afterwards. She was not sent to Sunday-school, her mother instead teaching her at home. P. was allowed to join her school friends at sports and Girl Guides, but in all her activities a high standard was expected by her mother who compared P's achievement with her own when at the same age. P. managed to obtain good marks at school until she reached the age of 12. Then she found that the additional subjects, such as two languages, were confusing for her. She was not interested in school-work and only worked hard because her mother was so concerned that she should do well. The relationship between P. and her adoptive mother was poor. P. reacted to the excessive pressure on her by not confiding in her mother, by hiding things, and by withholding from her items of information which in themselves were of a trivial nature.

The social life of the family was restricted to friends of the adoptive mother. There was no real contact with relatives and only occasional visits from the adoptive mother's brother. P. "hated" when he came to stay, feeling that .... "it was all wrong to have a man about the house." She did not consciously
miss a father, but, looking back on her home life, she realised she accepted many things because she knew of nothing different.

When the adoptive mother became ill, she expected P. to look after her, to do the housework, and to continue with school. As a result P. only attended school irregularly from the age of 13 to 15 and was soon behind with her school work. P. was also very lonely during this time.

Her mother required hospital care when P. was 15, and after a short period at a day-school, P. returned to her convent school as a boarder until she was aged 16½. She was then admitted to an orthopaedic hospital for operative corrective treatment for her severe bilateral talipes planus. This prevented her from continuing her studies with a tutor at home, and also from sitting any of the usual examinations. Her mother was extremely upset about this. This fracture had occurred when P. was 15½, but she had not admitted it to her mother. Her reasoning here was that she was determined to continue with ballet lessons which she greatly enjoyed. Her mother was not observant enough to notice the injury although friends commented on the way P. was walking.

The hospital treatment lasted for 2 years, and although P. was an in-patient only for a few weeks, she was subsequently sent to "a hostel for cripple
girls" in another city as there was no one to care for her at home. She learned there to sew.

Although this kind of training was not that envisaged by her adoptive mother, P. enjoyed the experience and it gave her her first chance of independence. She learned, for example, to wear adult clothes. Her mother strongly disapproved of this, since she tried to keep P. a child.

When 18, P. went for a year's course to a domestic science school. It was planned by her mother and one of her friends, a Church deaconess, that P. should thereafter care for her mother at home. This was viewed as P's duty after all that her mother had done for her. Other friends and the family doctor opposed this plan, and P. ultimately took a post as a resident domestic.

The adoptive mother, however, was very unhappy in hospital, and took her own discharge, ignoring the fact that she was seriously ill. P. nursed her at home for the last 9 months of her life as well as working as a daily sewing maid in a hospital.

With regard to the adoption situation in this case P. was not told by her mother that she was adopted. Those living in the home area would know of adoption since the adoptive mother was always referred to as "Miss P." but no comments were ever passed to P. P. was also aware that her mother was Miss P, but it did
not consciously occur to her that this was significant. When P. was 9 she took a letter to school in a used envelope addressed to Miss P. The girls seeing this said that Miss P. could not be her real mother. P. was very upset and she asked her mother on her return home. She noticed her mother was unsure at first whether to agree or not, but eventually she admitted that P. was adopted. P. and her mother were both very upset, her mother shutting herself away in her room and P. running out of the house. P's reaction was to feel annoyed. "I felt I had been cheated", but she said nothing of this to her mother.

P. was curious about her biological parents and she asked her mother about them from time to time, although often afraid to do so. Her mother always became annoyed and usually replied emphatically . . . . "Well, you're not illegitimate anyway". Sometimes had adoptive mother would give no further information. At other times she said crossly "It doesn't make any difference to you now . . . . It does not concern you. I'm in charge now." Her anger here related to her fear that P. was more anxious to talk about her biological parents than about her.

P. wanted especially to know who her biological father was, and why her parents had placed her for adoption. She obtained information from her adoptive mother from time to time about the former, but her
mother gave her differing stories, for example, that her biological father was "a medical doctor" but also that he was dead. P. wanted information about him in order to cope with the comments of the girls at school. She knew these details given by her mother were not true and so in order to avoid telling lies, she avoided her friends when they talked about their fathers. P. gave up asking her mother the second question when she saw it always hurt her. P., however, remained curious about this.

One of her mother's friends, a widow, had also an adopted daughter of about the same age as P. This girl did not know that she was adopted. When she talked about her supposed father, that is, her adoptive mother's late husband, P. felt very angry and resentful. "Why should she not need to know when I've been told." P. was frequently tempted to tell her.

P. found that when her mother was ill, she could obtain more information from her, for, being confined to bed, she could not walk away when P. questioned her. P. thus learned that her adoptive mother had taken her for adoption from a large house where there were other babies, and that she had met her biological parents. When P. questioned her as to where her parents now were, she simply replied, "Far away".

Her adoptive mother gave P. the impression that adoption was something to hide and to be ashamed of.
She tried to hide it at P's school by wearing a reversed signet ring and by being referred to as "Mrs. P."

P. and her adoptive mother were not dissimilar in colouring and build.

P's attitude to her adoption was that it would have been much better if her adoptive mother had told her all that she wanted to know. She found she could only forget about adoption for a while and then it came into her mind again. She was annoyed that she did not know. She considered her mother's reluctance to tell her would be in case she was not satisfied with her as a parent.

When her mother died, P. wrote at once to Register House and obtained the extract of the original entry about her birth. She learned thus her original name, and that her father was a medical student. She also learned the name of her mother and the place of marriage. P. was very pleased to have this information. Although she admitted it did not give her much detail, she found she was satisfied. She had wanted particularly to know her original name. She now had no desire to meet her biological parents.

P's attitude to talking of adoption had changed over the years. Where previously she had been ashamed of it, she found that, with the passage of time, it embarrassed her less. She stated, however, that she would "not go out of my way to mention it."

P's health record reflected something of the stress
that she had experienced when a child. From the age
of 8 she walked in her sleep and on one occasion
dressed and went out of the house. On another night,
before a school concert, she tore up her music. This
symptom cleared to appear again when her adoptive mother
was ill. At 15½ P. fractured both great toes, and as
already mentioned required hospital care for 2 years.
She was left with a considerable residual disability
which made it impossible for her to take work which
involved long periods of standing. Six months prior
to the interview, she had been losing weight and her
appetite and sleep were disturbed. This was viewed as
reactive to the stress of the last few months of her
mother's life.

P. was now leading a more normal life with friends
and activities of her own choosing. She had never
complained nor wanted to leave her home, and in all
her unhappiness, she had remained loyal to her adoptive
mother. It was only when she had experienced something
different that she realised how restricted and abnormal
her upbringing had been. Her adoptive mother had left
her her house and all her money, and P. was looking
forward to the day when she could marry and live in
her own home.

The other history showed a similar picture of an adjustment,
which was improving. In this case, however, this was a gradual
process of maturing through experience rather than a change made
possible by a radical change in environment. Again there was no father figure in the adoptive home.

C.A., No. 1, aged 25, was an attractive, vivacious and intelligent girl. Illegitimately born, she had been fostered for the first year of her life. It was not known whether she had been cared for by more than one foster mother but it was known that her biological father, a 50-year old lawyer, took the initiative in arranging adoption for her, as she was not being well cared for in her foster home. She was adopted by a married woman, then aged 40, whose husband, a Chartered Accountant in a secure social position in the South of England, had recently died. The biological father had been the lawyer to the widow's family. The widow returned to Scotland and bought a house in a small country town, - not her original home city. C., then aged one year, joined the family at the time of the move and so it was not known in the area that she was adopted. There were two children of the marriage, a girl aged 8 and one aged 4. It emerged that, after considerable thought, the adoptive mother had decided to adopt C., first, because having recently lost her husband she would do this to compensate, and, secondly because on moral and religious grounds she felt that "this child had been put in her way and she should not turn aside from duty".

The family was Roman Catholic.
C. was brought up as the youngest daughter and always used the adoptive family name.

The adoptive mother was reserved, undemonstrative, and self-contained without being self-centred. Her widowhood made her withdraw further, and she had few friends and few contacts with the outside world. As a result her attitudes remained those appropriate to members of the middle class before the 1914–1918 War. She gave none of her children active help or support in their education or choice of career.

C. was not happy in her adoptive home. She felt that she could not establish an intimate relationship with her mother and she also found her old in her ways and attitudes. From 8 or 9, C. showed signs of insecurity and she told lies, stole sweets and hid things. Her mother could not understand this, since the other two girls did not behave in this way. When C. was 10, because of the war, the family went to stay with the unmarried sisters of the adoptive mother's husband. This added to C's feeling of isolation in the family since one of the aunts clearly disliked her and had a marked preference for C's elder adoptive sister. C. learned later that this aunt did not approve of her adoption into the family.

C. was given a good education at a convent Boarding School and later at a Day School up to the equivalent of Scottish Leaving Certificate. Her sisters were given
similar educational opportunities. C. was treated in every way as if she were one of the family and in many ways she had had more attention than her siblings. She found herself, however, temperamentally different from her mother who was accepting of situations and unquestioning in her attitude. C., however, always wanted to have explanations.

The crux for C. in her adoption situation was that she was not told about her adoption but that she found out. It had never occurred to her that she was not one of the family until at the age of 14 she looked by chance at the bottom of a box which contained a piece of jewellery which belonged to her. She found an inscription with a different surname but her first name. It gradually occurred to her that she might be adopted but she could not ask about this. She wondered and worried for 2 years until suddenly she asked an adult friend with whom she had a close relationship. The friend agreed she was adopted and gave brief details about her biological father. The adoptive mother was very angry about this. She viewed it as a betrayal of confidence, for the original arrangement had been that C's adoption would be kept a secret. C. felt very resentful and angry when she realised that her mother and two sisters knew about her adoption whilst she did not. She interpreted the situation as, "all three were lined up against me". She later
discovered her sisters knew that she was adopted but none of the details.

Between 16 and 21, C. was resentful and was aggressive in her behaviour at home. She saw differences in how she and her sisters were treated, and she interpreted these as because of the fact that she was adopted. She wanted details about her adoption, but only asked her adoptive mother for these when they were quarrelling. Her mother's response was, .... "We don't think about it. Why should you?" This response only made C. more resentful since there was no consideration given to how she might feel about it. Because of the uncertainty about her origins, she was constantly on the defensive. She was very introspective and moody. She erroneously thought that her adoptive mother had said she would tell her everything about her adoption when she was 21. In fantasy, C. visualised a large envelope with impressive legal seals, which would be delivered on the morning of her 21st birthday. When none arrived on the appropriate morning, C. was very upset but "also relieved."

Gradually over the years C. pieced together the details of her early history but she still did not know the full details. She learned that her biological father was known to her as Uncle H. He lived in a city at a considerable distance from the adoptive home, and her adoptive mother went to see him very occasionally.
C. recalled that she also once went to see him. After she knew of the connection, however, she only saw him once and then very briefly and not privately. She did not know if he were aware that she now knew that she was adopted. C. also learned that her biological father had contributed towards her schooling.

Although C. felt strongly that she had missed a father or an uncle in her upbringing, she did not look on her biological father as a father. She had no positive feelings for him, only resentment that he had not made better arrangements about the birth certificate which she had to use on all official occasions. This was the original one in the name of her biological father.

Adoption had never been referred to with her sisters. It was also not now mentioned by C. to her mother since C. was trying to forget all the unpleasantness that had occurred between them during her adolescent years.

On leaving school at 17, C. had wanted to get away from home. After a 9 months' secretarial course, C. worked as a medical secretary, and then at 23 became a student nurse at a large Scottish hospital. She had always wanted to be a nurse and after a full training she planned to join an international health organisation. She did not want to remain in hospital work, since she had difficulty in her relationships with authoritarian
figures, particularly female ones. This related to her experience of being brought up in an exclusively female home.

C's relationship with her adoptive home had improved after she and her mother had come not to expect to have a close relationship with each other. Although C. was still very concerned about the interpersonal relationships and rivalries in the family, she saw these now more objectively, and she was able to have a reasonably good relationship with all the members of the family.

C's attitude to her adoption was that she did not resent being illegitimately born, but she resented the secrecy which had surrounded her adoption placement. She considered that every adopted child would be curious about the natural parents, but would only want to know enough detail "to establish their identity."

She was doubtful about adoptions into homes where there was no father and where there were biological children of the same sex. This clearly related to her own particular experience in such a home.

From this history it appeared that the adoptive mother was not able to give real warmth and security to an extra child in the family at a time when she was having to re-adjust her whole way of life, and also while she was mourning the death of her husband to whom she had been devoted. The secrecy too imposed on her about the adoption had obviously added to the tensions.
The final sub-group in this second main grouping of histories are eleven in number. Of the two men, one history is given in detail, and of the 9 women, one illustrates the married women and one the single women.

M.B., No. 8, aged 29, was a weather-beaten first mate of a large trawler, slight but strong in build. He was intelligent with a good vocabulary, and a quiet manner and way of talking. He had attended Senior Secondary School but had left at 14, although his adoptive father had urged him to stay on for further education, and on leaving school to undertake a definite engineering apprenticeship. M., however, was anxious to go to sea and he did so in the fishing fleet. At 16 he was offered a merchant navy cadet-ship. Again he preferred, however, to stay with the fishing fleet where he had remained, except for a 3 years' break in the army doing war-time national service. He attended nautical college and had obtained his skipper's qualification. He anticipated being offered his own boat in the near future. He had now regrets, however, about his lack of education and apprenticeship, since with these extra qualifications, he could have worked on ships where he had better living conditions. His pay in the fishing fleet, however, was on a higher rate and this he felt compensated.
M. had been married since 25, and he had two sons, aged 3 and a few weeks old. He and his wife had bought their own house in slum property hoping one day to move to a better area. M. did not approve of his son playing with the other children in the neighbourhood, and he and his wife had unrealistic educational ambitions for their son. They hoped to send him to one of the more expensive fee-paying schools in the city.

M. had many friends among the sea-faring community. His wife was also of a sea-faring family. His relationship with his adoptive mother, however, was a very tense one, and it had led to considerable unhappiness and tension in his marriage.

He had no health problems as an adult, although at 7 or 8 he reported he was "a bundle of nerves". This he related to difficulties at school, but these symptoms could have had origin in particular tensions in his adoptive home at that time.

M., illegitimately born, was adopted from hospital at 10 days, by a married couple aged 40 and 23 who had been married for 6 years. There were no children of the marriage although the adoptive mother had borne an illegitimate child prior to marriage.

The adoption was arranged through the Public Assistance Department of the local authority and a welfare officer from this department had visited M.
and his adoptive parents until he was 7 years old. The adoption, however, was a permanent one, though at that time de facto, since it occurred prior to the Adoption of Children (Scotland) Act. M. always used his adoptive parents' name, and he was brought up as their eldest son. Five years later, Mr. and Mrs. B. adopted a girl through the same department and 18 years later a second girl.

The adoptive father was a marine engineer with a technical college qualification, and at sea until the age of 31. When he married, he obtained a shore job and had regular employment in a responsible post as a foreman in an engineering firm. He was a competent and conscientious workman. His work was his main interest and he worked long hours. He talked very little about his own early life which had been unhappy. He was unobtrusive except when he lost his temper. He drank heavily.

The adoptive mother was a member of a very large family. Of poor intelligence, she was self-opinionated, quarrelsome, very talkative and very possessive towards all her children, and later towards her grandchildren.

The finances in the adoptive home were always adequate. There had been three changes of address but from the time M. was 5, the family lived in approximately the same sea-faring area. It was generally known in the area that the children were adopted.
In the adoptive home the mother was the dominant partner and there were frequent quarrels between the parents. Some of the difficulties related to the talkative relatives of the adoptive mother. They "gossiped" about everyone's private affairs, but they could learn nothing from the adoptive father about his early history.

There was a very close bond between M. and his adoptive mother until M. was 12 when he came to resent her possessiveness. Their relationship had deteriorated since then. M. felt that his adoptive mother was too possessive to be a parent and that this related to the fact that she had not given birth to any of her family. He was also irritated by the gossiping of her relatives with whom she identified.

M. had a good relationship with his father, and found that he had influenced him a great deal.

M. was fond of his elder sister although he did not feel very close to her. He was protective towards his younger sister who was then 11, a mental defective in the feeble-minded range. She had had hospital care for 4 years because of dislocation of hip, and she was pallid and of poor physique. This child had been adopted on the adoptive mother's insistence, the adoptive father feeling that he was too old to become responsible for a third child. The adoptive mother found it difficult to accept that nothing could be
done to improve this child's mental condition.

Also a member of the family for 3 years was the adoptive mother's illegitimate child, J. The adoptive mother had found J. by chance, when he was aged 8, and being inadequately cared for in a foster home. The relatives of the adoptive mother had, at the time of his birth, insisted on his adoption. J. came to stay with the adoptive family when he was 12 and M. was 6. The adoptive mother, however, always preferred M. to her biological son, and this was resented by him. After a family quarrel over this when J. was 15, J. left the home and went to stay with one of the adoptive mother's sisters, who had originally insisted on his adoption placement. J. had started an engineering apprenticeship under the adoptive father and this continued, although thereafter the rest of the family saw little of him. It should be noted that M. reported that, between 7 and 8, this coinciding with the stay in the family of his step-brother, he was a "bundle of nerves". He was sent away from home for convalescence, but he ran away from the convalescent home.

Through the Public Assistance Department, the adoptive mother fostered babies temporarily for unmarried mothers until adequate arrangements could be made for the future of these babies. These infants were remembered clearly by M.
The adoptive parents were members of the Episcopal Church in Scotland but seldom attended Church. M. sang in the church choir.

The family were in constant contact with the adoptive mother's relatives. A maternal aunt had made M. feel that he did not belong in the family. She never included himself or his siblings in any invitations extended to the rest of the family.

M. was not told that he was adopted although he always knew that his sisters were. When he was 12, he found his birth certificate and another document relating to his adoption in his mother's handbag. Before this, however, he had wondered about adoption. He had observed that he was not like his adoptive father, and that he was especially unlike, both physically and temperamentally, his adoptive mother and her relatives. There was a marked family resemblance between all the members of his adoptive mother's family. At 12, M. accepted that he was adopted. He made no comment, however, about his discovery.

After 12, M. came to resent the over-possessiveness of his adoptive mother. He did not feel he "belonged" in the family and, although fond of his siblings, he had no close emotional bond with them. He reported that he "felt detached." Because of this it was very important to him to have a home and family of his own, and when he was 16 he became engaged. At the same
time, when thinking of marriage, he "felt bitter" that he did not know more about his adoption. He wondered what he would tell his girl friend and whether it would make any difference if she knew.

He was engaged for 5 years and during 3 years of this he was in the Army. His fiancée's family were opposed to marriage and M. considered this could have been related to his being an adopted child. The fiancée's family was an old fishing family who had many prejudices. During his engagement his fiancée became pregnant. He wanted to marry her but it emerged that she had also had sexual relations with other men. The baby was adopted.

M. became engaged for a second time at 23 and he was married at 25.

At 20, when he had wanted to join the Palestine Police Force and his full birth certificate was required, his mother avoided mentioning adoption and gave him a shortened certificate. This would give no indication of parentage. When M. was 28, at a New Year celebration a cousin asked him if he and his sister knew about their adoptions. This cousin wanted to tell M's sister about this, but M., fearing that she did not know and not wishing such information to come to her from an outsider, himself told her husband. This led to difficulties with the husband. He said that he would not have married this girl had he known that she
had been adopted.

M. was very angry about this incident, not with his cousin personally who, he knew, bore him no animosity, but with the fact that his adoption had been mentioned casually in front of strangers. What also angered him was the realisation that all the details about his adoption were apparently known to his "gossiping relatives". He had an angry quarrel with them about this.

As a result of this, M's adoptive mother went to see his wife and told her about his adoption. She also told the wife something about his biological parents. Until then M. had only known his place of birth. He thus learned that his biological mother had been a domestic servant. He also learned her married name and that she had gone to Australia. His biological father was reported as being a doctor. M., however, was unsure whether to believe this or not since he had found his adoptive mother untruthful over other things.

This visit from his adoptive mother confirmed for M. that everyone in the family knew about his adoption, and also that it was generally known in his home area. M. now felt that "people were laughing" at him, although intellectually he knew they were not. He felt that for years he "had been made a fool of", and this made him self-conscious and resentful.

After his adoptive mother's visit, M. and his
wife talked of adoption for the first time, although before their marriage, she had had hints from others in the community that he was adopted. She was very curious about M's biological parents. She could not understand why M. did not want to try to trace his biological mother whose married name was that of a well-known fishing firm in Australia. M's attitude was that he was "not interested", and that he preferred "to let sleeping dogs lie". He further said, .... "I might find out something I would prefer not to know".

He considered that, had he always known about his adoption, and if he had been told when he was very young, a very few factual details would have satisfied him. He personally felt it was more important to know about his biological mother than about his biological father. Even now he was not curious as his wife was. He would have preferred not to have had it suggested to him that his biological father was a doctor. He considered that this kind of information would make a child feel he would have had more opportunities and a better social position with his biological parents than with his adoptive parents. He considered that a lie was justified in such circumstances.

The adoptive mother always looked for physical resemblances between her family and M's children and those of his adoptive sister. M. found it difficult
to remain silent when he listened to "such nonsense".

M. had never at any time had a conversation with either of his parents about his adoption, since he was unable to introduce the subject. He felt .... "it was up to my mother to start" such a conversation. Although there was no barrier between himself and his adoptive father as there was between him and his adoptive mother, M. still could not bring himself to discuss his adoption with him.

M's relationship with his adoptive mother had been tense since his adolescence. She had interfered in his first engagement. She had opposed his second engagement and interfered so much in his marriage that he and his wife had moved to a completely new fishing town for a while. The relationship deteriorated even further after the incident when he was 28. He felt that, as his adoptive mother had been secretive with him for all these years, he would now in turn not tell her anything. He found he told her lies without any embarrassment even when she asked about simple everyday activities. A further motive in lying was that he and his wife thus gained some freedom from her possessiveness and inquisitiveness.

Although there was this very bad relationship with his mother, whom he now actively disliked, M. continued to visit his home occasionally because he had a positive feeling for his adoptive father. He also
continued to think of his adoptive parents as his mother and father, and in any discussion about his antecedents, he found it confusing to try to think of another mother and father.

M's attitude to his adoption was that adoption in itself had not worried him, but the secrecy about it had. What had hurt him particularly in his childhood was the fact that one of his aunts had never accepted him as one of the family. As a result of this, he considered that the attitude of relatives should be enquired into before any child was placed for adoption in any particular home.

This history shows excessive possessiveness on the part of the adoptive mother and an obvious denial by her that these three children were not born to her. Further evidence of her immaturity was her emotional rejection of her own illegitimate child while at the same time she cared for other people's illegitimate children.

M's own problems centred round his feelings of detachment from his adoptive family. He was unlikely to make a mature and relaxed parent, since he was not allowing his own child freedom to have friends and activities of his own. He was also quite unaware that he would create problems for his son by sending him to an expensive fee-paying school while he lived socially isolated in a slum community. It seemed possible that these social and educational aspirations related to M's feelings that he might have had such an education from his biological father. M. himself, however, would not have acknowledged any such association,
since he was trying to deny to himself that this piece of information about the occupational status of his biological father was in fact correct.

The history of J.A., No. 16, aged 34, showed similar problems of adjustment for a man who had a very possessive adoptive mother, although in this case the adoptive mother was also rejecting in her attitudes. J., legitimately born, had been the fourth child in a family where the biological mother had died three weeks after his birth. He was adopted at that time by a childless couple, aged 46 and 39, who had been married for 10 years, and he was brought up as their only child.

The adoptive father, a cooper in a brewery, was a large, quiet, sociable and stable man, who enjoyed an occasional drink of beer with his friends and at the brewery. The adoptive mother, a printing trade operator before marriage, was by contrast obsessionlal in her care of the house, a strict Sabbatarian and puritanical in her attitudes, being particularly opposed to the drinking of alcohol. She was always dressed in black, was aloof and unsociable. She was a regular attender at Church of Scotland Services. The adoptive father, wounded in the First World War, had good health until he was 60. At 63, he died of septicaemia, apparently because he would not agree to a leg amputation necessitated by the war injury.
The adoptive mother was successfully treated for a carcinoma in her fifties and only developed health problems when over 70.

The family lived in a centrally situated working-class area of the city.

The adoptive parents were happily married, though temperamentally different. J., however, felt that his father, who was kind and understanding in his attitude to him, had wanted to adopt him, but that his mother had not. She was very strict and "Victorian" in her attitude to children. She frequently punished him physically and he was afraid of her. She took no real interest in his activities, but expected him to do well at school. She restricted his friendships with others and what he could do in adolescence. J. found ways of evading her vigilance and subsequently told her lies. He thus joined the Freemasons and a golf club.

On leaving Junior Secondary School at 14, J. wanted to follow his father in his trade, but his mother objected to the association with the brewing industry. His second choice was to become a motor mechanic, but his apprenticeship had to be cancelled since his father died at this time and his mother required a bigger wage from him. He became a message boy and subsequently volunteered for war-time army service in order to escape from home. Life there had
become gloomy and intolerable after his father's death. Also his mother was afraid he would have friendships with the opposite sex and she had become even more restrictive in her attitudes.

On discharge from the army he married, finished his training as a butcher and at 34 had just gained promotion, and had gone from the city to live in his wife's home town.

J. had had no idea that he was adopted until at 15½ he required his birth certificate. He had always used his adoptive name but he now saw another name. His mother would not answer his questions about this, saying he must ask his father. His father told him of his biological mother's death, his adoption, and that he "would always be their boy" and could always use their name. Lack of money had prevented the legalising of his adoption. J. also learned that he had had three siblings who had been brought up in a Children's Home.

J. had noted the address on his birth certificate and, unknown to his adoptive parents, he went there the following week-end. He met his biological father and arranged to meet his siblings. He had no desire to meet his biological father again, finding him an unkempt dustman whose lack of cleanliness repelled him. After meeting his siblings he kept in touch only with his one sister, who was nearest to him in age.
A close emotional bond developed between them.

J. had gone to meet his biological family "out of curiosity". He had no thought of his biological father as a father, and his feelings for his adoptive parents had in no way changed.

The adoptive mother, however, was very angry when she learned of his visit, forbidding him to go again and viewing his actions as a "betrayal". The adoptive father's attitude was to accept that, once J. started to find out about his adoption, he would want to know the full details. The adoptive mother gradually and reluctantly became reconciled to his continued contact with his sister whom however he usually met unknown to her.

Adoption was not referred to at home again, since it was a subject very upsetting to the adoptive mother, except on two occasions. First, when exasperated with his mother, J. had said he was not her son anyway; and secondly, seeing a newspaper report that an adopted boy had committed a violent crime, J. sought reassurance from his mother that she had "not got such a bad son after all."

J's feelings for his adoptive mother were very mixed. He was afraid of her, and accepted uncomplainingly her possessiveness and her lack of real affection or concern for him in a way he was certain no child born to her could have done. He was conscientious
to excess in his care of her, sending at first most of his army pay home and then, when married, visiting her thrice daily. His wife, however, seldom came with him since his mother resented her.

The adoptive mother had a coronary thrombosis 2 months prior to the interview, and J. and his wife, with difficulty, persuaded her to give up living alone and make her home with them. J. would have been very guilty if he had not done this, but this arrangement was already causing tension in his marriage.

J., a tense, self-uncertain man, had had no health problems, but smoked 30 cigarettes a day. He had always sought situations where he had secure relationships with others, and for example, had refused promotion in the army as this would have meant a change of unit.

J's attitude to his adoption was that he was not ashamed of it, but he found he only mentioned it to intimate friends or if the subject arose directly in general conversation. He regretted being an only child and felt isolated. He always urged adopting parents to adopt at least two children.

The married woman whose history is given in detail is that of E.S., No. 6, aged 42. E. was a competent, energetic housewife, who had been happily married to a hard-working motor mechanic for 19 years. She had an adopted son, aged 7, and a daughter born to her
aged 19 months younger. The husband had steady employment, finances were adequate, and the couple had their own flat.

Prior to marriage at 22, E. had been a clerkess, having left Junior Secondary School at 14. During the years of the Second World War, when her husband was in the Forces, she had done the detailed and exacting work of a wages clerk in a large garage. She enjoyed this kind of mental activity and she found routine housework boring and rather dull. She now satisfied her interest in intellectual pursuits by studying Gaelic at evening classes and being a member of a Drama Group. Her husband did not have similar interests, but was happy that she should pursue these. It emerged that she had passed the appropriate examination at 12 for entrance to Senior Secondary School, but her adoptive father was unwilling to pay the small fees necessary at that time for such schooling.

E. had had no serious illnesses. As a child and adolescent, she had many friends and had enjoyed the usual social activities, many of them attached to her Church, typical of a young girl growing up in a city. She and her husband continued to have a pleasant social life with many friends.

E. was devoted to her children, but if anything appeared to be more fond of her adopted son. She
was very protective towards him and anxious to shield him from being hurt as she had been. Her relationship with her adoptive father continued to be a tense and unhappy one. Her attitudes in both of these relationships found their origins in her adoption situation.

E. talked easily and in a relaxed and pleasant way about her childhood experiences and her present life, except when these related directly to the adoption situation. Then her whole manner changed, her face narrowed, she became tense and resentful, and expressed considerable negative feeling about various aspects of this situation.

E., illegitimately born, was taken for adoption when 5 weeks old by a couple aged 34 and 39, after she had been fostered unsatisfactorily for the few weeks after leaving hospital. The adoptive mother, hearing of this through an ex-employer, was anxious to care for the baby. She had seen the biological mother briefly but, realising the latter had no love for the baby, she had undertaken to care permanently for the child. E. always used her adoptive parents' name and was brought up as their only child. The family had moved to a new area of the city when E. was 4, and so no one in the home area knew of her adoption.

The adoptive parents did not talk about their respective early histories and so it was not known
when they had married nor was there accurate information about pregnancies of the marriage, although it was likely that there had been miscarriages. The parents had wanted children and the adoptive mother had had some medical treatment for this.

The adoptive father, a journeyman joiner, was a good craftsman, but obsessional about his work, and intolerant of mistakes both in himself and in others. He had, as a result, poor relationships with others at work, who tended to be afraid of him. Although he was employed mainly by the one firm, he left it from time to time because of disagreements with his fellow-workers. At home he was a strict disciplinarian and liable to violent outbursts of temper. He was reserved, unsociable and undemonstrative. He had quarrelled irrevocably with his own family, and particularly with his parents. He had no contact with them, not even attending their funeral.

The adoptive mother, from a country area in the North of Scotland, had planned to train as a teacher. The relative who would have provided for this financially, died however, and the adoptive mother became instead a companion in a well-to-do home in the city.

Having had no previous health problems, she developed in her forties severe arthritis, and at 51, she had an arthrodesis of one knee. Thereafter she wore a raised boot and, being very sensitive about this,
she seldom went out of the house. As the arthritis became more crippling, E. did more of the housework and she also helped her mother to dress. In her sixties, the mother developed angina. From 64 she was a chronic invalid, dying 15 years later, after 2 years of being completely bed-ridden.

She was a warm, affectionate and kindly person who had been very attractive in her youth. She read a great deal, and, although confined to the house for many years, remained actively interested in current events. She became difficult in behaviour, however, when her health deteriorated after she was 64.

Finances in the home were always adequate, in spite of the father's brief periods of unemployment.

The adoptive parents were fond of each other, with the father the dominant partner. They had few friends, however, and little social life because of the father's critical and opinionated manner.

E. found her father provided for her in a material way, but gave her no love or affection. She wanted these and not material things from him. He was strict and "Victorian" in his attitude to children. E. was very afraid of him and she was unable to discuss anything with him. She was given no choice where her education was concerned. She resented this as she wanted to go to Senior Secondary School and her father could have afforded the
small fees. She assumed, however, he would view education as relatively unimportant for a daughter. E's fear of her father continued until a traumatic incident when she was 36.

By contrast, E. had a very close and intimate relationship with her adoptive mother. She was able to confide in her and discuss with her all aspects of her life, except her questions about sex and reproduction and later E's own inability to have children. E. felt she owed everything to her adoptive mother.

Both adoptive parents had been brought up in close touch with the Church of Scotland, but neither were regular Church attenders. E. however was sent to Sunday School and later became an active member of Church youth groups.

E. was allowed normal activities for a girl in her social group, and at 22 she became engaged. She had contact only with her adoptive mother's relatives, and, as a child, she was accepted by them, although when she herself adopted a child she found her cousins were prejudiced against adoption.

E. did not know she was adopted until she was 21, when one day her adoptive mother, without any kind of introduction, told her of this. Her mother also gave her some details about her early history and biological parents. Her biological mother had been a young shorthand-typist, and her biological
father was a law student. Marriage between them had not been considered possible because of the differences in social class. Her biological mother had been put out of her home by her own family, and the baby had been fostered unsatisfactorily until taken by the adoptive parents. The biological mother had visited the adoptive mother twice to make a small payment, but when asked to hold the baby "she had shuddered". The adoptive mother returned her payments and wanted no further contact with her.

There was in fact no further contact, although the adoptive mother said she had always feared the biological mother might come and claim E., especially when the adoptive mother learned through her ex-employer that she had married a captain in the army and had had no children. From the details given, however, it was in fact clear that the biological mother was very unlikely to do this since she completely rejected the baby. E. considered that it was this fear at the back of her mother's mind which "made her blurt out" that E. was adopted.

E's reaction to this information was to feel "very resentful about the whole situation". She was very upset and wept a great deal. She felt she was "something different" ... "an odd man out". She did not want to meet any relatives of the family since they must have always known of her adoption.
She told her fiance at once, saying that there was no need for him to continue being engaged to her. His response was to reassure her that it made no difference to him. She also told his relatives and then became anxious about how they would react. Because she was so upset she found that she even told her fellows at work.

Once she recovered from the initial shock, she reported that, having been told of adoption made no difference to her relationship with her adoptive mother. She also commented, however, that if in the shock of being told thus suddenly, she had left home, she would never have returned. She felt that this might have been her reaction if she had not had a particularly strong bond with her adoptive mother.

E's attitude towards her biological mother was to feel very angry .... "I felt she had let me down". These feelings of resentment related both to her having been unmarried and to her having rejected E., as evidenced by the adoptive mother's description of her "shuddering". E. had not wanted to hear more about her biological mother or meet her, and she reported that she would have taken no steps to try to find out details about her. She had no picture of her as a mother. Her adoptive mother was the only mother she had ever known.

C. commented that, knowing the details of her
biological mother's visits to her as a child and about her lack of real concern for her, "did not help me". E. did not express anger at her adoptive mother for having told her this, but it was clear that she would have preferred not to have known this information. In fact her attitude was to have wished desperately that she need never have known of her adoption at all.

It is interesting to note that when E. thus gave details about her early history, she never used the first person but always referred to "the baby" and "the mother of the baby".

Although E. had never suspected that she was adopted, once she knew of it, she saw certain things in the past as significant. First, she recalled that her maternal relatives had asked her if her parents were good to her. Secondly, she felt her father's whole attitude to her was such as to suggest he had not really wanted to adopt her, but had been persuaded to do so by her adoptive mother. She realised later, however, that at 21, she may have seen attitudes as due to her adoption when in fact they were not.

Her adoptive mother, having once told her, was quite eager to talk of her adoption and of her biological mother. Whenever she introduced the subject, however, E. became irritated and said that she did not want to hear. She thus learned, however, further details about her biological parents, for example
her mother had been an accomplished singer and that her biological father's parents had sent him to Paris at the time "to be out of the way."

In physical appearance, E. was not dissimilar from her adoptive parents and so outsiders would not think of her as unrelated. In fact the family doctor attended the family for 15 to 20 years before the fact of adoption emerged. No one in the neighbourhood knew that E. was adopted, since as well as the change of address, the adoptive mother concealed it from friends and neighbours.

When E. became engaged her adoptive father had said that she could not marry. He had just been told that the adoptive mother's medical condition would not improve, and he said E. must stay at home and look after her. E., however, insisted that she was going to marry, and her fiancé agreed to stay at first with the adoptive parents. This they did for 2 years after their marriage. The arrangement, however, led to tension, since the young couple could only look for a home of their own unknown to the adoptive parents. After 2 years, during which time E. became irritable and suffered from a series of minor complaints, her husband insisted that she go and live elsewhere. Thereafter, the parents had to agree that they look for a home of their own, and this they found in the same block of flats. E. thus kept in very close
touch with her adoptive parents and continued to do housework and to care generally for her invalid mother.

E. and her husband hoped to have children following marriage, but during the first five years the adoptive mother was ill and E. did not give much thought to their lack of family. She assumed that there would be children in time. For five years following this her husband was in the Forces. On his return they consulted with their family doctor who advised them that no organic reason had been found as to why they should not have children. When E. was 35, however, they applied to an adoption society, and a three-months-old baby boy was placed with them. This adoption was finalised by legalisation four months later and four months after this E. became pregnant for the first time after twelve years of marriage. E. and her husband were delighted about this, feeling that they could not have had their daughter but for their adopted son.

E. continued to take a very responsible attitude towards her adoptive parents. When E. was 36, an incident arose when she had been told by the family doctor that her mother, who was particularly unwell, was not to be disturbed. She had mentioned this to her father who was anxious to take her mother a cup of tea. The father suddenly showed his resentment and jealousy of her, saying, "Who the hell said she was your mother?"
This one comment made by him after 36 years was very hurtful, but also in time helpful for E. She was deeply hurt, but she also found that she was no longer afraid of her father. Following this incident, E. viewed her first duty as to her husband and her children, whereas before she had always given her parents first place. She now felt she had no obligation to provide a home for her father if he became ill, and she also knew her mother would not now ask her to promise to care for him.

On her adoptive mother's death, when E. was 40, her father continued to live in his own flat although originally he had said he could not do so. E. was attentive in her attitude towards him and she felt responsible for him, but she was not happy with him. She never felt she "could get through to him", and this lack of communication between them occupied a large part of her thoughts. She also felt that she, with her husband and children, should have a life of their own apart from him. She had, however, a continual emotional struggle to obtain this. Because of being ill at ease with her father, and because she felt that if he could, he would still try to dominate her, she found she frequently adopted a hard and uncompromising attitude towards him.

E. and her husband were very happy with their two children and no further children were either wanted or
advised. E. wanted her children to do well at school but there was no sign of excessive pressure there. She mentioned, but without further comment, that her daughter was proving to be a good singer. She was, however, very protective towards her adopted son, fearing that as he was a sensitive child, he too might be hurt as she had been. Her adoptive father was very fond of him and so she felt that her adopted son would not be hurt from this source. She had told her son, when aged 7, that he was adopted, that his biological mother had died and his father, being a soldier, could not take him with him to the army. These details were not factually accurate, the mother being still alive and the father, though a soldier, having disappeared. E. thought that one day she might be able to tell her son the truth about his mother. E. became upset, however, whenever she thought of her son's biological mother. This she did especially on her son's birthday, when she felt that his mother must think of him. E. had guarded against her son talking of adoption to outsiders by telling him that this was a secret to be discussed only within the home and not to be shared even with his younger sister. She was constantly afraid, however, that outsiders would say something to him about his adoption.

Her attitude to her own adoption had changed over the years. At first she had been unable to accept that her biological mother had not herself cared for her.
She became able, however, particularly after becoming an adoptive mother herself, to accept that not all unmarried mothers are immoral people, and that in fact in the particular circumstances her biological mother had no alternative but to place her for adoption.

She still felt resentful, however, that her adoption had never been legalised, or at least that her name had not been changed officially. This could have been done either by legalisation under the 1930 Adoption of Children (Scotland) Act, or by a process equivalent of Deed Poll. Her adoptive father, however, would not allow a change of name. On her marriage certificate therefore E's maiden name was given as .... "known as E.W.", her adoptive name, and E. was resentful that the evidence of her adopted status was thus apparent. She did not wish her children to know of her adopted status, and yet she considered that it was inevitable that they would when they married, and had to show their parents' marriage certificate for any official purposes.

This history showed, first, that this adopted child was still ashamed of having been adopted, and secondly that she was still very emotionally involved in the adoption situation, especially that aspect which dealt with how and when she was told of adoption.

Regarding the first, she would only admit to outsiders that she was adopted under very provoking circumstances, when there was discussion about whether or not she should tell her son of adoption. She hoped desperately to hide the fact of her adoption from her
Her emotional involvement was clear in her completely changed expression and tone of voice when she talked of the incident at 21. She became very angry and resentful, whereas when talking about all other aspects of her life situation, she was relaxed and happy.

The impersonal method she used when referred to the details of her placement by talking of "the baby" and "the mother of the baby" was found in other histories. In these histories, as in this one, the adopted persons did not want to identify themselves with the details of their rejection by their biological parents. In the same way she wanted to protect her adopted son from feeling he might have been rejected. She therefore chose to tell him details about his biological parents which implied that they would have cared for him themselves if they could.

C.T., No. 15, aged 28, was also of good intelligence, also resentful about her adoption, and also had considerable conflict as to whether she should give her loyalty first to her adoptive mother or to her husband.

Illegitimately born, C. was adopted, through a well-established Baby Home and a press advertisement when she was 6 weeks old, by a married couple aged 29 and 30. They had been married for 4 years, and had been medically advised that they would be unable to have children.

C's birth had been registered using her adoptive
name as a middle name. This was a frequent practice before the legalisation of adoption was possible. The biological surname was dropped and the child used the adoptive parents' name.

The adoptive father, who had had a leg amputation in the 1914-18 war, was a clerk in a local government fire brigade office. His chief interest was gardening. At 52 he developed a heart condition and died a year later. The adoptive mother was a competent housewife, but less intelligent than her daughter, and rather set in her ways. At 22, she had had a "nervous breakdown", at 47 a hysterectomy and in her early fifties she developed high blood pressure and a threatened cataract. She was, however, somewhat hypochondriacal, tending to exaggerate her symptoms. She had been dominated by her own mother, constantly turning to her, even after marriage, and in her own turn she became possessive towards her adopted daughter, having no insight into how her daughter might feel. She was kind in a sentimental and ego-orientated way.

The parents' marriage was happy, with the mother the dominant partner. They led a pleasant social life with mutual friends, the father being interested in ex-servicemen's activities. Both parents took a share in C's upbringing and she was encouraged to have the friends and activities normal to a girl growing up in the city. C. asserted herself against
her mother's protectiveness at the age of 7, but there was a very close emotional bond between them up until C's marriage.

C. attended a good Senior Secondary School but left at 16 after taking commercial subjects, as she was anxious to be financially independent. She subsequently had clerical posts in insurance, industry and finally in a minor executive capacity. Her leisure interests could be viewed as creative, — millinery and amateur dramatic work.

C. was completely accepted as the daughter of her adoptive parents. The adoptive mother allowed people to assume that C. had been born to her, and one of the reasons for a family move when C. was about 4 was to hide the fact of adoption. Although a welfare worker from the local Public Assistance Department had visited regularly until C. was aged 7, C. had not seen this as significant. She had disliked it, but had assumed that all children had a visitor, possibly from school.

C. received a shock, therefore, when at 12 and when looking amongst papers which she was forbidden to touch, she found her birth certificate and realised that she was adopted. From history lessons she knew the disgrace of "being born on the wrong side of the blanket." She felt that this was a dreadful way to find out about her adoption. She gave no hint, however, to anyone at any time that she had made this
discovery. Her reaction was to hate her own mother "for giving me away". C was very unhappy, feeling she "was different" and that "no one belonged" to her.

When C. was 14 or 15, her adoptive mother, when angry with her because she wanted to go for the first time to a dance, told her that she was adopted, and that her biological mother had been unmarried. Her adoptive mother said that she had to take special care of her with regard to her friendships with boys to make sure that this did not also happen to her. Her mother had also told C. about reproduction, about how she herself had not been able to have children, and that she had very much wanted a baby.

This incident was not highly charged with emotion for C., since all her emotion about being adopted had already been expressed. In fact she purposefully assumed an air of indifference which she always used on any future occasions when adoption was mentioned. She wanted her adoptive mother to believe that she was indifferent to it. C. did not want to have details about her biological mother whom she referred to with vehemence as "that woman" and she observed that "there never was any mention of the father."

The adoptive mother mentioned adoption only very occasionally after this, since she had not really meant to tell C. of it. C., however, was constantly
thinking of her adoption in her late teens and early twenties. First, she worried that if she had a child it might be defective in some way. Secondly, she longed to forget the first six weeks of her life in a Home, which to her meant illegitimacy and that she had been unwanted. She was easily upset over anything that had to do with adoption, her own and others, and she avoided a film about an adopted child.

During this time C. had frequent outbursts of resentment and irritation, but her adoptive mother, who did not probe, did not know the cause of these, and she dismissed them as due to the fact that C. "was highly strung." C. tried to deny adoption to herself and tried to pretend that it did not exist. Although able to mention adoption for official purposes, she hid the fact from any friends. She resolved, however, to tell anyone who proposed to her, and to insist that he must give her up if he felt strongly against adoption. She had resolved never to tell any children she might have.

From the occasional comments of her adoptive mother and of an uncle, C. had learned over the years some factual details about her biological mother. For example, she knew about her occupation, her interest in Sunday School work, her build, and that C. walked in the same way. C. also learned that her parents had heard about her through an advertise-
ment. The casualness of this horrified C. but it was observed that her adoptive mother, who was also interviewed, was quite insensitive to C's reaction. When C. was about 23 she found she could more easily accept adoption. Since her marriage, her husband had gradually reassured her that she would not have a defective child.

Gradually too C. saw that she really was one of the family. Her insecurity here, however, was apparent from her excessive need to keep in touch with all the relatives wherever they were and to act as a peacemaker in any family quarrels.

In adolescence C. had many boy-friends but her behaviour towards them was erratic since she always wanted to show before her mother how distant she was with them. After the adoptive father's death, C., who protested that she was very fond of her adoptive mother, took the chance, whilst a young professional girl was staying with her mother, to go to the United States for a year to stay with an adoptive uncle. C. soon became engaged to a University student there, but almost at once heard that her mother had become ill and needed her at home. This presented C. with a severe conflict. She wanted her fiance to come first in her life, but her mother had cared for her when there was no one else to do so. Now C. felt that she must look after her adoptive mother when she
in her turn needed her. It was clear, however, that C. rightly wondered if her mother were not exaggerating her symptoms. Her fiancé, appreciating her problem, advanced the date of their wedding and after less than two weeks together with him after marriage, C. came home. She hoped that her husband would later follow for post-graduate study. After eighteen months, she was returning to him in the United States with very mixed feelings, and on the understanding that they would later both come back to Scotland. C. was anxious about leaving her mother and she had also become somewhat unsure about her marriage. Her husband was very intellectual and somewhat absorbed in his work. C's adoptive mother, too, was very disparaging about him, and although she protested that she was happy that her daughter had married, she also resented it, and particularly the fact that this could take C. permanently far away from her.

It was clear that the adoptive mother felt that she had first claim still on C., and that, in her immature way, she would manipulate situations to obtain satisfaction for herself. C., resentful of this and irritated by her mother's lower level of intelligence, still felt very tied to her. This appeared to be particularly so because of the way in which she had resolved her negative feelings about being an unwanted child. She had looked for
a purpose in everything. Gradually she had seen that the purpose in her being born was "to be someone for Mummy". It seemed likely, therefore, that unless C. could grow away from her mother with the help of an understanding husband, she would give first place to her adoptive mother in any situation where a conflict of loyalties arose.

C's health record reflected her reactions to an anxious and possessive mother. She had been a "very cross baby", and also as a toddler had had breath-holding spasms, in which she became cyanosed. Until the age of 12, she had been unable to sleep alone and shared her parents' room or bed. When in her late teens she had urticaria of nervous origin. She always had severe dysmenorrhea and there was evidence that she had not adjusted easily to marriage.

J.S., No. 36, aged 38, like others in this group, was resentful about having been adopted and showed very ambivalent feelings towards her adoptive parents. Illegitimately born, she had been adopted when a few days old by a couple aged 41 and 42. The adoptive mother died a year later, and J. was brought up by her father and a series of kindly spinster landladies until his remarriage at 50. He was a painter who during his first marriage had worked in his wife's family retail business. After a quarrel
with them, however, when J. was 5, he moved to a new town and returned to the seasonal employment of a painter. He had no health problems until he had a coronary thrombosis at 66. He died when J. was 31.

A strict disciplinarian, with rigid ideas about child-rearing, he was active in the Church of Scotland and in Co-operative and Trade Union affairs.

The second adoptive mother, 42 at her marriage, had been a domestic servant. She had led a very restricted life and was as a result restrictive towards J., showing no insight into her needs as an adolescent and as a young woman.

The parents were well adjusted to each other and J. established a fairly good relationship with her step-mother, finding life more settled after this second marriage. Her parents gave J. a good education and she attended a Senior Secondary School course for a year longer than the statutory requirements. J., however, was not then allowed to use this education to do office work. Her father insisted that she go into a textile mill. J. could never understand his reasoning here, nor his rigid objections to certain activities, for example, membership of the Guides. Other Church activities were encouraged. During her adolescence, her parents were strict about hours and she found she was restricted in pursuing the usual social activities of others of her age.
J., who had always assumed she was her adoptive father's child, was given a book to read by her parents about an adopted child, just before she started work. Her father, realising her birth certificate was needed for work and insurance purposes, then told her that she was adopted. He explained that she had been adopted through a mother and baby home, and that he had ascertained that the biological mother had a clear health record. This information came as a great shock to J., and both she and her adoptive father were very upset. The subject was never discussed again.

J. was given no details about her biological mother and only learned her name, occupation and address from her birth certificate. She felt that she had been unwanted by her biological mother, and she wondered why. She also wondered how her adoptive parents came to hear about her in the Home. She would like to have had more factual information and to have known about the personality of her biological mother. She even considered trying to contact her in her home town, but being very sensitive, she took no such steps. Her relationship with her adoptive father and step-mother remained outwardly unchanged.

J., who was ashamed of her illegitimacy and wanted to hide her adopted status, experienced particular
difficulties here because, for insurance purposes, her firm insisted on using her biological name. When J. joined a women's force during the war, her biological name was again used. This need not have been so, but once her biological name started to be used for official purposes, it did not occur to J. to protest. As friends she made in the forces knew her by her biological name, she did not want them to come home with her or to keep in touch with her after her discharge.

No one had ever spoken to J. about her adoption or made any difference to her because of it. She always feared, however, that they would, and so she desperately wanted to hide it. It was for this reason that she saw the lack of legalisation of her adoption as crucial, whereas, although in fact the change of name made it difficult to hide adoption, the fundamental problems were her feelings of shame at being illegitimately born and resentment against her unmarried biological mother. She could see the only remedy for illegitimate children as that none should be born.

J. enjoyed the freedom of her 3 years as a clerkess in the Army, and she would have liked to continue there. She had to request her discharge, however, to care for her father when his health deteriorated.
J., whose first fiancé had been killed in the Second World War, married at 31, and had two boys, aged 7 and 3. Just prior to her marriage, her father had died and her adoptive step-mother had a stroke. The latter therefore had always stayed since then with J. and her husband. This led to tensions between J. and her husband and between J. and her step-mother. The husband pursued his own athletic interests, and J. felt guilty if she were out for an evening, since her adoptive mother was critical of this, and insisted, erroneously, that after one heart attack, she should not be left alone. The step-mother also interfered in the upbringing of the children. J. refused to be dominated by her for the first time in her life when her second child was born and when again the adoptive mother began to interfere. In other ways, however, J's aim was to preserve peace at home, although this involved continual emotional strain for her. She had no doubt but that it was her duty to look after her adoptive step-mother.

J. had an attractive personality and she had good relationships with others. She was, however, easily moved to tears about her adoption and very unsure of asserting herself against her adoptive step-mother's demands on her. She found too that to mask her insecurity she talked a great deal whenever she met anyone. When she was 37, one year
prior to the interviews, and following a severe throat infection, she developed an aphony which was still evident. Although organic in origin, it was established that there was no organic basis for its continuance, and after one year, there was no evidence of general improvement. The symptom became more severe when J. talked a great deal or when she became excited. It seemed in fact to be an hysterical symptom, the primary gain of which was defensive, and also an expression of displaced aggression against the adoptive step-mother. The gain to J. was that her adoptive step-mother, who was deaf, was unable to hear what J. said and, more than anything else, such inability to hear annoyed her step-mother.

S.R., No. 47, aged 42, was happy in her marriage and with her four sons. Like J.S., she used a flow of talk to mask her lack of self-confidence and, although in her case both adoptive parents were dead at the time of interview, she too had been excessively conscientious regarding them, whilst at the same time resentful, particularly towards her adoptive mother.

Illegitimately born, S. had been adopted when ten days old by a married couple, aged 41 and 36, who had had several children. Of these only three, all boys, were alive. The one daughter born to the
couple had died of encephalitis. Soon after this, the adoptive mother had a major operation and was advised that she would be unable to have more children. As she wanted a daughter, she and her husband decided to adopt a baby. This they did in their nearest city, but no details were available as to how the contact was made.

One year after S. was adopted, there was a child, a boy, born to the marriage.

The adoptive father, of limited intelligence, was a factory and farm worker. From the age of 45, following severe jaundice and rheumatic fever, he was unable to work and had difficulty even in walking. He needed considerable nursing care from the age of 70 until his death when aged 81. Because of his poor health, he seldom was out of the house and he had no friends. He was quiet and kind, but dominated by the adoptive mother.

The adoptive mother, also of limited intelligence, became the bread-winner of the family after the father's illness. She was a farm worker and the family moved to a different farm every 6 months as was the custom then with farm labourers. A house was provided but it was always one in very poor condition and usually isolated from the usual row of farm cottages. There was considerable poverty and hardship in the home.
The adoptive mother had no time for friends and in fact she did not keep in touch even with her relatives who all lived near. Having had little affection herself, she gave none to S.

A further difficulty in the household was that soon after S. was adopted, the paternal grandfather joined the family and he was bed-ridden for years.

Between the ages of 4 and 10, S. did not live with her adoptive parents but with her maternal grandmother who suffered from hallucinosis. Here, too, there was poverty but the grandmother was also extremely cruel to S., punishing her physically to the extent of ill-treatment. She also behaved in a very bizarre way. When S. was 10, the Royal Society for the Prevention of Cruelty to Children intervened, and the grandmother was admitted to a Mental Hospital. S. returned to her adoptive parents, whom she had not seen since the age of 4. During her years with her grandmother S. was very unhappy. Although she suffered physically from her grandmother, the aspects of the situation which had made her even more unhappy were, first, that she felt humiliated that others knew that her grandmother punished her since this was done frequently in full view of the neighbourhood, and secondly, that because of her inadequate clothes and lack of toys she was different from the other children at school. She was unable to concentrate on school
lessons, being absorbed in what awaited her when she went home.

S. was also unhappy when she returned to her adoptive parents. The adoptive mother showed preference for her own sons, and S. was frequently punished for their misdemeanours.

It was clear that in the family crises when her father was unable to work, the child who was rejected in the home was the adopted one. How far this was because another child had been born to the parents after adoption it was not possible to assess. S., however, had accepted that she, the only girl in the family, had stayed with the grandmother because of the poverty in the family. She had no idea that she was adopted, until a girl at school when she was 14 spitefully said, "She's not your real mother .... she is just bringing you up .... Goodness knows who your mother is". At first S. would not believe this. Her adoptive mother, however, admitted that it was true and gave S. some factual details about her biological parents.

This was a severe shock to S., who now understood why she had been sent to stay with the grandmother and also why her mother had always obviously preferred her sons. It was likely that the adoptive mother had not intended to tell S. of her adoption. Once S. knew about it, however, her mother frequently commented ....
"If we hadn't taken you, goodness knows where you'd have been." When S. asked anything about her biological parents, her adoptive mother gave her some further details but then said, "Why do you want to know? Your mother didn't want you."

S. was different in colouring from all her adoptive brothers, who were all alike. S. had not noticed this as a child but later people commented on it and this drew their attention to the fact that she was adopted.

As soon as S. was of earning age, her mother, giving her no choice as to occupation, took her for an interview for a post as resident maid in a hotel. She introduced her as "Of course, not my daughter ... just adopted." S. was bitterly hurt by this. S. felt very strongly that no parent should thus introduce the adjective "adopted."

S. was glad to escape from home, but she was unhappy in this post, not enjoying the noise and atmosphere of a large licensed country hotel. Also all her fellow-workers knew that she was adopted and, where previously she had not met critical comments from outsiders, she now had to face comments such as "We don't know where you come from."

Prior to this she had been able to accept her adoption, but now she came to think and wonder a great deal about it. When she applied for her
second post, a maid in a quiet private house, she did so unaccompanied, not wishing a repetition of her mother's introduction. She was happy in this second post and left it only to marry at 17.

Having no real communication with her adoptive mother, S. had been given no guidance for the adult world and she realised that she could easily have made serious mistakes. She felt that "Providence" had looked after her. Although sent to Sunday School by her grandmother, S. learned for herself the teachings of the Bible. This she had read daily since she was a child, and she used these teachings to guide her. Neither of her adoptive parents had any Church connections or religious belief. S. came to feel there was a plan behind all that happened to her and she found solace in her unhappiness in her religion.

When S. had started to work, she had spent all her off-duty at home and handed over her full pay-packet. When she wanted to marry, her adoptive mother opposed this, as she wanted to continue having her wage. S., however, made her own marriage arrangements, and found happiness and financial security in marriage with a competent, stable and kindly man, 7 years older than herself.

Following a period when her adoptive mother refused to speak to her, S. continued to help her parents throughout the rest of her life, both by
visiting them daily, doing housework, and by giving them money. She did not feel that they were her parents, but yet she felt she had constantly to repay them for what they had done for her.

In later years her adoptive mother was anxious that S. should trace her biological mother, but S., although she was curious, would not do this "while the parents who brought me up were alive." S. however found herself particularly curious when her third son developed an unusual spleen condition. When a medical history was taken, S. was asked if there had been any similar illnesses amongst members of his family. This made her very anxious about adoption and what might have been inherited. Though frequently asked by her husband if she would not like to see where she was born, S. made the excuse that she was too occupied with her children to take any steps in this direction. As soon, however, as her adoptive mother died, her husband and she went to her biological mother's home area. They saw the small farm house where her biological mother had lived. From enquiries made by the husband they also traced a cousin who told the husband that the family had not seen the biological mother since she became a domestic servant. At that time again she had become illegitimately pregnant. Later the biological mother had married, but had no children.
She had died 19 or 20 years later. S. was very disappointed to learn this. She had wanted to meet her mother, partly out of curiosity and partly to allay her fears about heredity, although she did not know what she would have said to her. She was upset when she realised that she had been too late with her enquiries. Her exaggerated fears about heredity emerged here in that she said bitterly that she supposed her biological mother would be afraid that she would have been difficult to rear because of hereditary ill-health. She tried to deny to herself that her biological mother had totally rejected her by saying, for example, that she might have come, unknown to S., to her home area to see how she was. It was clear that S. wanted her biological mother to be punished for having rejected her.

S. found it satisfying, however, to have seen the farm where her biological mother had lived and so to be able to picture the kind of life she had led there.

S. was still very sensitive about her adoption, tears appearing whenever she mentioned it. She did not want her own children to know about it. She was very resentful that her own mother had not cared for her, implying that if a biological mother did not care for her own child, no one else would.
This attitude was clearly derived at least partly from her feelings that her adoptive parents had not wanted her either. She was, however, very loyal to them, erroneously blaming their poverty for her unhappiness.

She felt that all adoptive parents should be told full details about the biological parents of any child they adopted, particularly details about health records, in order that they could later tell the child and reassure them.

No accurate information was available about S's health record as a child except her comment that she had been frequently ill. At 42, S., who was very casual about her own health, had anaemia of such severity that she was on the verge of heart failure. An enlarged thyroid was also diagnosed and operative treatment relieved this condition.

This particular history showed the importance of knowing the total situation before arriving at a final assessment. In the initial interview, this adult had emerged as very tense, overactive and labile. Later information about her current medical condition showed that part of this was due to an over-active thyroid. A further interview after the thyroidectomy, however, revealed that although she was generally tense or unhappy, she still had strong negative feelings about her adoption.

H.B., No. 35, aged 35, had been married for 18 years and had two children. She had a good adjust-
ment in most areas except that she was resentful about her adoption.

Illegitimately born, she had been adopted when a few weeks old by a married couple, aged 41 and 35, who had had no children. They had just moved to a country town from the city, and being strangers in this new area they would assume that few people realised that H. was an adopted child.

The father, sociable and easy-going, had regular employment as a foreman shoemaker. He had chronic bronchitis and asthma, but this did not interfere with his work. The adoptive mother, an only child herself, was shy and somewhat reserved and timid. She was a warm and affectionate person but had few friends. The adoptive home was a happy one without parental quarrels. H. had a sheltered upbringing in which the mother played the major part, while her father was unable to deny her anything. H. found herself very sensitive and insecure in her relationships with others, although she was always encouraged to have friends of her own age and later to follow the occupation of her choice. H. had passed the entrance examination for Senior Secondary School, but, wanting to take commercial subjects, she attended a Junior Secondary course until she was 14. This was followed by a short course at a secretarial college. Her mother remained protective towards her and she was
not allowed, for example, to go to the public dance hall, as did all her friends. At secretarial college, however, she had a group of adolescent friends of both sexes and at 17 she married her first and only boy friend. H. remained, however, sensitive, timid and shy, and in these attitudes she mirrored the attitudes of her adoptive mother.

As her two children were reaching adolescence, H.'s husband, a competent wages clerk, was encouraging her to have interests outside her home. She had returned to clerical work for a few years to supplement the family income.

H. did not know she was adopted until she was 31. When she was 9 or 10, a girl in a quarrel had said, "You're only adopted anyway". H., upset, asked her mother if this was true and her mother denied that it was. H. accepted this, since her mother had never told her lies, but it also occurred to her that it was a strange thing for anyone to say if it were not true. As she grew older, she noticed various things which could have suggested that she was adopted. For example, when she asked her adoptive mother questions about her birth, where she was born, and whether she looked like her, her adoptive mother gave evasive answers. H. did not, however, ask her mother directly about adoption, since she felt, first, that this might hurt her mother, and, secondly, that if it were true,
her mother would tell her herself. H. continued to wonder about it, however, and was on the outlook for any significant comment or expression.

Twice or thrice a year a friend of the adoptive mother, from the area in the city where the couple had previously lived, visited the family. This friend's daughter once sent H. a present. No specific incident occurred during these visits and the friend paid no particular attention to H. H. felt, however, that she was in some way connected with her, and that she knew her place of birth. It never occurred to her, however, that they could be related.

When H. was 31 she needed her birth certificate for the first time. She realised from her mother's expression that something was wrong. Her mother told her that she was adopted. She also told H. that her biological mother was young and would not marry the biological father nor reveal his identity. She also gave details of how the grandmother was hard towards her daughter and her baby. The adoptive mother was in fact so affected by the total rejection of the baby that, in consultation with her husband, she wanted to adopt it. No information was ever discovered about the biological father. The adoptive father had gone to see the biological mother before she died to try to obtain some information. It was also never known what the biological mother's
wishes had been for her child's future. The grandmother had totally dominated the situation.

H's reaction to this information was to be very hurt and very upset. She hid this reaction, however, from her adoptive mother. She also found it a shock to realise that the parents she had always looked on as parents were not in fact her mother and father.

She realised that the friend who had visited the family until H. married was her biological grandmother. She recalled that her biological mother had married, and that when she had died at 30, H., then aged 12, had been taken to see this dead person.

H. felt very resentful towards the biological grandmother and saw as hypocritical her pride in her Church work when she had been so unforgiving both to her daughter and the baby. H. too was shocked to realise that she had continued to visit the family, and that H. had been taken to see her own dead biological mother. Had she known of the relationship H. would have refused to have anything to do with her.

On learning of her adoption H. told her husband at once. He could not understand why it upset her so much. He said that her adoptive parents had been kind to her and that she was herself, no matter what her antecedents had been. H. could accept this intellectually yet she was very unhappy about having
been an adopted child. She could not talk of it nor even think of it without becoming tearful. She was determined that her children should not know of it. In talking about her biological mother, she referred to "the girl" and "the baby" and was clearly dissociating herself from this early situation. When she referred to it in this way she could talk about the situation objectively.

H. reported that knowing that she was adopted made her feel no differently towards her adoptive parents. They were still her parents and the biological family were "strangers". Her adoptive mother, however, was convinced that there had been a difference in their previously close relationship since H. knew. Her adoptive father did not know H. knew of her adoption. This was at the request of the adoptive mother.

H. was unable to be openly critical of her adoptive mother for not having told her of her adoption when she was younger, since she could see this from her mother's point of view. It was clear, however, that she resented being the one person who did not know. She commented resentfully that she often looked at people in her home-town and asked herself "I wonder if you know" - "and who else knew all the years when I did not". She was emphatic that she should have been told when she was much younger if there had been any chance that a sibling might have told her.
She also felt every adopted child would want to know about their first parents and that they should be told about such parents. H. herself found the details she had been given about her biological father perplexing. She wondered what was it about him which made her biological mother not want to marry him.

In this history it was not possible to assess accurately how much of H's timidity and lack of self-confidence was entirely due to a mirroring of her mother's attitudes. It seemed likely that a further influence here was her uncertainty, which she did not allow at a very conscious level, that she might in fact be adopted. Although she protested that it was the knowledge that she was adopted which she found upsetting, the more fundamental problem which emerged was her feeling of resentment that so many people had known about her status while she herself had remained unaware of it.

B.M., No. 24, aged 32, had also trained in secretarial work, but was more poised and competent socially than H.B. She had been married for five years and had a 2½ year old daughter.

B. was legitimately born and the youngest in a family of four. Her biological mother died soon after her birth, and B. had been adopted when a few days old by a married couple of 40 and 33.

They had been married for 7 years but had no
children.

The adoptive father was a transport worker who had for a time unsuccessfully run a small business. B. however, found him to have initiative and drive which he might have used if he had the support of a competent wife. He died when B. was 20.

The adoptive mother was of limited intelligence, untidy in appearance, unreliable, quarrelsome and very immature. She had a compulsive need to gain approval and acceptance from others by being excessively generous, not to adults who would have competed with her, but to children. She thus lavished toys, etc., on B. as a child, but when B. grew older, her adoptive mother gave instead to young children outside the family. She had good physical health until 60, when she became obese and hypertensive, and developed chronic asthma and bronchitis.

The adoptive parents, being temperamentally different, were constantly quarrelling. Materially B. was given a great deal, but she was the "play-thing" for the whole family, since there were other childless relatives.

B. had a very good relationship with her father who encouraged her to have a good education and to be ambitious. She had good ability of Senior Secondary School level but chose to do a commercial
course to the age of 16. Her father then sent her to a fee-paying commercial college.

B. was much more intelligent than her adoptive mother with whom she had a very poor relationship. B. came to dislike her and to be ashamed of her. She resented her parental role, and became secretive in her attitude towards her. This latter reaction, however, was related at least in part to the adoption situation.

B. had no idea that she might be adopted until at the age of 12, her birth certificate was required for Senior Secondary School. This had been given to her in a sealed envelope, but seeing the other children looking at theirs, she broke the seal. The realisation, on seeing another name on the certificate, that her parents were not her real parents was a great shock. As she knew that she was not supposed to have looked at the certificate, she pretended not to have done so both in school and later when asked about this by her mother. B. was, however, very upset and she wept unknown to her parents. She wondered who her parents could be and if her mother had been unmarried. B. did not want to be an illegitimate child since this would have meant to her that she was unwanted. With these wonderings constantly on her mind she saw simple incidents as significant. For example, when she noticed a strange man and woman
going up the stair to her parents' flat, she was sure
they had come to take her away.

Soon after this, a young family friend from
another area (in fact the area where B. learned later
her biological parents had lived) came to visit the
adoptive parents. B. asked this friend if she had
been adopted. The friend admitted that this was
true. To B's question about whether her mother had
been unmarried, the friend had said, trying to re-
assure B., that there was nothing like that in the
situation; she was adopted because the biological
family were too numerous. B. found this explanation
worse to tolerate than that her mother had been un-
marrried. This to her implied that "they did not
want me enough to keep me".

When B. was 14, this friend told the adoptive
parents that B. knew of her adoption. The adoptive
father then spoke to B. saying, "I did not like to
tell you ... I hope you don't mind?  I think the
world of you."  He gave her, however, no details
of how the original arrangements were made, and B.
remained in doubt about these and about her bio-
logical family until at 17 her biological sister came
to see her.

Learning at 12 that she was adopted had a
definite effect on her relationship with her adoptive
mother who she now knew was not really her mother.
She resented being asked to do things by her adoptive mother and she hid things from her. She also became difficult in her behaviour. She felt that as things had been kept from her, she too now would be secretive.

During this time she gave no indication to her parents that she knew of her adoption. Even after her conversation with her adoptive father, after which much about her early history was still left in doubt, B. did not ask for details. She felt that the initiative here must come from her parents. If they did not tell her of it, then it was something that she ought not to know. In fact the adoptive mother and B. never at any time mentioned adoption to each other.

When B. was 17, her biological sister called one day to see her. Until then she did not know of her particular existence and her arrival made the adoptive mother very confused. Her sister gave her factual information about her biological parents. She told her that her mother had died soon after her birth and that the father, a cabinet-maker, had been able to care for her two siblings who were aged 10 and 7, whilst an aunt had cared for her sibling aged 3.

B. went twice to see her biological father but she did not tell her adoptive parents of this as it
would have hurt them. The visits also made her feel very "disloyal" to them. She made it clear, however, that she did not feel towards her biological father as a father, since her adoptive father remained that to her. Her biological father was "a nice old man" but a "stranger" to her, and she now saw him yearly.

B. also met her two biological brothers and she remained in touch with them, developing a particularly strong relationship with her sister. B., however, still did not know how the original placement was made and she could only surmise that it was through a relative who, by chance, heard of the problem that faced her biological father when he was left with four children to care for.

When B. was 23, her sister and her husband and one of the biological brothers emigrated to one of the dominions, and B. wanted to go with them. About this time, however, she became engaged, but she and her fiancé planned to join her siblings after they were married. This decision, however, produced a family crisis. B. and her husband after marriage were sharing a house with a paternal aunt and uncle who, having had no children, had looked on B. as a daughter. The aunt tearfully pled with B. to stay. The final argument, however, came from her uncle. If B. left, who would look after her adoptive mother.
He considered B. ought to stay.

B. felt that she wanted to be with others of her own age and not surrounded, as she had always been, by people of an older generation. B. resented this remark made by her uncle, and yet she found it very telling. She felt that perhaps she owed it to her adoptive mother out of gratitude to stay in this country. At this point she consulted her family doctor, complaining of tension headaches.

Her husband's father died during this time of conflict and he, somewhat tied to his mother, felt he should stay near her. The decision then was made against emigrating. This was a grave disappointment to B. She had, however, made an adjustment to it of a kind, and she had also given up the idea of going to see her siblings on a long holiday, in order to save towards the achievement of her very considerable social and educational aspirations for her daughter. It was as if she had accepted defeat for herself and all the drive which would have taken her abroad and to a life of her own with her biological siblings, had all now been channelled into these aspirations. B. was aiming at a suburban villa and a fee-paying school. Both of these were very different from her own upbringing, and rather unrealistic on her husband's salary as a clerk. B., however, was working part-time and it was clear
that she would make great sacrifices to achieve a better life, as she viewed it, for her daughter. B. remained conscientious towards her adoptive mother, visiting her daily but doing so without any pleasure and purely from a sense of duty. Her adoptive mother, on her side, was very critical of B., making it clear to the family doctor that she had adopted to have someone to look after her and was now resentful towards B. because she had left home and had married.

F.S., No. 32, aged 28, was married and was expecting her first child when first interviewed. She had had no problems in her relationships with her parents or in connection with her adoption until the death of both her adoptive parents, within 13 days of each other, when F. was 15.

Illegitimately born, F. had been adopted through a Baby Home in the city when five months old by a couple, both aged 45. They had been married for 14 years but had had no children.

The adoptive father, a lawyer, had had no health problems until at 60 he died of a perforated duodenal ulcer. Stable, energetic and sociable, he played an active part in the management of his local parish church (Church of Scotland), and in a social work organisation.
The adoptive mother who was less well educated, having left school at 12 to become a shop assistant, trained later as a nurse in spite of parental opposition. Reserved and shy, she emerged as a warm and thoughtful parent who had wanted to adopt a child for a long time. She had been unable, however, to persuade her husband to agree to this since, as legalisation was not then in sight, he had felt it unfair to adopt a child who would then not have legal security with its adoptive parents. He agreed, however, to adoption in 1927 and F's adoption was one of the first to be legalised under the Adoption of Children (Scotland) Act which came into operation three years later. The adoptive mother died of cancer when aged 60 after a short illness.

The adoptive parents, though different temperamentally, complemented each other and were companions to each other. They provided for F. a secure and happy home where she was given freedom to develop along her own individual lines but they also provided consistent discipline and guidance. She attended a fee-paying school in the city. Her parents encouraged her there, but were more concerned with her happiness than with her achievement. Although identifying with her mother in wanting at first to be a nurse, F. ultimately decided she
wanted to work with young children as a teacher. This was accepted by her mother. F. was encouraged to have friends of her own age and later to express her personality in her choice of clothes, the arrangements of her bedroom, and so forth.

When F. was 10, she noticed from her mother's cookery book that she had gone to a cookery class three days after the day of her birth. F. thought this was strange since she knew that other mothers spent ten days in hospital after a confinement. It never occurred to her to say anything to her adoptive mother about this, but she made a mental note of the dates. Also about this time she was curious about how babies were born. Her mother, however, gave her an evasive answer, saying they were left on the window-sill. This too was retained by F. as a strange happening. It seemed a dangerous arrangement since they lived in a flat on the fifth storey.

F. was 12 in 1939 when the Second World War broke out and there was talk of evacuating the cities. The adoptive mother wanted F. to hear about her adoption from her herself and not from an outsider. She feared that because of the war something might happen to separate the family, and so she told F., without embarrassment, about her adoption. Her mother started by telling F. about
her approaching menarche and about how she herself had not been able to have children. She then explained that her husband and she had always wanted a little girl, but that there had been legal difficulties about adopting one. Then she gave a simple description of wheeling a pram from their home address to a Baby Home, of seeing a lot of babies there and of choosing F. F's only comment when she was told all this was to ask if she had not felt foolish wheeling an empty pram. Her mother also gave F. factual information about her biological parents, saying that her mother, from a well-to-do family, was engaged to marry an officer in the army. She had become pregnant, however, before the marriage and her family would not hear of her keeping the baby.

F's immediate reaction to the information that she was adopted was one of shock. Then, however, she admired her parents for their courage in adopting, and she felt closer than ever to them. The relationships in the adoptive home remained as they had been before F. was told of her adoption, except that F. herself felt that she would like to have done more for her parents once she knew. The subject of adoption was never discussed again and her parents died three years later.

F. reported that she did not want more details
about her adoption or her biological parents. She felt confident that, if later she had wanted to talk of adoption to her adoptive mother, she could have done so. She was also confident that her mother would have given her direct replies. F. said, however, that she would have felt very differently about introducing the subject if her mother had been embarrassed or upset when telling her initially.

F. did not tell people about her adoption, not because she was ashamed of it, but because she saw no reason to. She found, however, that she needed to confide in two special friends at school about it, when she was very upset following her adoptive mother's death. Her friends thought she might want to trace her biological parents, but F. said emphatically that she did not... "They had done nothing for me .... They were not my real parents." Her attitude was to be uninterested in them. She considered that they need not have placed the baby for adoption, since many other unmarried mothers cared for their own children.

On the death of both her adoptive parents, F. went to stay with a paternal aunt-by-marriage who was a widow and who had been made F's guardian. F's adoptive father had left money for her further education to Higher Leaving Certificate standard
and for her training at a Teachers' Training College. F. was, therefore, not financially dependent on her aunt. From the latter's attitude, however, F. knew that she had not approved of F's adoption. F. saw as one of the reasons for this the fact that, but for her adoption, her adoptive father's money would have gone to the aunt's three sons.

F. was very unhappy with her aunt, who treated her differently from her youngest son who, though older than F., was still living at home. Her aunt was critical of F. and tried to dominate her. F. found her attitudes so totally different from those of her adoptive parents that, after a year, she moved into a Boarding House attached to her school. Later when F. went to College, which was in the same city, she stayed in a students' hostel. She still, however, had to spend her vacations with her aunt. As soon as she qualified as a teacher F. was determined to take a post outwith her home area as she realised that she would only be happy when she was away from her aunt.

F. became a competent teacher and she greatly enjoyed 7 years in this capacity in a large country town, where she had many friends and where she told no one that she had been adopted. At 27, she married a clerk in a large factory, and she was very
happy to have her own home at last.

Her adoptive aunt remained very critical of F. and of her marriage to a clerk. She would have preferred her to marry someone clearly in a professional occupation. F., however, continued to keep in touch with her.

When F. became pregnant, she was very happy. After the birth of her baby, however, she developed a puerperal psychosis of a depressive nature. She became obsessional in her care of the baby. In her depressed state she talked a great deal about how she herself had been an adopted child.

F's mental breakdown and her obsessional care of the baby could be interpreted as being associated with her insecurity and anxiety in the mother-child relationship and with her need to feel that she was a good mother to compensate for her own rejection by her biological mother.

Of the two unmarried women in this sub-group, the history of E.M. is given in detail.

E.M., No. 3, aged 19, was an inexpressive, rather affectless girl with no apparent individuality of personality and with little drive. She was pallid and not robust, but had had no health problems. She was, at the time of interview, training as an assistant nurse, having failed to reach the necessary academic standard for a full nurse's training. She had been educated
at a series of fee-paying schools until the age of 16, but left without sitting any of the usual school leaving examinations. Her upbringing in her adoptive home was such that Scottish Higher Leaving Certificate standard had been expected of her. It seemed likely, however, that she had never had the necessary intellectual ability for this and that in training as an assistant nurse she was operating at a level appropriate to her intelligence. She had always wanted to be a nurse, but her parents who had social ambitions for her, had opposed this, and she had worked for two years in an office. She was training as an assistant nurse away from home in small country hospitals, and this was her first essay into adult life. She was enjoying this, and she talked thoughtfully about her work. She had made her own circle of friends, who were of artisan level of achievement rather than professional. At the time of interview she was adjusting well to this new life and was asserting herself against interference by her stepfather. She was, however, potentially very vulnerable, first, because she still had many problems in relation to her adoptive home, and secondly, because she was seeking warmth and affection from someone who would accept her as she was without wanting her to conform to a particular pattern of behaviour and achievement.

Later information about E. through the family
doctor revealed that she had not been able to make her own adjustment away from her adoptive home. Had she been interviewed even only a year later, her adjustment would probably have been assessed as coming within the range of the next main group, that is, of those with a poor adjustment.

E., presumably illegitimately born, was adopted when 10 days old through a hospital in one of the large English cities by a married couple who had been married for 4 years and whose residence was in Scotland. The adoptive father, in his middle thirties, was in a well-paid executive post in industry but he was very maladjusted in his relationships with others and particularly in his sexual relationships, having required psychiatric treatment from time to time. His first marriage had ended in a divorce and he had the custody of his son who was aged 11 at the time of E's adoption.

The adoptive mother had been an attractive and vivacious girl, brought up in a wealthy middle-class home, where she had been able to pursue a gay social life. She was intelligent and had been educated to the standard appropriate to such a home. Four years after her marriage she had a baby who died. E. had been born in the same hospital at approximately the same time, and the adoptive mother returned home with her. The adoption was subsequently legalised. This
marriage, although unhappy, lasted a further six years. A divorce was then arranged. Both parents then remarried and E., after a year in a Boarding School from the age 6 to 7, stayed with her adoptive mother and step-father. Until the age of 16, she went occasionally to see her adoptive father and step-siblings, since he had two children by his third marriage. There were no children by the adoptive mother's second marriage. E. always used the name of her adoptive step-father and this change was made official by the equivalent of Deed Poll when E. was 16.

This second adoptive home was not a happy one. The step-father, younger than the adoptive mother, was also well-educated to University degree standard. He had an executive position in industry. He was extroverted but ego-orientated and was fond of a full social life as was the adoptive mother. His salary, however, though in the professional range, was not such as to allow them to live in the way that the adoptive mother had done in her own home or in her first marriage. The adoptive parents lived beyond their income.

The adoptive mother had warmth of personality but she was impulsive, unstable and restless. She was constantly moving to a new house. In her forties she suffered from an illness similar to anorexia nervosa, and was in a mental hospital for several months following a serious suicide attempt. She made a good
recovery, but it was not known at the time of interviews whether this was of a permanent nature. She frequently threatened to leave her husband.

E. and her adoptive mother had a very close relationship with each other, the mother looking for emotional satisfaction and companionship from her daughter. She resisted, therefore, E's desire to go away from home. She remained possessive of E., commenting frequently on what she had done for her.

E's relationship with her step-father was a very strained one, and there were constant quarrels between them, the adoptive father being particularly ashamed of E's occupational status.

Because of family disapproval of the mother's two unsuccessful marriages, there was almost no contact with relatives. E. felt that, because of this and because of the constant quarrels at home and the frequent changes of house, she had had "no family life". She had been very docile up to the age of 16, and she had not consciously been aware of the family quarrels. Thereafter she began to assert herself and this brought her into conflict with her adoptive step-father. She began to notice too that in the quarrels between her parents, her step-father always brought her into them.

E. had always been able to make friends easily, but she had never known any for any length of time because of the frequent family moves. After leaving
school, however, and while still living at home, she had not been able to make friends. Away from home she found that she could make friends. She was also then much happier, and commented, "I know now where I stand". She had a boy friend, a stable young man who was an apprentice engineer, and they both wanted to become engaged before he started his National Service. E's parents, however, were very opposed to this.

The adoptive parents had no religious affiliations or church connections.

E. did not know that she was adopted until she was 18. Her step-father had apparently threatened frequently to tell E. of this in his quarrels with her mother. It was in fact the fear that he would do so which ultimately made the adoptive mother tell E. herself. Otherwise E. considered her mother would never have told her.

The adoptive mother told her that her biological mother was on the stage and had died at E's birth. E. had been born prematurely, and her biological father, fearing that E. was going to die, threw himself under a bus. E. considered her biological mother had been someone important in the theatre world, although she had never pressed her adoptive mother for details, since talking about adoption obviously upset her. E. was content to know no more at the time,
but she stated that she would in the future want to know more details, probably when she married.

It emerged, however, that the adoptive mother in fact knew nothing about E's biological parents. This worried the adoptive mother from time to time since she wondered what kind of temperament E. might have inherited. When E. wanted to marry someone from a different social class, her adoptive mother wondered if her biological parents had also been from that social class.

E. reported that being told of adoption did not upset her, and her relationships with her adoptive parents were unchanged. She considered that all her relatives must already have known of her adoption but this did not worry her. She felt that, as an adopted child, she had been given more materially and in affection than a biological child could have had.

People outside the family would not know that E. was adopted, because of the frequent family moves. Also the adoptive mother would not tell anyone, adoption being not entirely socially acceptable in her particular social group at the time.

In appearance, E. was neither so similar nor dissimilar to her adoptive family that people would comment on it.

This history, as also the history of P.P., No. 30, showed an adopted child unable to achieve the educational and occupational standard expected of her by her adoptive parents. It was not
possible to assess accurately how much of this girl's lack of achievement was due to lack of innate ability and how much to the blunting of her affect by the very disturbed upbringing which she had had. An assessment by a psychologist would have thrown light on this but this would not have been acceptable either to E. or to her adoptive family.

E's lack of affect and her apparent composure were her ways of adjusting to the many tensions in her adoptive home. She had witnessed many quarrels and her mother's threatened suicide. She defended herself against anxiety by denying that these incidents affected her in any way. For this reason it seemed that her assertion that she was not affected in any way by hearing of her adopted status at 18, should not necessarily be viewed as accurate.

R.H., No. 39, aged 20, was also having difficulties in her relationships with her adoptive parents and she too was seeking to establish her right to a life of her own.

Legitimately born, R. had stayed in her biological family with her two brothers, five and three years older than herself, until her biological mother's sudden death when R. was aged 2. R. was then cared for by a married couple, aged 51 and 46, who had been known to both the biological parents. Her two brothers, then of school age, stayed with her biological father. This arrangement became a permanent one and she was brought up as if she were the daughter of her adoptive parents. At first the
biological father had visited, but this was gradually discouraged by the adoptive mother. When the biological father re-married when R. was 5, R. continued to stay in her adoptive home. Although she still used her biological name, she was not consciously aware of who her biological father was and she looked on her adoptive parents as her parents.

The adoptive father was a machine operator in a factory. He was a steady worker, stable and easy-going, and he allowed himself to be dominated by the adoptive mother.

The adoptive mother, five years younger, was not a person who enjoyed life. She was possessive, restrictive and self-orientated. Married at 24, she had had two children, a boy who died in early infancy and a boy who was aged 19 when R. joined the family. The adoptive mother was possessive towards her biological son who was seeking independence at about the time that R. became one of the family. It was clear that the adoptive mother had expected R. to be someone on whom she could depend in later life.

The adoptive mother had enjoyed a certain amount of social activity with women's organisations until she was in her late fifties when she developed arthritis and complained that this prevented her from going out and from doing much housework. She had not sought medical advice about this and there was
some evidence to suggest that she exaggerated her symptoms, or at least used them as a means of holding on to her adopted daughter.

R. was given a great deal materially, but she found that her mother was possessive and that she did not allow her to have the same activities as others of her age. R. and her adoptive mother always went out together until R. was 14. R. then insisted, in spite of her mother's objections, that she would go out with friends of her own age. Thereafter their relationship deteriorated.

R. left school at 16 with her Scottish Higher Leaving Certificate and became a competent shorthand-typist in an insurance office in the nearby city.

Although as a child R. had used her biological name this had not seemed particularly strange to her until she was about 7, when this difference began to embarrass her. Her friends implied that her adoptive parents must be her grandparents, and outsiders occasionally referred to her adoptive mother as her aunt or grandmother. R., who felt there was something strange in all this, was determined not to let people know that she did not know what it was.

At 11, a vividly remembered incident occurred when the Headmaster announced at school that R's name was now to be that of her adoptive parents. R. was shocked to hear of this in this way. Also she very
much resented that her parents had neither spoken to her about it beforehand nor afterwards, nor had they given her any explanation.

After this incident, R. was somewhat worried about adoption. She constantly thought about it, and she felt that others too would always be thinking of it. She decided to wait, and to watch and see what she could find out rather than ask her parents directly about it, since she did not believe she would have been given a proper explanation.

R. found that this incident made no appreciable difference to her relationship with her adoptive parents, and though the change of name had made her feel less secure at home she was not so sensitive that she worried much about it.

One of her ways of finding out about her biological mother was to ask systematically who everyone was in all the family snap-shot albums. When she was 10 or 11, a school friend pointed out her biological father, and she found herself annoyed that her adoptive mother, though answering evasively, did not deny that he was her father. When she was 14, she had conversations with her step-sister as to how her biological brothers could really be her brothers since she and they did not live in the same house. R. found this very confusing.

When R. was 17, because she might have had contact
with someone who could have given her an inaccurate picture of her early history and placement, her adoptive mother somewhat reluctantly told her herself. She explained how she had known both her biological father and mother, and also told R. that her biological mother had herself been adopted into a family where there was already an older son. The biological mother was described as having devotedly cared for her adoptive parents in their failing years, putting them even before her husband.

In her adolescent years, R. had frequent quarrels with her mother and these were still continuing at the time of the interviews. R. wanted a normal social life with friends of both sexes and to be able to go to dances, to parties, etc., in the city as well as in her home town. Her adoptive mother, however, was constantly critical of this, and had interfered on several occasions if R. became even casually friendly with any boy from outside her home area.

In these quarrels, her biological mother was held up as an example to R. R. was told that she had not wanted to go out nor to go to dances. Her parents had always come first with her. Her adoptive mother also told R. that she ought to be grateful to them.

These two comments were deeply resented by R. She considered that she should be allowed to lead her life in her own way. This might be different from that of
her biological mother, but it was not therefore wrong. She also felt about the second comment that she had not asked her adoptive parents to care for her.

R. found herself quite unable to understand her adoptive mother's attitude to her friendship with boys from another area. It was clear, however, here that what her mother feared was that R. would marry someone from another area and so not be available to care for her.

Although R. saw her biological father, brothers and half-siblings from time to time, since they continued to live in the same area, adoption was never mentioned either by them or by R.

In this history, the adoptive mother's apparent motive in adopting R. was that she hoped to repeat the pattern of her own home where she had been close to and dominated by her own mother. Also, however, she assumed that R's adoption would exactly parallel that of her biological mother. It is also interesting to note in this history that although the fact of adoption would seem in adult eyes to have been obvious because of the use of the biological name, yet for the child, an explanation was needed. When none was spontaneously forthcoming, this subject became, as in many cases where adoption was not obvious, something which was wondered about but never asked about, either within or outside the home.
GROUP D - "FAIRLY GOOD" ADJUSTMENT

The fourth group of histories are those, 6 in number, who on the whole had maintained a good adjustment throughout their childhood and into adulthood in spite of difficulties in their adoptive home. Three were men and three were women. The age range was 34 to 18 and three were married. One was legitimately born and the remaining five were illegitimate. In occupation, of the men one was an apprentice engineer, one a tractor driver and one a lorry driver, and of the women, two were skilled secretaries and one had worked as an assistant nurse.

Of the six, two had health problems of a fairly serious nature, one having epilepsy and the other diabetes.

The first sub-group here, that of the three men is illustrated by giving in detail the history of G.Y.

G.Y., No.49, aged 30, was somewhat self-uncertain, though apparently happily married, with a daughter aged 3. He had steady employment as a lorry driver with a large firm for which he had worked since leaving Junior Secondary School at 14. During 5 years R.A.F. Service, he had been a staff car driver. He had no special ambitions about his work. His only health problem had been when he was admitted to hospital for about one year when 5 following mastoidectomy. He had good relationships with others of his own age and at work, and he enjoyed social activities at his R.A.F. Association club. He had, however, only gained real freedom to follow his own inclinations after the death of his adoptive mother.

G. was adopted when a few weeks old by a married couple of 29 and 26 who had been married for some time. He was brought up as an only child. There
was no information available about the parents' ability or otherwise to have children of their own.

The adoptive father was an underground coal-miner until 37, when he became unfit for this work because of pneumoconiosis and bronchitis. He was unemployed for 6 years during the Depression, and then was employed on the railways. He was frequently off work, however, because of illness. He was easy-going and fond of social activities when younger, being an active member of the British Legion. In later years however, he became taciturn and rather bad-tempered. He died when he was 55.

The adoptive mother who had worked in a market garden prior to marriage did domestic work to supplement the father's unemployment pay. She had rheumatic fever in her early 20's, which left a slight cardiac disability, and she was under medical care for many years. She died of angina at 48, when G. was 22. Liking to dominate, she was very labile and "worried over trifles", especially if these related to G. She was very talkative, and loved company.

During the father's unemployment when G. was aged 8 to 14, there were considerable financial difficulties, and the family had received financial help from the British Legion. Later there continued to be financial difficulties because of the father's ill-health.

When the father had to leave the mining industry, the family had moved from their Corporation house in a pleasant country town to lodgings in a slum area of the city. They did not obtain a house of their own in this area until G. was 14. In spite of financial difficulties, however, G. was given what he asked for in a material way.

The relationships between the father and mother
were fairly good, with the adoptive mother the dominant partner. The father took little part in G's upbringing, and in any disagreement in the family, the mother always viewed G. to be in the right as opposed to his father.

Until he was 8, G. felt that he was given freedom to have friends and to join in all their activities. After the family's move to the city, however, the mother became possessive and protective and always questioned with whom he was friendly.

When G. was 16, he wanted more freedom and he resented his mother's control of him and her strictness about hours. His mother did not want him to have friendships with those of the opposite sex and so she did not allow him to go to dances. G. resented this, particularly as he knew both parents had been fond of dancing in their youth. He therefore occasionally went to dances and then told his mother lies about this.

G. had frequent quarrels with her at this time, but as she always became upset and ill, he could never assert himself against her wishes.

At call-up at 18, G. was rejected on medical grounds for the army, because of the old mastoidectomy. A few months later however, he volunteered for the R.A.F. and was accepted. His mother was furious about this and wanted to tell the Service authorities about his health record hoping that again he would be rejected.

On G's. return from the forces, his mother was again possessive. She did not wish him to marry and he was of the opinion that if she had still been alive, he would not yet have been married.

The parents were nominally Protestant, and
G. was sent to the Boys' Brigade, but religion did not enter into the home life.

All relatives accepted G. as one of the family. G. was not told by his family that he was adopted until he was about to be married at 24. At 20, however, a boy from their first home area asked him if he were the "adopted son of Mr. and Mrs. Y?" G. found this "a shock" and felt embarrassed. His immediate reaction was to wonder how many other people knew. He realised that his cousins did not since they implied that he would inherit his adoptive parents' particular abilities. He could recall incidents which now took on a new significance. For example, when he was 16 an insurance agent had called and his mother had sent him out of the house. He noted that he had never seen his birth certificate. He recalled that on many occasions he had come into a room and found his mother and aunt talking in lowered voices. G. did not mention this remark to his adoptive mother. Although he was curious and tempted to ask, he never did, first since it might not be true, and secondly because it might hurt his mother. Also she was unwell by that time, and G. felt it would have been hurtful and upsetting to her, even to have asked indirect questions, which, if he were adopted, she would have had difficulty in answering. His attitude, however, was also that it was his parents place to tell him. As his mother was dominant in the house, he assumed that she would tell him and not his father.

His suspicions about being adopted made no difference to his relationships with his parents.

The day before G.'s marriage, when his birth certificate would have to be shown, a paternal aunt called to see G. He anticipated what he assumed she was going to say by commenting that he already knew that he was adopted. The aunt found it very
surprising that he had known for so long and had never mentioned it. He asked why his adoptive mother had not told him herself and learned that she had been afraid that if he knew he would want to go back to his original mother. When his adoptive mother was dying she asked his adoptive father to tell him but he too lacked the courage.

G. was resentful about this, feeling that his father should have told him himself and that he would have preferred to hear about adoption from one of his parents. He commented that this was something about which no child could ever ask. G. did not, however, express much aggression here. No details were given to him by his aunt, and he thought that, had he not spoken first, she probably would have told him something about his biological parents.

He learned, however, from his birth certificate his biological mother's name and address, and that she had been a factory worker. He was curious about her and wondered about going to see her, but he would not have wished her to know who he was. He simply wanted to know what kind of person she was, and also why he had been adopted. He took no action, however, although while driving he frequently passed through the town where she had lived. He commented that he did not wish to cause any kind of upset for her. He was also however, afraid that there might be something in his background about which he was better not to know. He was not looking for a mother in her; she would have been a stranger to him. His wife was also curious about his biological mother particularly with regard to any children they might have.

Although G. remained curious, and was particularly puzzled about how the original contact could have been made, since the two sets of parents had came from widely separated geographical areas, he
never asked either his father or his aunt, and they, for their part, did not mention adoption to him.

G. assumed that he had been placed for adoption when eighteen months or two years old. This was not information he had been given, but which he had deduced from a particular snapshot of himself at that age where part of the snapshot had been cut off. He assumed that the person thus cut out had been his biological mother. During the interviews he learned from a conversation which his wife had with a neighbour that he had been only a few weeks old when placed, and so the snapshot had none of the significance which he had imagined.

G. was not ashamed of adoption, and he did not try to hide it, but he "did not broadcast it". He did not want his friends to know of it nor to talk of it.

His adoptive parents had not been critical of unmarried mothers nor of the illegitimate child, and both areas in which he had lived would also be accepting of adoption and illegitimacy. C. was also not physically markedly dissimilar from his adoptive parents.

The main problem for this adult in childhood had been the divided discipline in the home and the possessiveness of his adoptive mother. Such possessiveness of a mother for a son can be viewed as within the limits of normality in that it can happen in any family, and in this history it was not possible to elicit any definite evidence to suggest that the mother's possessiveness as such related particularly to the adoption situation. The description of how she became more possessive
and restrictive after G. was 8, could relate to her disapproval of the standards and behaviour of the slum neighbourhood children. On the other hand, there was the suggestion in this history that because of her health record with cardiac involvement there would have been risks in her having pregnancies, and so once she had adopted a child, this one child mattered a great deal to her. This was borne out also by her fears about telling him of his adoption, and may again have been her motive rather than purely her possessiveness, in her preventing him from going to dances, meeting girl friends and so marrying. When he married his adoptive status would be revealed. G.'s comment about her attitude that "She did not wish to lose me" could then have had a double meaning, - to a wife or to a biological mother. Also the fear which must always have been present that someone else might mention adoption to him must have added to her own feeling of insecurity.

J.T., No.42, aged 22, also had a very possessive mother. He was adopted when nine months old through an advertisement in the press. Legitimately born, his biological mother had died when he was 5 months old and he had been cared for by an elderly foster-mother who had apparently been fond of him.

J. was brought up as an only child by a farm worker, now a herdman, and his wife, aged 34 and 39, who had been married for 7 years. They had learned that they could have no children following an operation undergone by the adoptive mother. The adoption was legalised when J. was 11 months old.

Materially there had never been much money in the home, but there never had been poverty, since the
adoptive father had had steady employment.

The adoptive parents were well adjusted to each other in their own way. The adoptive mother was very much the dominant partner, and the father was very quiet and rather timid. The adoptive mother had taken the initiative in wanting to adopt a child, in spite of her own mother's critical attitude about bringing other people's children into the house, since this would only give her extra work. Neither adoptive parent had a good physique and the adoptive mother had a spinal curvature, a duodenal ulcer and rheumatism. This was now preventing her, at nearly 60, from being very active. Limited in intelligence and understanding, she had spoilt J., gaining a great deal of emotional satisfaction from him. She now expected gratitude from him, since she and the adoptive father had worked hard for him for many years. She always worried when J. was out in the evening on his motor bicycle. She had, however, given him some freedom to have his own interests and activities, although now in her old age she was regretting that she had not adopted a girl who would have been a help about the house.

J. was engaged to be married. Although his adoptive mother wanted him to take up house with her and his adoptive father, J. said very firmly that this would not work out well, and he and his fiancée were planning to have their own home.

Although J. was somewhat resentful of his mother's possessiveness and treatment of him, he was also tolerant.

When J. was 6, which coincided with the family returning to the area in which they were working when they originally adopted J., a boy at school had said Mrs. T. was not his real mother. J. told his adoptive mother of this. She denied that this was true,
saying who else could be his mother.

After this, however, J. wondered about whether he might be adopted. He noticed that his mother never let him see his birth certificate. He also saw as strange and significant an incident when an unknown soldier on one occasion gave him a present of a small sum of money.

When J. was 18 and his papers for call-up to the army arrived, the adoptive mother knew she would have to tell him of his adoption, since he would need to know his place of birth. J.'s reaction on being told, was to reassure his adoptive mother that she had nothing to worry about. He learnt thus that his biological mother had died and that his father had asked that he be brought up in a family with no other children. J. had fantasied that he might be the son of a wealthy land-owner but at the time of the interview he learned that his father was a miner and like himself in build and appearance. During the interview, which was exceptional in that the adoptive parents and J. were all present, he was curious and wanted more detail about his biological father, but his mother evaded answering. It was clear that the adoptive mother feared J. might want to go back to his biological father if he were curious about him. J.'s attitude, however, was that it was the people who had brought him up and had worked for him who were his parents.

J. had had attacks of petit mal epilepsy since he was a child and these had been controlled by drugs. After leaving school at 14 he had become a tractor driver, and while on a farm had met the son of a wealthy business man who was studying to be a farmer. J. identified with him, whereas all the others working on the farm avoided him. J.'s future plans were centred around becoming manager of one of the farms
owned by this boy's father.

It was not possible in the one interview in this case to assess how realistic this planning was or whether there was anything significant in his identification with someone from a social class very different from that of his adoptive parents.

J. had adjusted well to his adoptive home, although he still had to assert his final independence from his adoptive mother, and he might have difficulties in this in the future.

The third man in this group, T.N., No. 31, aged 18, was also showing no signs of maladjustment although his adoptive home was clearly one from which he was escaping. Illegitimately born, he was adopted when 10 days old from hospital by a married couple of 34 and 42 who had been married for one to two years. He was brought up as their only child.

The adoptive father, an unskilled worker but in steady employment was reported as having had a fractured skull prior to marriage with concussion damage which had resulted in irritability.

The adoptive mother, of limited intelligence, was a very inadequate housewife and was constantly complaining of ill health. She had a spinal injury at 49 and was a chronic bronchitic. She was garrulous but without friends.

The material standards in the adoptive home were very low, the house being ill-kept and inadequately furnished.

The relationship between the adoptive parents was poor with constant quarrelling. The mother frequently threatened to leave the adoptive father and he often gave her no housekeeping money. She then refused to cook for him. Part of the difficulties arose out of the refusal of the adoptive mother to
live with the adoptive father and bear his child. In her thirties, she had had an illegitimate child who had died and whose father she stated had died before he could marry her. She argued that she did not want her husband's child in case he or she inherited his instability and also that at 40 she had been too old to have a child. She had therefore adopted a child.

Both parents emerged as fond of T. and T. denied that he had other than a good relationship with both of them. He was able to talk over his future plans with his father, who, however, spent little time in the house. T.'s adoptive mother was very possessive towards him. Until T. was 14, he and his mother had gone everywhere together except to school. After 14, however, he asserted his independence and went out with friends of his own age. He had built up a wide range of activities, such as the Boy Scouts and clubs, for nearly every evening in the week and for week-ends, when he attended Church, so that he was seldom at home. His parents, although never encouraging any of these interests, were accepting when he pursued them.

T. did not know he was adopted until at 12½ his adoptive mother told him. She had started the conversation rather uneasily as if she were feeling as he himself had often felt when, after he had done something wrong, he thought he should admit this to his mother. T. did not know what the word "adopted" meant and his adoptive mother explained that it meant he had another mother. He at once asked where she was. This took the adoptive mother by surprise, but when she replied that she did not know he had said, "That's all right". His mother had further explained how he had come to them from hospital and
that they had given him their name. T. recalled that he had been quite unconcerned about this conversation and that he had at once returned to his activities and had not thought further about it. He considered however that from his adoptive mother's attitude she had anticipated that he would be very upset. The subject was mentioned again that evening by the adoptive mother, but only to let the adoptive father know that T. now knew.

Two months later, T. suddenly thought about the matter again and asked his mother what his adoption meant. He commented that this time he listened to her explanation.

T. maintained that the subject had been freely mentioned again from time to time at home since then, as when the adoptive mother said she had seen the biological mother on the street. T.'s attitude was to be quite uninterested in his biological mother. Gradually over the years he learned that his biological family had owned a small shop and had been Roman Catholics. T.'s adoptive parents were members of the Church of Scotland, but did not attend Church. T. also learned that none of his biological family had been sea-farers. He was interested in this latter piece of information since he himself had decided to go away to sea. T. however had no desire to contact his biological parents and he viewed them as having done something wrong, which he could neither forget nor forgive.

T. considered that if he had been upset when his mother told him initially about his adoption, she would never have mentioned it again. He considered adoption was nothing to be ashamed of and he did not worry about it. He felt, however, that he might have felt very differently about it, had he not been told
until he was 17 or 18. He accepted that all his relatives would know, but he would not have wished any of them to mention it to him. In fact, however, the adoptive family had little contact with relatives.

T. had stayed at Junior Secondary School for one term beyond the statutory leaving age and was thus given as good an education as his parents could afford. They were also agreeable to his earning only an apprenticeship wage from the age of 16 when he started a 5 year's engineering apprenticeship. His ambition since the age of 14 was to go to sea and this he planned to do on completing his apprenticeship.

The only evidence of any health problem was the fact that when aged 8 and 10 he had been sent for two months to a camp school frequently used for children who had been undernourished or were being brought up in inadequate homes.

T., at age 18, was himself inarticulate about his adoptive parents and did not admit to the quarrelling nor to the poor material standards. He also did not admit nor even recognise consciously that in going to sea he would be escaping from his adoptive home. It was clear however that he must had had considerable motivation to plan to do this. He had made his own adjustment, a good one, to this adoptive home, partly by denying that there was a problem there and partly by filling his spare time so fully and constructively that he was detached and independent of his home. His standards, with Church attendance and Youth service work, were considerably higher than those of his adoptive parents.

The sub-group of three women is illustrated by the detailed history of G.M.
G.M., No. 40, aged 34, was unmarried and was a quietly spoken, gentle, very competent and extremely conscientious person. She was well liked and respected in the small coal-mining community where she had always lived. She played a very active part in the life of the church (Church of Scotland), being a Sunday-school teacher and in charge of the large girls' organisation run in connection with the church.

G. had been educated to the age of 14 at a primary school where her achievement was always amongst the first three in the class. She won a bursary for a year's course at a commercial college. Thereafter she did office work in the city, bookkeeping, shorthand and typing. After one change of employment she had gained promotion until she had considerable executive responsibility in her own right. She became engaged when aged 20, but after a year and a half broke this off because of incompatibilities. She stated she had no regrets about this and that she accepted that she would not now marry.

Her health record was free of major illnesses. She had had diphtheria at 8, was viewed by her mother as "chesty" when a school girl, but this was because G. simulated chest pains in order to avoid classes from a particular mistress at school. At 32 she had severe rheumatic fever which had left however no residual disability.

G., illegitimately born, was fostered for the first four months of her life. This arrangement proved unsatisfactory and the biological mother had asked a friend from a small mining town whether she knew someone who would care permanently for the baby. The friend approached the adoptive mother, who had married the adoptive father 2 years earlier and she and the adoptive father decided to adopt the baby.
The adoption was a permanent one but being 8 years before adoption was legal in Scotland, it was never legalised. G. always used the adoptive parents' name and was brought up as their only child.

The adoptive father, aged 44, had been a regular soldier. He then worked as a coal-face miner until at 57 he developed a serious kidney and chest condition. Quiet and good-natured, he became tense, anxious and self-centred after he became ill. He was probably depressed in the psychiatric sense and he frequently threatened suicide. At 68 he died by drowning after having walked out of the house in an apparent fit of depression.

The adoptive mother, aged 47, had been brought up in the north of England and at 22 had married a Scottish railway engineer. Ten years later the couple moved to the husband's home city, and as he had become a permanent invalid, they bought a small shop. The adoptive mother ran this and nursed her husband until his death twelve years later. There were no children of this first marriage.

A year later, at 45, she remarried. There were no children of the second marriage. At 55, the adoptive mother developed diabetes, and when 66, following a fractured ankle, she developed diabetic gangrene. By 68 she was confined to bed and a wheel chair until her death at 73.

Of good intelligence, with a certain ability with figures and at organising, she had had little formal education. In personality, she was quick-tempered, obsessional, opinionated and dominating. She had poor relationships with others because of her aggressive manner. In the close-knit Scottish village community where she lived, she was also viewed rather as an outsider because of being English and an incomer.
Finances in the adoptive home were strained. The father received only a minimum miner's wage and the income was seriously reduced when he became unwell. The adoptive mother took in boarders to supplement the income. The family lived throughout in the same colliery company house. The home area would be accepting of adoption on the whole, but there would also be some prejudices.

The adoptive mother dominated the father, who was emotionally dependent on her. They had some social activity together and lived harmoniously until quarrels followed the father's ill-health and the consequent financial difficulties. Although the adoptive father was kind and fond of G. and participated fully in the decision to adopt, the adoptive mother played the major role in her upbringing. The mother used physical punishment, expected a good school achievement, but could not understand G.'s interest in reading. Very generous in a material way, she dominated G. as a child and continued to do so later, although encouraging her to have friends of her own age, particularly through Church activities. Both parents were Church members. The adoptive mother, however, was somewhat paranoid in relation to other people's attitude to G., fearing that they would treat her less favourably because she was adopted.

G. who was a sensitive child with a vivid imagination, showed signs of insecurity in her adoptive home. She had a tendency to wander as a child. She felt acutely fearful when she heard her parents quarrel.

She was unable to confide in her mother over her fear of the teacher of physical education who had temper outbursts. Instead G. simulated illness or, in collaboration with another girl of the same age,
wrote letters as if from her mother saying that she was unfit for the lesson. G. knew she would have been severely punished if her mother had discovered this, since she "could not stand deceit". G. was extremely shy and had difficulty in mixing socially with others, especially if any were not already known to her.

The adoptive mother gave G. no help at the time of her menarche and in fact she was out of touch with a teenager's view of life. Her health was deteriorating by the time G. was 8, and G.'s life after 21 was one spent in working and caring devotedly for her adoptive mother. She had no opportunity for any social activity apart from her weekly attendance at a girls' Club. Co-incident with her mother's deterioration in health, G. broke off her engagement, but there was no acknowledged connection between these two circumstances. The adoptive mother was appreciative of what G. did for her and G., ashamed of her mother's critical attitudes, tried, in a quiet unaggressive way, to modify these.

The adoptive family had not had good relations with the adoptive father's relatives who lived in the same village. The adoptive mother, however, had kept in close touch with her sisters, and holidays were spent there. G. felt very close to these aunts and cousins and, on her adoptive mother's death, they were anxious that she should make her home with them. G. however preferred to remain in her home area.

When G. was 5½ and staying with relatives she overheard the word "adopted". On her return home six months later, she asked her adoptive mother about this and was told that her own mother had not
been able to care for her and had asked the adoptive mother to do so. The adoptive mother stressed that she loved G., and that she had picked or chosen her. G. wept at this and the adoptive father was angry and upset that adoption had been mentioned to her at all.

It emerged that the biological mother had kept in touch with the adoptive parents until G. was aged 2. Also a welfare worker(1) had visited the home until G. was aged 7, but G. was not aware of these visits. After this incident at 6, G. did not ask about her adoption, and she never thought about it, since she viewed her adoptive parents as her mother and father. The adoptive mother only mentioned adoption in connection with her fear that G. was not always given her proper place in the class at school because she was an adopted child. In this connection the mother later was sure that G., in not being made dux of the school, had been discriminated against.

When G. was 8, and admitted to hospital, one of the nurses whom she had displeased, passed some remark about adoption which made G. "feel different" and which she found hurtful.

When G. was in her teens, she heard her adoptive mother comment to friends that she should have adopted when she was younger. G. denied that she had felt that her mother was too old, but she felt bound to give people an explanation of how it was that her mother was so much older than most mothers.

(1) It can be assumed that these visits were undertaken under the Infant Life Protection provisions of the Children Act., 1908.
From physical appearance, the fact of adoption would not be obvious since G. was not strikingly dissimilar from her adoptive parents. When G. became engaged to be married at 20, she was curious about her biological mother "as a person", and also in relation to "what stock I came from." G. had worried about telling her boyfriend of adoption when they were about to become engaged. It made no difference to him however.

After the death of the adoptive father, the adoptive mother wanted to talk about the biological mother from time to time. She told G. that she had letters from her. G. however did not want to hear such discussions, finding it "confusing" to hear of another parent.

A chance meeting in hospital with a relative of the biological mother brought the subject into the open again. The adoptive mother by that time would have encouraged a continuation of the contact, but G. again found that this would have been confusing to her. She wanted, as she said, to keep "the two sets of parents apart." She learned, however, at this time that her biological mother had been a domestic servant at the time of her birth, and had later married a school-teacher. She was still alive. G. still did not know who her father was. She found it reassuring, however, to have this amount of information and to know that she "came from a nice, respectable family."

A year after the adoptive mother's death, G. was seriously ill with rheumatic fever and during this illness, which was the first time for years that she was inactive, she wondered a great deal about her biological mother. She wondered whether she would recognise her, should she by chance meet her.
When G. had been admitted to hospital she had been asked if there had been any similar illness in the family. She commented ruefully, "That's when you come up against it."

G. had in her possession letters written to her adoptive mother by her biological mother. She had only read one or two of them. She had kept them, however, not because she thought any money would come to her from her biological family, as her adoptive mother suggested might happen, but because it would be going against her adoptive mother's wishes if she disposed of them.

G.'s attitude to her adoption was to be embarrassed when she had to mention it. Gradually over the years, however, this embarrassment had decreased. G. had had to refer to it at the time of first being insured since her birth certificate was in her biological name. She had been reassured that she could use her adoptive name for official purposes.

G. had told no one but her boy-friend that she was adopted. She assumed however that all her friends knew, since the fact of her adoption was generally known in the area. She did not want anyone outside the family to mention adoption to her since she found it hurtful to have strangers talk of it.

G. felt she belonged in her adoptive family and she very much wanted to feel no different from anyone else. She achieved this, except when family back-grounds were being discussed.

This history shows a picture of an unmarried daughter devotedly caring for her ageing and invalid mother. Many such daughters do not take or have the opportunity to marry and in this G. was no differently situated from many daughters who
were not adopted. There were, however, factors in her up-bringing which were peculiar to the adoption situation. First, she was the daughter to a woman who was too old to bear children in the usual way. Secondly, this question of age made her feel that others would be more aware of her adopted status. Thirdly, the adoptive mother, by her fear that G. would be discriminated against because she was adopted, must have added to G's. own feelings of insecurity, and of acute shyness in relation to others. Fourthly, G. found that reference to her biological parents was confusing to her, and from this it can be deduced that her identification with her adoptive family was not complete.

M.K., No.26, aged 30, married with two children, also had had an invalid and dominating mother. She had made a reasonably good adjustment although always feeling detached from her adoptive family in a way not experienced by G.M. Legitimately born, M. was the third child of a very unhappy marriage, where the parents were neglectful to the children. When M. was 2½ the parents separated, and the two older siblings were taken into a Home. M. was taken by the biological father's older sister who had been married three to four years but had no children. She had already had M. to stay with her from time to time because of the inadequacies in her biological home. Although the biological parents were later reconciled and thereafter lived together, M. continued to stay with her biological aunt and her husband on a permanent basis. She always used their name and experienced no
difficulties in so doing. The adoption was legalised when she was 18.

The adoptive father, aged 36, worked in a travel agency and when 47 started with a partner in a business of his own. During the war years he had to work extremely hard to earn a living and at 52, having previously had good health, he developed a duodenal ulcer. Two years later he died suddenly from a coronary thrombosis.

Cheerful, even-tempered, interested in his work, he was intelligent and well read.

The adoptive mother aged 37, also of good intelligence having worked as a buyer in a textile shop; she had had a mastectomy for a cancerous growth at 36. Her health was never good since she had pernicious anaemia, thyroid deficiency and a heart condition. Although her adoptive mother was not inactive, M. did most of the heavy house work for her from the age of 12. The adoptive mother was rather ashamed of her family, who were of a different religious denomination and less intelligent than herself. She was particularly ashamed of her father who drank heavily. She had strong views against the consumption of alcohol and, although she was not without a sense of humour, she had a tendency to view life pessimistically.

The denomination of the adoptive home was Presbyterian, the adoptive mother having never been a practising Roman Catholic, although baptised into this denomination.

The material standards were considerably higher in the adoptive home than in the biological one. M. was given educational opportunities, going to a fee-paying co-educational school, which she would not have had in her biological home, even although her biological father had a clerical post
in the civil service.

There was a very good relationship between the adoptive parents and they led a pleasant social life with occasional holidays abroad. They were fond of M., but M. could recall that since the age of 5, if she disobeyed her adoptive mother, she and her adoptive father threatened to send her back. They said..."This is what we get for giving you a home.... for putting a beggar on horseback".

M. was clearly insecure in the adoptive home. For example, when she was a small child she clung to her adoptive mother and did not want her out of her sight. M. also begged her not to send her back and to keep her from being poor. M. did not have a close emotional bond with her adoptive mother and she did not feel she "belonged". She was unable to confide in her and she hid things from her. She was somewhat afraid of her adoptive father.

The adoptive mother did not encourage M. to have friends of her own age, and later she was very strict about the hour at which M. must return home. M. who, in her teens, had a group of friends of both sexes had to lie if there were boys in the company.

After the adoptive father's death, the mother became more possessive and more restrictive towards M., but by that time M. was friendly with the boy to whom she later became engaged.

M. always knew she was adopted and who were her biological parents and siblings. She saw little of them, however, since her adoptive father disliked them. M. always viewed herself as an only child. She always called her
adoptive mother "Mum" but, although she desperately wanted to call her adoptive father "Dad", she found she could only call him "Uncle" until she was aged 10. Her adoptive mother very much wanted to believe that M. was her own child and she did not tell outsiders about M.'s adoption. She, therefore, told M. never to use the term "Uncle" except at home.

M. herself did not want anyone to know that she was adopted, since then she might have been viewed as inferior and certainly as different. When she was 12 there was an incident at school when the children used her biological name on school books. M. destroyed these pages, although she knew that she would be punished. This, however, was preferable to any reference to her adoption. Her cousins taunted her that her adoptive parents were not her real parents and M. found this very upsetting.

M. was curious about her antecedents, but as her adoptive parents never spoke about her biological family, M. felt there must be something here to hide. M. worried constantly about this. By the age of 20, however, she began to realise that she need not feel this way. Also by never mentioning adoption to her friends and by studiously avoiding the subject if it arose in conversation, she felt she was lying and not being true to herself. Once she started telling friends that she had been adopted she found, first, that it was much easier to talk of it than she had imagined, and secondly, that it ceased to occupy her and to worry her.

At 18, M. wanted her adoption to be legalised, in order to prevent any kind of claim on her from
her biological parents. She took the initiative in arranging this and in obtaining parental consent from her biological parents.

M. was critical of the social and educational standards of her biological family, and she wanted to have no contact at all with them. She realised that her relationships with them were poor also because they were jealous of the better social position she had had in her adoptive home.

Although she felt the lack of a close bond with her adoptive parents, they still were her parents to her. She found it helpful in this respect when people saw her as physically like her adoptive mother. M. felt too, that a second adopted child in the family would have helped her. She would then not have been the only one who was different.

M. left her Senior Secondary School at 15 because she was anxious to help the family financially. After four years in an insurance office, she had a responsible post as wages clerk until her marriage at 26. Her husband, in a minor executive post in industry was gaining promotion, and M. was happy in her marriage. Because both children born to M. were girls, and her husband and she wanted a boy, they were contemplating adoption. Partly as a rationalisation for this, M., who had had diabetes since the age of 25, argued that the chances of children born to her surviving were less because she had diabetes. M. was emphatic that if they adopted they would adopt a baby since it was more difficult for a child to adjust after babyhood.

M. had no serious illnesses apart from diabetes which was controlled by insulin injections. She was however a tense rather over-active person who easily lost weight if she were worried. She was also potentially neurotic having recurrent choking
feelings and a feeling of panic particularly in the pre-menstrual period when in any case she was pessimistic in mood.

C.D., No. 27, aged 25, was also married and had two children, but she was not happy in her marriage.

Illegitimately born, C. had been placed with her adoptive parents when she was two weeks old. This was originally a fostering arrangement and the biological mother visited until C. was 5. C. who called her "Aunt N.", and did not know of the relationship. This arrangement, however, was always a permanent one, and, although C. used her biological name up to the age of 12, she was brought up as if she were the daughter of the adoptive parents. This couple had wanted to take C. as a baby since "they always wanted a girl", and the children who had already been born to them were both boys.

The adoptive father, aged 42, did unskilled work and was of limited intelligence and drive. He had a severe accident when C. was 12 and, at the same time, he had heard of the death of one of his sons. Thereafter he never returned to his previous level of fairly adequate social functioning.

The adoptive mother, aged 30, was more intelligent and active than the adoptive father. She frequently had illnesses which did not have an organic basis and which appeared to relate to tensions in the adoptive home. A small cheerful person, she too never regained her previous cheerfulness after the death of her son.

There were two boys born to the adoptive parents,
aged 12 and 11, when C. joined the family. Three years later another boy was born. The eldest boy became a teacher after war service and then a successful academic and sporting career at a Scottish University. The second boy entered the Boy Service of the Navy at 12 to be lost at sea during the Second World War. The third boy became an apprenticed tradesman.

The paternal grandmother also lived with the family for most of C's. childhood, although for two years she lived in her own home.

There was friction in the adoptive home and the tension was accentuated by the grandmother's critical attitude towards the adoptive mother, of whom she did not approve as a wife for her son. As a result the adoptive mother was able to express herself openly only after the grandmother's death, which occurred when C. was 15.

C., however, found that as the only girl in the family, she was given a great deal of attention by her parents, particularly by her mother, and also by her two older brothers who were father figures to her almost more than siblings. Her relationship with her younger brother was that of a brother and she reported no jealousies.

Although C. participated in the visits of her biological mother, she viewed her as an aunt who "lived in a big house", and in fantasy she saw herself as being her maid when she grew up. She had noticed that she looked like her. When she was 6 or 7, the paternal grandmother, who was usually kind to her, told her that Mrs. D. was not her real mother and that she had been adopted. C. was very upset about this and so the grandmother had added that "my mother picked me out from all the rest". C. responded to this as "a nice way to
be told". The grandmother told C. of her adoption in an effort to hurt the adoptive mother. C. however said nothing to her mother about this. Thereafter, C. constantly watched to see if her parents treated her any differently from her siblings, and she also read all the books she could find about adopted children.

Being known by her biological name added to her difficulties. At school the children asked why she had this name. C. replied that she did not know and she withdrew from much contact with her schoolmates in case they should ask such questions.

When C. was 12, her adoptive parents heard about their son's death and on the same day the adoptive father had an accident at work resulting in the loss of several fingers. The adoptive father, in claiming workmen's compensation, could not obtain an allowance for C. as a dependent since she was not legally adopted. C. became extremely anxious in this situation, and wondered what would happen next. She therefore broke her silence to ask her adoptive mother what was going to happen to her, saying that she knew she was adopted. The adoptive mother told her that the adoption would be legalised and that she "could stay with them always". C. was very relieved to hear this. It was explained that legalisation had not been arranged sooner, as the parents had lost touch with the biological mother, who had to give official consent.

At 12, C. changed her school and this coincided with her change of name. As a result she thereafter had much better relationships with others of her own age.

After C. was 15, her mother was less
reticent, and she talked of C's. adoption if C. introduced the subject. It was, however, from an aunt that C. learned that her biological father was a medical student, who was reported as having paid the biological mother a sum of money "to hush things up".

C. eldest adoptive brother also talked to C. when she was an adolescent giving her general advice and also advising her that if anyone passed any disparaging comments about being an adopted child, she was not to worry. He also advised her to tell anyone she might marry that she had been adopted.

The only time her younger brother mentioned her adoption was to her husband soon after the birth of her first child. He had asked if C. had ever felt her parents treated her any differently from her siblings.

Over the years C. had wondered about her biological parents and since she always had had a strong desire to train as a nurse, she reported that she had wondered if her father might be a doctor. After the birth of her first child, she felt curious and she asked her mother and godmother about "the people I came from". They evaded answering.

Her attitude to her biological mother was to despise her for "not keeping the baby" since she was in a position to afford to do so. Her attitude to her biological father was to want to see him once and to talk to him "to satisfy my curiosity", but without his knowing who she was.

C. attended Senior Secondary School until the age of 14, and then worked in a Post Office for 3 years. Her desire, however, had always been to train as a nurse but her mother dissuaded
her from this. At 17 she volunteered for one of the women's services as a nursing auxiliary. She became engaged shortly after joining the services.

C. maintained that had she not become engaged she would have trained as a nurse. It was doubtful however if she had the necessary intellectual ability for such a three year course.

C. married at 21 and three years later her husband finished his army service and C. was about to join him in his home town. She was leaving her adoptive home and home area with very mixed feelings. C. was not happy in her marriage and was apathetic and somewhat ineffectual.

From the evidence it seemed that this girl's biological parents were more intelligent than her adoptive parents, yet her level of social functioning was the equivalent of that of her adoptive father. A full assessment of her intellectual ability would have been needed to ascertain whether she could have achieved what she maintained was her life-long ambition, an ambition which she also maintained antedated by some years her realisation that her biological father was a doctor.
GROUP E - ADJUSTMENT OF FOSTER CHILDREN

This last group are the six children who, although they viewed themselves as adopted members of their respective families, yet had been in fact originally foster children where financial gain had emerged as one of the motives for taking them into the adoptive home. In 4 cases amongst the series of 52 adopted adults, the original arrangement had also been a fostering one. In these cases, however, the payment of money had been in no way an influence in the decision of these particular parents to take these children into their homes and in their planning to become permanent parents to them.

Regarding adjustment, two of these six foster children had made a reasonably good adjustment but the other four showed varying degrees of maladjustment. In age they ranged from 45 to 38. All had been illegitimately born and all six had married. In occupation none had had any apprenticeship or formal training, yet there was in at least two cases evidence of ability which could have taken them to the Scottish Higher Leaving Certificate level of education. Amongst the men there was a factory worker, a window cleaner, and a fitter, whilst of the women, two had married when they were very young, doing unskilled work prior to this, and one had been a hospital maid. When the health records of this group are considered, one had bronchial asthma, one had dermatitis of nervous origin, and one had had constant ill-health, which had been partially accounted for by hyperthyroidism, but which was now being viewed as due
largely to psychological causes.

The details obtained were as comprehensive as in the other 52 cases, but as no grouping of the histories would have value here, none are given in full detail, the evidence being presented in interpreted form, and with relevant selection of detail.

H. McG., No. 56, aged 45, had made a good adjustment, although he was somewhat lacking in drive in some areas. He could also be said to lack masculinity, and this could be related to his identification with a dominant foster mother.

Brought up in a Children's Home until the age of 4, he was then boarded out by a local authority together with another boy, unrelated to him and 2 years younger, with a married couple in one of the larger towns in the Scottish borders. The foster father, aged 46, was a dustman, interested in his garden, but otherwise a somewhat negative person in the house. The foster mother, aged 46, was a dominating person with a strong personality. She was kind though strict, feeling that by firm discipline she could bring up foster children to be good citizens. If they did not respond to her discipline, then this was because of something in their "nature". She was a devout Roman Catholic.

Although clothes were provided for the foster children by the local authority, these were ill-fitting, and the foster mother always bought extra clothes for them. In other ways also more than bare necessities were available in the home.
There were two children of the marriage, a boy aged 17 who had just volunteered for the Army during the First World War, and a sister, aged 15. She was viewed as of good intelligence and she left home in her teens ultimately to obtain a good post in a textile mill in England.

Except for a few months when H. first went to school, the foster children used the foster parents' name. They called them mother and father, and referred to each other and to the two children of the marriage as their brother or sister. They were brought up ostensibly as if they were the children of the foster home with relatives all accepting them as such.

H. was brought up almost entirely by his foster mother and she had given him and his brother outings, and had encouraged them to join the Boy Scouts. She took no interest, however, in their schooling and in H's. later great interest in sport. H. was happy always to be with his foster mother and he felt much closer to her emotionally than did his foster brother.

When the boys were in their teens the foster mother was very strict about their not staying out late at night, and forbade them to go to dances, punishing them physically if they did. H. accepted this and acquiesced, but his brother rebelled.

H. went to school until 14, being then anxious to leave as he was "not a good scholar". His foster mother tried to obtain an apprenticeship for him but failed, and he became a machine-operator in a textile mill. Work was scarce during the Depression years, and he supplemented his income by becoming a professional runner. Since 14 he had entered for races but he had no success until after
his foster father's death when he was 16. H. had been very small for his age, and his foster father used to say "You'll never win anything. You can't be good at running, - You're too small". After the death of his foster father H. began to do well and won many cups and money prizes. His mother was pleased about his success as such, although she never gave him praise for it. She also took no interest in this sport itself, and, although able to afford it, she did not help him with the necessary equipment. He always sent her his prize money and later she gave his cups to her own son. H. accepted this without showing any overt resentment or aggression saying he could understand how she wanted to do such things for her own son who had been disabled during the First World War.

Through H's. interest in sport he met a wide group in his community and he was accepted by them and was popular. He acted as coach to a local football team for many years.

His foster brother, who was more intelligent, was apprenticed to a trade but he did not adjust well. He became friendly with quite a different social group from H, a group which H. viewed as "rough". He married unhappily when very young, proved to be unreliable in his work, and ultimately left his wife and disappeared from the district.

During the Second World War, H. was a batman in the Army and enjoyed this occupation, which could be regarded as fitting in to the subservient pattern which he had developed in his foster home. After the War, he had ambitions to make a new life for himself in a city occupation. This failed, however, and with his wife, whom he had married at 27, he
returned to his home area. After doing unskilled work for a time, he became the owner of a small retail business and latterly he was a deputy foreman in charge of a women's section in a factory.

He and his wife had hoped to have a large family and they were very disappointed when after medical investigation his wife was advised that it was very unlikely that they would have children. On H's. discharge from the Army, they adopted a boy of 4 and a year later a boy one year old. His wife was a very competent person and they had a very comfortable home and an assured position in their local community.

H. of course had always known that he was adopted and that his brother was not his biological brother. He could recall the regular visits from the local authority visitor and he was aware that he was dressed differently from those children who were not fostered. There were in fact many foster children in the area at the time. His foster mother never mentioned that he was "adopted" or fostered and never implied that it was anything of which to feel ashamed. H. felt instead that she was proud of her foster sons. It was clear however, that she expected them to be "a credit to her" in the community.

H. never asked about his placement and he said that he did not want to know about this. When he was 20, however, and in the city of his birth, he went to see the street where he had been born. He enquired about his biological family from the local priest who had known his grandparents but not his parents. He had mixed feelings about these enquiries, since although curious enough to take
this step, he had also feared what he might find out. He subsequently denied that he wanted to know about his biological mother, saying that she might be "down and out", that his father might be "a drunkard", and after all he now had a good home and he was happy where he was.

These enquiries were made either unknown to his foster mother or soon after her death. Though H. had been curious to some extent about his biological family, he insisted that he was not curious about why he had been placed in a Children's Home. He alternated between saying that this did not matter and saying that he was sure it was "something big" which had made this necessary. It was clear in this assertion that again he had mixed feelings and was afraid that he might find out that he had been rejected by his biological parents.

Part of his attitude here too was now coloured by the fact that, at the time of the interviews, he himself was the adoptive father to two boys. In one case he felt he would be unable to tell the boy all the details he knew about his particular biological parents. It seemed possible therefore, that in now asserting that he himself was indifferent to whether or not he had information about his biological parents he was trying to reassure himself that his adopted son would also be disinterested in similar information.

Both sons knew that they were adopted but it had been implied to them that they were brothers and orphans. H. would obviously have difficulty in explaining to them that they were illegitimately born, and there was evidence that, although he
protested that he was not ashamed of his adoption, he had strong feelings about his illegitimacy. He had not told his sons that he himself was adopted and he did not mean to do so, unless in later years this proved necessary, if either were upset about their adoption. He could then say he had been in the same position himself.

This history shows a good adjustment within the community, and H. himself viewed his adoption as a happy one. It was evident, however, that his feeling of insecurity in childhood had caused him to tend to cling to his foster mother, and that he had been unable to rebel against her treatment of him. This too may have accounted for his lack of any strong positive or negative feelings about any situation and for his tendency to drift. The drive in his marriage came from his wife, although he had himself shown drive in the one aspect of his life where he had ability and subsequent success. Here too however, he seemed to have been influenced at first by parental pressures.

G. McG., No. 58, aged 45, was also boarded out from age 4 by the same local authority as H. McG. G. was brought up in the same community by a couple where the foster father was the brother of H's. foster father. As a result H. and G. looked on each other as cousins. G., unlike H., could remember vaguely something about his life in the Children's Home.

His foster parents were aged 51 and 48. The father was a road and quarry worker, and was of limited intelligence. He was bad-tempered, brutal and moody, and this became more marked
when his eyesight deteriorated. He tended to ruminate and from time to time had bouts of heavy drinking. The foster mother, aged 48, was also hard, insensitive and mercenary. She was apparently parsimonious, but as she did a great deal of home-baking her family were always adequately fed.

There were two girls in the family, both aged 10, when G. joined the household. He thought one was the foster parents' own child, since she was always given preferential treatment by them, but he later learned that she had been legally adopted. The other girl, whom also he viewed as a sister, was a foster child.

The material conditions in the foster home were adequate. There was always plenty of food and the house was quite well kept. The home, however, was a socially isolated one.

The religious background of the foster home was Roman Catholicism.

G. was acutely unhappy as a child. His foster-parents quarrelled frequently. They gave him no warmth nor affection, and they were totally indifferent to his interests or activities. His birthday was not remembered and he had no pocket money or social outings, whereas his adopted sister was given all these things. Moreover, in any dispute between G. and the latter, her word was always preferred to his, and she frequently "told tales" against him.

Little physical punishment was used, although when drunk the foster father became rather brutal. When G. was given a row, he was reminded that he was a foster child and that he could just go if he did not behave. G. felt that a child born to his
parents could have ignored such comments, but that for him this feeling of being unwanted had left a deep mark. His vivid memory of an incident when he was 8 added to his feelings of insecurity. The foster-father's own son, by a previous marriage, was convicted for theft, and the father totally rejected him, putting him out of the house. G. knew that this would happen to him too if he ever did anything viewed as wrong.

G. carried out a great deal of the housework, particularly after his foster-mother became crippled with arthritis when he was 12. He resented this but could make no protest.

G. pursued his own interests since he was only happy away from the home. He developed a very strong positive relationship with a nun who was his teacher at school. He transferred to her all the feelings that he would normally have had for a mother. He was very good at school work and encouragement from her gave him confidence in examinations. Although he had very strong emotional feelings for this nun, as exemplified by his frequently kissing her cloak as it hung behind a door, he felt that she had "let him down", since, because of her vows, she could not show warmth of feeling towards him.

During his teens, G. was so acutely unhappy that he wondered how he could go on. At 13 an incident occurred which made him feel he must leave home. The cat had strayed, and G., because it had followed him, was blamed and physically punished. G. accepted punishment when it was deserved, but this, a trifling thing in itself, symbolised for him the injustice of his foster parents' behaviour towards him. He walked out of the house and set off to march across the hills
to the nearest large city. On that occasion he had been quite determined to leave and he reported that he would have gone on if his older sister had not found him about four miles from his home town.

During these adolescent years he turned for guidance to the religious instruction he had learned from the nun who taught him. He had learnt nothing of religion from his foster parents. In his religion, he had been taught not to retaliate and so he followed this precept. He was determined "to go straight", although he felt that his foster parents' attitude could well have driven him in the opposite direction.

His school achievement had been such that his teachers wanted him to go on to Senior Secondary School. The local authority gave permission for this but his foster parents would not agree. He thus left school at 14, when he worked as a labourer. He became unemployed during the Depression years. Then he gradually built up a small window cleaning business.

Although he had friends during these years, he withdrew from any close friendship, as he did not wish it to be known that he had little or no money. He gave his entire weekly wage to his foster mother. He pursued interests which cost little and which he could enjoy on his own, for example, swimming, hill walking and reading. Though short in stature, he became very muscular and physically very strong.

G., like H., always knew he was a foster child but he was curious about how the arrangements had been made. He asked his foster mother, who told him that it was none of his business. After such a remark he found he could never ask again, but he remained on the outlook for information. He found
correspondence which gave him his biological name and the name of the local authority who had boarded him out. He wondered many times how his foster parents had ever been allowed to care for anyone. He said however that he would never have mentioned his problems to the local authority visitor since he wanted to be loyal to his foster parents. He also did not wish to admit to an outsider that as a boy he still wanted somebody to be a mother to him.

From the age of 12 he wondered about his biological parents. He felt that, with all the people there were in the world, he could not be alone. There must be someone coming to look for him. He felt that nothing could be worse than his present home and that his biological mother, if he met her, would taken an interest in him.

When he went to work his birth certificate was needed. He wrote for this to Register House, and learned that he was born in an English city, that his mother had been a laundry maid and that her home address was in a Scottish city. He also discovered that his birthday was in a different month from what had been assumed. He was shocked by this, interpreting it as showing a complete lack of feeling on the part of the local authority administrators.

He desperately wanted to trace his biological mother, fantasizing that she would be a mother to him and that he would be able to help her. Through his nun friend, he was put in touch with a convent in the appropriate area. The house at the address which was on his birth certificate had been demolished and although nuns at the convent knew others who had lived in the same block of flats, none knew his biological family. They suggested that his mother
must be dead and that he was best to take no further steps. G. accepted this reluctantly. He felt that perhaps he would be hurt again if he did find her, since she had only kept him for two months. He also felt however, that no one could really understand the "turmoil" he was in, nor how important it had been to him to trace her.

G. had tried to picture what his biological mother would be like as a person, what she looked like, and why she had left him. The uncertainty had always "nagged" at him. The lack of knowledge, he reported, made him feel very alone... "as if in a flood and searching for a straw to hang on to".

Although G. had been very unhappy in his adoptive home, he was very conscientious about caring for his foster parents and providing materially for them. He felt that he had a duty towards them and he had always felt that he ought to be grateful to them. He did not marry until his foster father's death when he was 29.

G's. marriage was a happy one and he and his wife had nine children. His wife died suddenly when G. was 42. Although the two youngest children, aged 10 months and 2 years, had then to be cared for in a Catholic Children's Home, G. was determined to look after the other seven himself and to have the youngest two home again as soon as possible. This he managed to do, and although he had to work extremely hard, he had remained cheerful and was determined to be a "good parent" to them all. None so far had shown any signs of maladjustment.

G. still wondered about his biological mother. He still thought that one day she "might turn up". He found it hurtful when his own children asked about his parents. He told them that he had been
adopted, and so did not know, but added that his biological mother was dead.

G's. attitude to adoption was to feel that any child of any intelligence was bound to wonder about his or her biological parents, and that adults in general should give children credit for having greater understanding and intelligence.

A.L., No.57, aged 41, married and with two children, was very different from G. McG. in personality. He too was of good intelligence and sensitive, but he was self- uncertain, diffident and self-conscious. He had never been able to achieve any of his work ambitions. Asthenic in build, he was very interested in classical music and had a keen aesthetic appreciation but he had to hide this because it was inappropriate in his particular social group in the city. At 33, he had developed bronchial asthma.

A. was placed as a foster child when a few hours old with a married woman of 50, who was separated from her husband. Of her seven children, three were still at home. The eldest, a girl aged 24, was married, and her husband was in the regular army at the time. She had known A's. biological mother. This girl was very fond of babies and acted as "mother" towards A. until she moved to her own home when A. was 5. Also at home there were a girl of 17 and a boy of 12.

The foster mother was employed irregularly as a domestic worker. There was never much money, and although A. was in no way aware of money payments for him he considered it likely that his foster mother would not have undertaken to care
for him if regular payments had not been made.

A. always used his foster parents' name until the age of 15, and he was brought up as if he were his adoptive mother's youngest child, with siblings and others in the family, treating him as such.

A. found his foster mother hard and unaffectionate towards him, taking no interest in his activities, although providing adequately for him materially. She was very "house-proud", viewing "cleanliness as next to godliness", and she used to complain about the work that his presence in the house caused her.

When A. was 5, the family moved from the city to a country town and from the age of 8, A. was in the home alone with his mother, his other siblings having left home.

A. had no real communication with his foster mother but he could confide in his eldest adoptive sister, whom he now saw only during school holidays.

The foster mother was restrictive towards A., who thus did not have the usual friendships and social activities of others of his age, although he attended Sunday School and Church activities. He was solitary in his interests and spent much of his leisure time cycling miles in order to see a beautiful view. In his late teens he came to resent his foster mother's restrictions, and at 21 he moved back to the city to stay with his adoptive sister. At 25 he married a young friend of this family.

A., who passed the examination qualifying him for Senior Secondary School, attended the equivalent of a Junior Secondary School. He left at 13 as his foster mother required his earnings. He was a message boy for 2 years. He wanted to become an
apprentice engineer but his mother could not afford this. He was given no choice about an alternative occupation, and work was found for him on the railways where the rest of the adoptive family worked, but where he never learned any particular skill. When A. moved back to the city, he was demoted. At 23, he went into road transport and gradually became a fitter. Because of a recent conversion of the type of transport used, however, his particular experience was no longer of value and again he was demoted. Without overtime earnings his wage was inadequate for the standard of life to which he and his wife were accustomed. He was currently seeking a complete change of employment into telephone exchange work. A. was not consciously aware that he was adopted until he was 15, when his birth certificate was required for work. His foster mother told him brusquely that she was not his real mother and that his biological mother had left him with her. The foster mother indicated that she had not really intended to tell him of his adoption. A's. outward response was to say she was the only mother he wanted.

Prior to this, however, A. had wondered about his status in the family. First, his foster mother was old. Secondly, A. was not like his adoptive family, either physically or temperamentally. He found their "rough" ways and "rough" language repellent, and they did not understand his love of beautiful things. Thirdly, at his birthday and at Christmas, expensive presents had come for him of a kind which he knew his foster mother could not afford. It had been explained to him that these came from friends of hers. Once he knew of his adoption he
also recalled visits from a welfare officer(1) until he was aged 7, but he had not thought of these as significant at the time.

When A. began work on the railways, the foreman erroneously insisted that as his birth certificate was in his biological name, he had to use this name. At first A. refused to answer to it but gradually he had to accept this. A. found it extremely embarrassing and confusing that his friends from work knew him by one name whilst his school friends knew him by another. As a result when he was with one group he tried to avoid people from the other. Sometimes he explained the change of name by saying that his biological name had been his middle name. He felt, however, that to others, his avoidance of them and his change of name must look as if he had done something wrong.

Finding out that he was adopted confirmed A's. "worst fears", but the change of name added greatly to his difficulties. He considered that it "moulded" his character and led him to have an "inferiority complex". Although he was told brusquely of adoption, he felt that his "loyalty" was to the person who had brought him up.

No details of his biological parents were given to him by his foster mother, and he felt unable to ask her about this, since this "would have seemed disloyal". Also, however, he doubted if she would have given him an adequate answer.

A. spoke to his adoptive sister once he knew of his adoption, and it was she who told him, probably gradually over the years, what he knew

(1) Visits under the Infant Life Protection Acts.
about his early history. He learned in this way that the biological father's family had been opposed to his marriage to the biological mother because of differences in social class. He never learned what his father's occupation was, but he knew that he came from a well-to-do middle-class family, whereas his biological mother, a clerkess in a large store, would be viewed as from a working-class background. He learned that the biological father's family had paid for his fostering but he never knew for how long this continued.

A. was pleased to know that his biological mother had kept in touch with him for several years before she moved out of the district and also that she had been "broken-hearted" at parting with him. A. commented here, that "This gave you respect for yourself ... to know in this way that you were wanted". He had also found it reassuring to know that his biological family background was "respectable" and "normal".

Although A. was not very curious about his biological parents, he stated that he would have wondered about them if he had been given no information. If his sister had refused to give him details, he would have felt that this was unfair to him. He would also have wondered what there was to hide and he would have fantasied that it was something dreadful. Sometimes A. thought he would like to meet his biological parents but he did "not want to cause any upset" for them.

A. did not want people to know that he was adopted since he was ashamed of his illegitimacy and assumed that people would discriminate against
him because of it. His birth certificate clearly indicated his illegitimate status.

After leaving his adoptive home, A. was very conscientious towards his foster mother and sent her money regularly continuing with this after his marriage. In this he did more than his adoptive siblings for her. He commented that to him she always remained his mother.

It appeared that A. was not entirely happily married, since his wife was critical of his lack of success at work, and of his interest in classical music. A. went to concerts but he told none of his fellow workmen of this since they would have been disparaging in their comments.

A. found himself unable to show affection towards his children and he was not very demonstrative with his wife. It seemed that he was not affectionless but extremely inhibited. This could have resulted from his experience in his foster home, where, although he was shown affection by his adoptive sister who was a mother figure to him until he was five, he experienced no warmth nor affection in his relationship with his adoptive mother.

D.W., No. 53, aged 40, married with three children, had been very unhappy in her foster home particularly because her foster parents treated her differently from the children born to them.

D's. biological father had hoped to marry the biological mother but, on finding her unreliable about money, he decided against marriage. Although D. was unsure how the original arrangement had been
made, she assumed that her adoptive parents knew her biological mother and had agreed to foster her from the age of 3 weeks, on the understanding that there would be regular payments for her, probably from both biological parents. In fact, as far as she knew, payments had not been made regularly.

The adoptive father was 35, a cabinet maker, who was quiet, and good-natured but easily dominated. The adoptive mother, also 35, had had an operation for a facial tumour when aged 25. Since then she had complained continually of buzzing noises in her head. Talkative, dominating and irritable, she was very energetic and very concerned to achieve material success.

There were four children of the marriage. The eldest sibling, a boy aged 11, always resented D's. presence in the house. He later trained as an engineer. The second sibling, a boy aged 10, also had apprenticeship ability. The third sibling was a girl aged 9, who later married an unstable man. Finally there was a boy of 7, very small in stature with a congenital shortening of one leg, who was not as intelligent as his siblings and who reacted to parental pressure by developing a stammer. As a child he identified with D.

The family finances were always adequate and when D. was 12 the family moved from an ordinary working class area to a suburban bungalow area.

The foster parents' marriage was not happy. D. considered that they were "good people" in the sense that they were never knowingly unkind and that they regularly attended church, (Episcopal Church in Scotland). They were however, very undemonstrative, both to herself and to her adoptive siblings. They never, for example,
exchanged birthday presents within the family.

Her foster parents were openly critical of D. They complained to strangers that she had nocturnal enuresis, that she was left-handed although she had been told to use her right hand, and that she stole food from the kitchen. She was always introduced as their "adopted" daughter.

D. felt that she never knew what was expected of her by her parents. She tried to gain their approval in many ways, for example, by doing housework but she was never praised. Being represented by her brothers, she also tried to win their favour by doing things for them. She tried to maintain a good relationship with her adoptive sister in the same way. Under these pressures she escaped from reality by reading a great deal. She also had many fantasies of all the wonderful things that she would achieve, of subsequently recounting these to her foster parents and of their then accepting her and praising her.

D. always knew that she was a foster child. She was known by her foster parents' name but also by her biological name. She was constantly reminded of her position in the family by her foster mother who told her that she was lucky, that she ought to realise this, and that her biological mother was "no good". D., however, felt that it must also be very obvious to outsiders that she was an adopted child, since her hair and eyes were dark in colouring, and she was thick-set and short in stature whereas her adoptive siblings were fair, blue eyed and tall.

Until the age of 12, D. called her foster parents "Mum" and "Dad", but after the family moved to a socially better area, her foster mother told her to refer to her as "Aunt". D. found this confusing, and out of defiance and because she could
not understand this change, she continued to call her "mother". Several years later, when D. was working as a hospital maid, her adoptive sister, to whom she was devoted, asked her not to refer to her as her sister. D. was very hurt by this.

The only information which D. had about her biological parents was what her foster mother had chosen to tell her, and so there were gaps in her knowledge. D. never asked about her biological parents, since she anticipated being told: "There you go asking for details about parents who just left you".

D. learned that her biological mother had come to see her when she was 5, and that later she married, had a family and was still alive in England. D. also knew that her biological father, still unmarried, and living in England, was a naturalised German, but she knew nothing of his occupation. From her birth certificate, D. learned that her biological mother had been a hospital domestic worker. From her adoptive mother she heard that when her biological mother had seen her at birth, she had commented on what an ugly baby she was. D. considered that it was cruel of her foster mother to have passed on such a comment to her.

When D. was old enough to be able to write, her foster parents insisted that she write letters to both her biological parents. D. never received a reply from her biological mother, although she may have written to D's. foster parents. Her biological father had replied. He also came to see her on three occasions, first, when she was 7 and secondly, when she was 15 and a premium was needed if she were to be able to train as a
hairdresser, which was her ambition. D. had no private conversation with her father and she viewed him as a stranger. When she was 17, he asked her to go and stay with him. She agreed and then fear of the unknown kept her at home. Later that year he came for the third time to see her, since he had had no acknowledgment from her of money which he had been sending but which she had never received. He discovered then for the first time that her birth had not been registered in his name but in that of the biological mother.

The foster mother, critical of the biological mother as a person, and as an unmarried mother, frequently told D. that she would be just like her mother. As a result, D. felt ill at ease with others of her own sex and particularly gauche with those of the opposite sex.

Her foster parents made D. feel that "to be left by one's parents and to be illegitimately born" was something of which she should be ashamed.

D., tired after having to rise every morning at 4 a.m. to deliver milk and do housework, had not done well at school, and she knew that this displeased her foster parents. When she left school, her foster mother arranged that she work in a dressing-making department, but D., reacting to her strict upbringing, was dismissed for misbehaviour. D. then had a series of unskilled jobs. At 17, she decided she would train as a nurse and, whilst awaiting to start this at 18, she became a resident hospital maid. She reported that on her 18th birthday she developed dermatitis and that this prevented her from applying for training. Of interest here is
that it seemed possible that D. did not have the necessary education for the full training of a nurse. Another factor in this situation was her exaggerated fear that, since she was illegitimately born and since this became known to employers when they saw her birth certificate, the only kind of work she would be able to obtain was domestic work.

When D. was about 20 she was persuaded by a girl friend to go to London to work as a hospital maid. D. was happy for the first time when she was thus completely away from home, since for the first time she was accepted for herself. D. was always very fond of music but she had been too insecure at home to sing in front of others. While in London she took singing lessons and she reported that she was advised that she could have been an operatic singer. D. always spent her holidays at home although she knew she was not welcome. Again she tried to gain acceptance and approval by doing a great deal of housework.

At 24, D. married someone who also had had an unhappy childhood. With the outbreak of the Second World War, her husband persuaded her to return to her home area while he was in the armed forces. D. was happy in her marriage. After a period of financial strain she and her husband now had a comfortable home and a good income. Her husband was a whaler and she had come to accept his long absences. There were three children of the marriage, aged 12, 9 and 7.

When D. returned to her home area she found that, as her foster mother had grown older she
came to depend more on D., but anything given by her to D's. children caused jealousy with the other siblings. The tensions were such that D. found it easier to stop seeing her foster mother and she had had no contact with her for a year at the time of interview. At first D. was very upset at the break but then she began to see her foster family as they really were and to realise that they had simply found her useful.

Until about one year before the interviews, D. had had very negative feelings for her biological mother, blaming her for all her unhappiness in her adoptive home and being very resentful that she had not cared for her herself. Having had children of her own D. found it particularly difficult to accept that anyone could leave a baby. After giving up work, however, when finances were easier in her own home, she had time to think things through and she became more tolerant of her biological mother seeing that as an unmarried mother she was in a very difficult position.

Although D. did not view her biological parents as parents, she had always wanted to go and see her biological mother. She had however, mixed feelings about this, since she wondered what she might learn and since she also felt that it might be unfair to her biological mother. D. was very lacking in self-confidence and she felt that she herself was a "bad parent", being too strict and telling her children too often that they ought to realise how lucky they were in their home compared with her own early home life. Of her three children, the two
younger ones were reacting to her own insecurity and to the lack of a permanent father figure in the home. The second child had diurnal enuresis and the youngest one, the only boy, suffered from bronchial asthma and nocturnal enuresis. He clung to D. and was babyish in his ways.

D's. health record showed something of her reaction to the tensions in her foster home. Between 10 and 12 she had vague rheumatic pains which she did not mention to her parents. During this time too she developed a psychogenic torticollis following an incident when her adoptive brother tried to hit her and she jerked herself out of the way. She suffered from nocturnal enuresis until 15. At 18 she developed dermatitis which had recurred throughout her adult life. Afraid of the dark and with a generalised feeling of fear, she also had a slight stammer. When nervous she felt a tightening of her throat muscles similar to that experienced when, as a child, she had been unable to sing at her parents' request.

The dermatitis was viewed by the family doctor as largely psychogenic in origin, and the other complaints, apart from the rheumatic pains, would generally all be accepted as psychogenic. Since D. had made a complete break from her adoptive family, the family doctor noted a marked improvement in her health.

This history showed an adoptive home which produced maladjustment in the biological children as well as in the fostered one, since children in it were not accepted for themselves but for what they achieved. The theme throughout this
history was D's longing to feel she belonged in her adoptive home and much of her behaviour as a child and as an adult appeared to have as its motivation a desire to gain acceptance by her adoptive family. On the adoptive family's side there was a total rejection of her as a child and later they were ashamed of her occupational status.

Giving this particular history appeared to be therapeutic for the adopted adult. She reported that it was the first time she had ever had an opportunity to verbalise all her feelings and attitudes about her adoptive home. As a result of this she felt that she was seeing her situation in perspective and her foster home as it really was.

K.H., No.54, aged 45, was married and had a family of 8 children who ranged in age from 21 years to one year. Her husband was a certified patient in a mental hospital. K. was an immature person, who appeared to be relating to her children more as a sibling than a mother. Several of her children showed signs of maladjustment, one having tension headaches, whilst others were nearly out of control. K. was also an ineffectual housewife, with no ability to organise or to make decisions.

K. had been cared for in a series of foster homes before being placed at age 2 in the foster home which proved to be permanent. Here she was cared for by a widow of 60 whose husband had been a farm grieve and who had 8 children. In age these ranged from 33 to 19 and the one aged 19 was still at home when K. joined the family.

K. thought her foster mother was fond of her in her own way, but by any standards she
neglected her, leaving her at home in the evenings while she went out to drink. K's. upbringing was very restricted and she had no young friends or the usual social activities of children. The foster home was poor in material standards and it was in slum property. It was, however, the jealousies and interference of her adoptive siblings which made her particularly unhappy. They never accepted her as one of the family and they were particularly unkind and rejecting towards her after they had children of their own. Since they had not approved of their mother becoming a foster parent K. was not given any presents at her birthday, whereas all the other children in the family were. These children too were very cruel and rejecting in their attitude to K.

K. was known by her adoptive family's name and also by a middle name but never by her true biological surname. The biological mother had paid for K's. fostering until she was aged 9 when the mother married. She had also visited K. from time to time, but although she took K. out shopping it did not occur to K. at a conscious level that she was related to her. K. always referred to her by her first name, and she was aware that her foster mother was afraid of her. Whenever she was coming on a visit her foster mother stopped K. from doing any housework and dressed her in new clothes instead of the second-hand ones which she usually wore.

K. used to call her foster mother "mother" until outsiders commented that she was too old to be her mother. K. asked about this and was told she was her grandmother. Then K. was asked by outsiders if her mother were dead.
K. found these comments confusing, as too the use of two names. On one occasion she caught a glimpse of her birth certificate, but she was told by her foster mother that she had no right to look at it.

When K. was 9 and the money for her fostering ceased to be paid, there was a family discussion as to whether or not she should go into a Children's Home. She was very inadequately clothed at this time. At 14 there was a further family discussion about whether she should stay on at school as had been recommended by her teachers. Her adoptive siblings however were opposed to this. Overhearing this discussion she heard the word illegitimate used for the first time. She looked it up in a dictionary and was very shocked to learn its meaning.

K. left school at 14 and became a shop assistant. At 15 she had to show her birth certificate at work. She was asked by her employer if she were German. This left her unable to comment, since she had not looked at her birth certificate and had not realised that her biological mother's name was an unusual one of Swiss origin.

Between 15 and 18 K. had no social life and little pocket money. She had one girl friend but no interest in the opposite sex. Her adoptive sister had said "You need not think anyone will take you".

When she was 15 and 16 her biological grandparents had visited her. They gave her £5 which the foster mother spent on drink. When she was 16 or 17 there was a further visit from her biological grandmother and an uncle. They promised to come again but they never did. Their
economic and social circumstances contrasted markedly with the poverty of the adoptive home. When K. was 18, she was found to have tuberculous mesenteric adenitis, and she was advised not to return to her foster mother's inadequate house. She went to convalesce with one of her adoptive sisters who lived in the country. Whilst there and during a particular conversation she contradicted this sister's daughter. This led to a very bitter and angry outburst against her by her adoptive sister. She called her "a guttersnipe" and told her that she should go and find her own people. "We've kept you long enough".

K. went home at once and asked her foster mother for details about her early history. She was told that her biological father was a University student and that her biological parents had been too young to marry. Her biological father had joined the army and had been killed.

After this outburst, K. felt afraid of all the adoptive family with the exception of her youngest sibling. Whilst convalescing in hospital she had met a man, 9 years older than herself who had just been discharged from the regular army. He was kind to her and at 19 she married him "to have somewhere to go".

K. was happy in her marriage at first but her husband always dominated her, choosing even her clothes, and he was very possessive. K. knew nothing about the physiology of reproduction on her marriage, and she was terrified when she was pregnant for the first time.

During the war years, while her husband was
in the forces, she matured a little and began to learn to be independent. On his discharge, however, her husband showed marked paranoid tendencies. He did no work, and was very disturbed becoming at times violent towards K. and the children. K. had to sell furniture to have money for food. The husband was ultimately certified and admitted to a Mental Hospital, coming home very occasionally for week-ends.

A few weeks prior to the interviews, K., then aged 45, had had a sterilisation operation. She had considerable difficulties financially and her house was poorly furnished.

After her marriage, K. had continued to visit her foster mother, but she chose to go when she knew that none of her siblings would be there. She kept in touch with her youngest sibling for a time until she saw that this too led to jealousies.

K. was very ashamed of her illegitimacy and she felt that she would have been happier if she had been brought up in a Children's Home since there everyone would have been treated alike. She found herself particularly resentful when she realised that, had she lived in her biological family, she would have had a great deal more materially and in the way of opportunities than her foster home offered her.

She felt isolated from her biological family and also from her adoptive family since her siblings had always looked down on her. K. still had the address of a biological uncle and she said wistfully that sometimes she thought that if she ever had enough money, she might go and see him. It was unlikely, however, that, shy and diffident as she was, she ever would.
G.D., No.55, aged 38, was married with two daughters aged 19 and 11. She also showed signs of maladjustment which could be related to unhappy early experiences but also to uncertainty about her antecedents. She was the illegitimate child of one of the daughters in a wealthy middle-class family and foster care from a few days old had been arranged by her biological grandfather in a working class area of the city where he owned some property.

G's. first foster parents were a kind elderly couple in their late fifties, who had no children. The mother died however, when G. was 7. G. always used her foster parents' name, but she knew from the age of five that she was adopted since her foster mother, when taking her to school, had said to the school-teacher, "Poor wee thing, she's adopted".

In her first home G. was spoilt and she continued to have a very close relationship with her foster father. He was a carter who, after the foster mother's death, drank more heavily than before. When G. was 14, he was admitted to Hospital because of senility. He was always kind and generous in his attitude to G.

On the death of her foster mother, G. was sent to a relative of the foster father, who also had had no children. This relative, however, drank heavily and was disinterested in G., who insisted on being sent home. G's. third home was with her foster father's brother and his wife, whom G. referred to as her uncle and aunt. Her foster father paid £2 per week for her and also bought clothes for her.

This was considerably more than the usual fostering fee which, even at the present time,
is often only 35/- a week. It can be assumed that this money came from the biological grandfather, but G. wanted to believe that it came from her foster father.

G. had a good relationship with her uncle who was kind and gentle but who was dominated by his wife. The latter was irritable and erratic and treated G. differently from her own children. G's. three adoptive siblings in her third home were all girls, aged 22, 20 and 18. The eldest and youngest of these three made G. feel inferior, and she was always tense and anxious in their presence. She was never accepted into this family.

Although G. knew who her biological family were, and she was taken occasionally to see her biological grandfather at his place of work, she was never given any accurate information about her biological mother and she only heard snatches of conversation about her. For example, when she was 7, she had a skin condition and it was said that this was the poison coming out in her which her mother had taken to try to get rid of her. Her aunt, when scolding her, constantly said "a bad hen, a bad egg". The old woman who lived next door, when intoxicated used to say to G., "If you but knew ....". When visiting a particular area in the city, G. was told that she was very like her family; that she was a fool, since her uncle had died and left a very large sum of money; that her biological mother was very young but also that she was old enough to know what she was doing; that she had worked in a Bank but also that she had worked in the Post Office. G. found these comments confusing and instead of asking for an explanation of them she avoided going to that area of the town.
Her aunt also commented frequently that one day someone would come for G. and she would go and live in a big house and forget all about them. Though often "feeling in a whirl", G. never asked her aunt for the true story.

G. was very unhappy in her third home and constantly threatened to go and find her biological mother. Soon after G. left school at 14 and started to work as a shop assistant, a lawyer came to see her adoptive family. G. overheard a discussion about sending her to a Commercial College and about the lawyer wanting to see her without her knowing he was looking at her. G. reacted violently against this underhand method. She kept out of the lawyer's way and refused to go to College. She realised later that she had missed a good opportunity and that as a shorthand-typist in the 1930's her whole life might have been quite different. Her reaction, however, had been against the way "they" were all planning what "they" would do to her, without her, the person involved, being allowed to participate in the discussion and decisions.

After two years as a shop assistant, G. worked in a factory. At 16 she became engaged to a man 10 years older than herself who had known her since she was 6 and who had always wanted to marry her. In her unhappiness she could always turn to him and she developed a very dependent relationship with him. Her aunt, at first agreeable to her marriage, then opposed it, saying that she needed G's. wage. G., however, left home without her permission and was married at 17. Her husband, for a time a merchant seaman, was in irregular work during the depression years. He then obtained
secure employment in a large firm in a semi-skilled capacity.

Throughout her life G. had worried about the lack of accurate information about herself and also about her illegitimacy. Particularly in the years before her marriage she had depressive thoughts, wondering why she had been born and feeling suicidal. When she was pregnant for the first time, she recalled all the remarks she had heard about poison, etc. She became anxious about her health, insisted on a blood test and was reassured to a certain extent when nothing abnormal was diagnosed. After her marriage she tried to find out the truth about her biological family and her placement and her adoptive siblings promised she would be told all the details after her aunt's death. G. therefore waited patiently, only to be told when her aunt died years later, that the papers about her had been burned by mistake. Her eldest sister knew the contents of these papers but G., with her poor relation-ship with her, never asked her about this.

This inability to obtain details made G. feel helpless, frustrated and irritated. This led to feelings of depression. She ruminated about her antecedents, particularly when she was alone in the house or when she was ill.

When G's. elder daughter was in her teens, an outsider told her that G. had been adopted. The daughter was resentful that she had not been told, and said angrily to G., "We don't really know who you are, why don't you go and find out?" Since this outburst the relationship between G. and her daughter had been strained, with the daughter distrustful of G. and feeling that things were hidden from her.
G., then aged 32, took a positive step for the first time to try to meet her biological mother. She called on her biological aunt, who assured her that there was nothing which she could not know, but her biological mother was now married, and had children, and as G. was married and apparently not needing money, she discouraged further contact. G. was hurt by this attitude, although she feigned indifference. One of her stated motives in going to see her biological aunt had been a desire to help her biological mother if she required this.

G's. husband then contacted a biological uncle and explained G's. great desire simply to meet her biological mother. The uncle saw no objection to this, but then the mother's lawyer advised against it.

Just prior to the interviews "a lady in furs" had been seen in their street which was in a working class tenement area, and she was reported as having enquired about G. and her husband. G's. husband was sure that this person was G's. biological mother, but G. again feigned indifference.

G's. attitude was that, as her biological mother was still alive, it would give her "great satisfaction" to speak to her once. "I would hate to die and have never spoken to her". Every birthday she thought of her biological mother and was sure she too would think of her.

G., who was self-uncertain, very self-conscious and unable to mix easily with others, showed her insecurity in her lack of confidence in her relationships with her daughters, the elder of whom had become illegitimately pregnant at 17 but had subsequently married.
G. also had a history of ill-health. She had rheumatic fever as a child, hyperthyroidism at 29 after which she again felt suicidal, and bronchitis when 36 and 37. From 36 she had had a gynaecological complaint which could not be given a definite diagnosis. G. worried constantly about her health and related this to her antecedents.

This history showed a very unhappy fostering arrangement and again a placement into a home socially very different from the circumstances of the biological family. From the child's point of view she identified to a certain extent with her adoptive home, but the constant reference to her biological home and the realisation that if she had been brought up there, her life would have been very different, led her also to identify to a certain extent with this other family. She herself was most unhappy about this mixed identification.
CHAPTER VI

ANALYSIS OF HISTORIES AND OF ADOPTION SITUATION

These detailed histories show that a wide range of adjustment is possible for the adult who was adopted as a child and they suggest that for an adoption to be a happy solution from the point of view of the child a large number of factors are involved. They also show that there can be many subtle attitudes involved in this adoption situation which are of a kind different from those found in the situation of parents bringing up children born to them. Looked at from the point of view of the adoptive parents, many of these adoptions classified in groups other than the well-adjusted group, would also be viewed as successful since the child was dutiful towards its parents and kept from them feelings of doubt or resentment about adoption. Also from the point of view of "community value" in the sense used by Theis, in which an assessment was made on the basis of self-support, law observance and response to educational opportunity, by far the greatest majority would again have been viewed as successful, since there was only one who was not self-supporting (No. 7) and one other who because of particular social circumstances never had been self-supporting (No. 25), and there were only three (Nos. 37, 48, 51), who had deviated in such a way that they had or might have come into conflict with the law. On the question of response to educational opportunity the picture is much more complex, since the histories show that there can be many interacting factors here. This in some cases meant that opportunities were not
offered by parents to their adopted children (for example No. 6), whilst in others there were problems in relationships or in the adoption situation affecting a child's ability to use its intellectual ability to the full (for example Nos. 12 and 20). In some cases there was a definite lack of response on the part of the adopted child to opportunities offered, but again the picture here was complex and different factors were involved as influencing the situation in each case. In the case of M.B. No. 8 for example, there was evidence that M. did not accept his adoptive father's offer of further training, because of a desire to be financially independent. This related to his feeling of detachment from the family, and in the case of one of the fostered children, G.D. No. 55, her non-acceptance of educational opportunity was because of the manner in which this was offered to her.

If community value, however, is also taken to include positive health, or lack of ill-health, then a different picture would emerge. Thus in the total 58, only 17 emerged as having had no health problems of any kind at any time, and a further 5 had had minor organic conditions, such as mastoiditis leading to mastoidectomy, congenital squint, and slight hypospadias. A further two had major organic conditions, diabetes and epilepsy, and two others had had tuberculosis. Nine of the 58 had suffered from rheumatic fever at some time. Another apparently frequent medical condition was thyrotoxicosis, which appeared as a diagnosis in 4 cases of women in their thirties. In one case this was definitely viewed as psychogenic, in another it was thought that there might have been psychological factors involved, whilst in
the other two cases, an entirely organic basis was given to the illness.

This disease is "more common in females than in males", and "is commonest in the second and third decades." Mental stress, anxiety, shock and sexual neurosis are often precursors of the disease, but a constitutional vulnerability of the thyroid to such stimuli is probable". Of these 4 cases, 2 were classified as poorly adjusted, one was in Group C and one was among the group of foster children.

Amongst the group of medical conditions generally accepted as psychosomatic there was a wide range of diagnoses and frequently overlaps with one person suffering from several different conditions of a psychosomatic nature. With the exception of one case of short-term dermatitis, all these occurred in those cases classified in the intermediate and poorly adjusted groups and in the foster child group. Thus there were 4 who had suffered or still suffered from asthma. One had had urticaria of nervous origin, and another continued to have recurrent dermatitis, where no allergic factor had been found. Three were viewed as hypochondriacal and frequently required attention from their family doctor. One here also threatened to commit suicide and one in fact had attempted it. There were two instances of hysterical illnesses, - an hysterical aphonia and an hysterical paralysis. There were two who were currently needing help with tension or migrainous headaches, two complained of phobic anxieties, and one was suffering from severe loss of weight and disturbed sleep.

(1) Price's Textbook of the Practice of Medicine, edited by Donald Hunter, (1956) P. 492.
In childhood, three had suffered from nocturnal enuresis, one had been a stammerer and two had had breakdowns of a neurotic kind, when they had been unable to attend school for periods of about 6 months. There was also one case of recurrent puerperal psychosis. Two others had had fractures which had left residual disabilities. In one of these cases the disability resulted from lack of early treatment and this situation arose out of tensions in the adoptive home.

These conditions, however, occurred over many years and so they could not readily be related in any quantitative way to the figures about stress illness in the population as a whole.

**ANALYSIS OF HISTORIES**

Before an analysis of the adoption situation as such, various factors will be taken which are stressed in adoption work and in many of the studies already quoted. These will be examined in turn with reference to the classification of the adopted adults' adjustment. Thereafter the patterns which emerged in the different groups will be discussed.

In this section the groupings will be those already described in Chapter V, and in order to facilitate references the same initial letter for each group will be used. Thus viewing adjustment as a continuum with variations from, at one extreme, a good adjustment to a poor adjustment at the other, and with a group who had had serious problems next to the poor adjustment
group, and a further group called fairly well adjusted near the well adjustment group, then the initials used to show these gradations respectively are Group A (good adjustment), Group D (fairly good adjustment), Group C (intermediate adjustment), and Group B (poor or abnormal adjustment).

Also where examples are given of histories which illustrate particular points, the number of the history is given and the reader may then refer back to the details given of this individual history in Chapter V, by consulting Appendix V where the page reference for each history is given.

Although comparisons will be made and percentages of these falling into particular groups given, it should be stressed that these can only be used as indications of possible trends. This is so for two reasons. First, the classification used is of necessity a qualitative concept and, as was clear from Chapter V, the groups were in no way water-tight compartments, there being in fact a good deal of variation even within each group. Also these histories described dynamic situations at one particular time in the person's life. There were several instances to show that had they been interviewed at a different time, although the problems in the situation would have been the same, the person's adjustment would have been different and so the history would have been classified into a different group.

Secondly, since it is not known what are all the possible variations in the adoption situation, it cannot be claimed that this study of 58 adopted adults includes them all. This study in fact aimed at being purely exploratory.
With these reservations in mind, however, valid comparisons can be made in relation to particular factors, especially between the two extremes of adjustment, the group of 15 who were, and always had been, well-adjusted in all areas, and the group of 10 who had major problems and who were permanently affected in major areas of their total life situation.

**Age of Adoptive Mother at Placement**

Adoption societies and others concerned with adoption placements usually have a policy about the age limits within which adopters must fall before they will place a child with them. The law(1) stipulates a minimum age but no upper age limit. Thus if a couple, unrelated to a child, are legally adopting it, one of them must be at least 25 and the other over 21. For a biological mother or father to adopt their own child, there is no minimum age stipulated, but if the adopter is related in any other way, he or she must be at least 21 years old. Adoption society policy varies but many will not consider applicants much over 40 and few would consider those aged 45 or over.(2)

**Age of Adoptive Mother at Placement related to Adjustment Classification**

<table>
<thead>
<tr>
<th>Age of adoptive mother at placement</th>
<th>Group A</th>
<th>Group D</th>
<th>Group C</th>
<th>Group B</th>
<th>Group E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>26.7%</td>
<td>16.7%</td>
<td>14.3%</td>
<td>20.0%</td>
<td>0.0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>46.7%</td>
<td>50.0%</td>
<td>57.1%</td>
<td>10.0%</td>
<td>16.7%</td>
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<tr>
<td>40 - 49</td>
<td>13.3%</td>
<td>33.3%</td>
<td>19.1%</td>
<td>60.0%</td>
<td>33.3%</td>
</tr>
<tr>
<td>50 and over</td>
<td>13.3%</td>
<td>0</td>
<td>9.5%</td>
<td>10.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

(1) Adoption Act, 1958, Part I, Section 2.
(2) Kornitzer; Margaret; Adoption, (1959), P. 24.
When the age of the adoptive mother at the time of placement was examined in relation to the classified adjustment of the adopted adult it was found that in Groups A, D and C a progressively bigger percentage fell into the age group 30 to 39, while in the case of B, the poor adjustment group, the largest percentage fell into the age group 40 to 49. Also in the case of Group A, the well-adjusted group, there was a larger proportion of adoptive mothers aged under 30 than in any of the other groups. On the other hand there was a larger percentage also under 30 amongst the poorly adjusted group, than amongst the other two groups. Adoption societies as a whole would not place a child with adopters over 50 and yet here 13.3% of the well-adjusted had adoptive parents over 50. This, taken in conjunction with the histories, suggests that age of the adoptive mother as such does not account for the wide range of adjustment seen amongst this particular group of histories, although if the two extremes of adjustment are taken it is found that in Group A 73.4% of the adoptive mothers were under 40 and 26.6% over 40, whereas in Group B the percentages are almost exactly reversed, with 30% under 40 and 70% over 40. Also from the histories it emerged that the children whose parents were very much older than the average parent did frequently meet comments in the community which emphasised to them their adopted status.

In the case of the fostered children, half were with foster mothers over 50.
Adoption by one Adoptive Parent (a Mother)

Although most adoptions occur where a married couple adopt a child, there is no legal bar to one person adopting a child and no definite universal policy in adoption societies about this. The adoption of children by single women, widows or divorced women, is in fact relatively common. In this series of 52, there were three brought up by only one adoptive parent, two of whom were widows and one was single. As far as adjustment classification is concerned, two fell into the intermediate group and one into the poorly adjusted group. An examination of the histories shows the difficulties for the child brought up by the widows without any father figure in the house (Nos. 1 and 10). Both had difficulties later in their relationships with others, while in the case of the single woman, the child's childhood was very abnormal and restricted (No. 30).

Of the 6 foster children two were brought up by widows, and, as a result, they both had very restricted childhoods and they both later had difficulties in their relationships with others of the opposite sex (Nos. 54 and 57), whereas the 4 foster children, reared in homes with a foster mother and father, though they had other problems, were all able to achieve happy marriages and reasonably good relationships with others. In this series then adoption by one parent was never associated with good adjustment. This is not really surprising when related to theories of child development all of which stress the need for two parent figures for the child to identify with at different stages of development.

(1) For exceptions to this, see Page 18 of thesis.
so that, when they come later to make relationships in the adult world, they have this experience to equip them for making dis-criminating relationships with people of both sexes.

Death of Adoptive Parent and Known Health of Adoptive Parents related to Adjustment Classification

In adoptions now it is frequently stressed that no child should be placed with adopters who, because of an illness or infirmity, will not be able to provide fully for a child until they reach the age of self-support.\(^{(1)}\) An analysis was made of the known health records of all the adopting parents in this group and also of the date at which any adoptive parent died, and this was related to the adjustment classification. The age of self-support was taken in all cases as 18, the age after which this study viewed people as adults. No details, therefore, are used of illnesses or deaths which occurred after the child was 18, although as was shown in the individual histories, parental ill-health after this age was a vital factor in several adoptive homes. Illnesses have been taken to include hypochondriasis on the part of adoptive parents.

In Group A, two adoptive fathers died, one when a child was aged 3, but a year later she acquired a substitute father (No. 11) and one when the child was aged 10 (No. 34). In Group D there were no parental deaths. In Group C one lost her adoptive mother when she was aged one, and three lost their fathers when aged 7,

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\(^{(1)}\) Under an Act of Sederunt (Adoption of Children) 1959, a medical certificate on the health of adopters must now be presented to the court before an adoption is legalised. See also page 33 of thesis.
16 and 17. In two cases both parents died before the child reached the age of 18, in one case when the child was 14 and 17 and in the other case both parents died when the child was aged 15. In this group it was clear from the histories that the death of a mother when the child was one had added to her problems (No. 36) as too in the case where the father died when the child was 17 (No. 16) and similarly in the case where both parents died when the child was aged 14 and 17 (No. 51). In the case where both parents died when the child was 15, this was in fact the beginning of problems where previously there had been none, (No. 32). In the other cases the death of a father at 7 and 16 was in both cases that of a very critical father and in the second case this death was the beginning of a better adjustment for the boy (No. 52).

In Group B there were no parental deaths and in Group E, one foster child lost a kind foster mother at age 7 (No. 55), but one gained freedom from a critical foster father at age 16 (No. 56).

It would seem then that where there are other positive factors for good adjustment in the home, a child can still make a good adjustment in spite of parental deaths but that in some cases the removal of beloved and understanding adoptive parents could leave a child in a vulnerable position, or could increase its chances of maladjustment.
Known Health of Parents during childhood of adopted person to age of 18, - related to adjustment classification

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group D</th>
<th>Group C</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Parents - No Health Problems or Disabilities</td>
<td>33.3%</td>
<td>23.8%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Father - Health Problem or Disability</td>
<td>20%</td>
<td>4.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother - Health Problem or Disability</td>
<td>33.3%</td>
<td>50%</td>
<td>38.1%</td>
<td>40%</td>
</tr>
<tr>
<td>Both Parents - Health Problem or Disability</td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>Where one parent died, health of remaining parent or health of parents before death.</td>
<td>No Problem</td>
<td>13.3%</td>
<td>23.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health Problem</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When the health record of the adoptive parents was examined it was found that the percentage of parents who both had had no health problems was higher in Group B than in Group A and that there was quite a large proportion in each group where the mother had had some health problem. Paternal ill-health was in fact highest in Group A and non-existent in Group B. From this it would seem that ill-health of parents as such need not lead to bad adjustment and in the same way excellent health need not lead to good adjustment. In examination of the histories shows, however, that although in Group A, there were serious medical problems or disabilities such as tuberculosis of the spine with
psoas ulcer, leg amputation, congenital malformation, and severe deafness, there was only one instance of known ill-health which was viewed as probably psychogenic. In Group B of the four cases of maternal ill-health, two were hypochondriacal, one suffered from unspecified chronic ill-health, and the other from severely crippling arthritis, whilst in Group C of the eight cases of known maternal ill-health, five were either hypochondriacal, neurotic, or had been so disturbed as to require admission to a mental hospital.

Financial Circumstances related to Adjustment Classification

Since all adoption societies enquire into the financial position of adopters and examine the material standards of their homes, and since many others placing children for adoption stress that adopters can frequently offer a good home materially, the financial circumstances of the adopting parents in these 52 histories have been analysed in relation to the adjustment classification. Actual figures of income were obviously not obtainable and also would not have been comparable as between different decades. Instead an analysis was made of financial security and adequacy as appropriate to the occupational status of the adoptive father.
Financial Circumstances during Childhood of Adopted Person to the age of 18, - related to Adjustment Classification

<table>
<thead>
<tr>
<th>Financial Circumstances</th>
<th>Group A</th>
<th>Group D</th>
<th>Group C</th>
<th>Group B</th>
<th>Total No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>11 or</td>
<td>1 or</td>
<td>16 or</td>
<td>8 or</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>73.3%</td>
<td>16.7%</td>
<td>76.2%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Some financial strain difficulties throughout</td>
<td>3 or</td>
<td>2 or</td>
<td>2 or</td>
<td>2 or</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>33.3%</td>
<td>9.5%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Poverty and Poor Material standards</td>
<td>0</td>
<td>1 or</td>
<td>1 or</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.7%</td>
<td>4.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial difficulties after age of 12 having</td>
<td>1 or</td>
<td>2 or</td>
<td>2 or</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>been adequate prior to 12</td>
<td>6.7%</td>
<td>33.3%</td>
<td>9.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In groups A, B and C it was found that a very high proportion in all groups fell into the "adequate" category, while in group D there was a higher proportion with some financial difficulty at some time. In the group of those reared in poverty, although the proportion is high in Group D this represents only one history as does the 4.8% in Group C. Taking the total 52, it was found that 36 or 69.2% were reared in homes where finances were adequate throughout their childhood, 14 in homes where there was some financial strain at some time during their childhood and 2 in homes which were very poor materially. Financial circumstances as such then did not vary with the wide range of adjustment found,
although financial strain particularly when it occurred after the child was the age of 12, influenced several in their choice of further education and career. The motives, however, here were always mixed and finances could be used as a rationalisation for wanting to be independent of adoptive parents. In the case of the two reared in very poor material circumstances, again some interpretation is needed. In the case of the one in Group C (No. 47) the poverty of the home was due initially to lack of income caused by the severe ill-health of the adoptive father, whereas the similar material standards of the Group D case (No. 31) arose in a home where the adoptive father was in regular employment with an adequate wage but the adoptive mother was an incompetent housewife and there were frequent quarrels between the parents over finance, with the father from time to time refusing to give the mother a regular sum for housekeeping. In the first case the poverty added considerably to the problems for the child, and in the second case, the child adjusted fairly well in spite of the poverty.

Occupational Classification related to Adjustment Classification

In adoption work there is now much stress laid on the importance of "matching"(1) the child and the adoptive parents in the sense that the occupational status of the biological parents is related to the occupational status of the adopters. In this series, it was possible to relate the occupational status of the adopted person to that of the adoptive parents, but frequently

information about the biological parents was completely lacking, inadequate or in part even only surmise. Details of what was known in each history, together with the occupational status of adopters and adopted person are presented in the Appendix VI.

Where an occupation was given as a student, this cannot be given an occupational status under the Census 1951 Classification of Occupations, where they would be classified as "not gainfully occupied". For the purposes of this study, however, it was important to present this information in a way similar to that available for tradesmen and those established in their occupations. Where therefore a biological parent was described as a student, this has been classified according to the group they would fall into once their training was complete. This of course presupposes that they completed their course of training successfully.

Also of relevance is the fact that all non-commissioned members of the armed forces are classified in the Census as in class III D, irrespective of the work they were doing in the forces.

The occupational status of the adoptive father or mother at the time of placement, or, if the adopter were a widow, of her late husband, and that of the adopted person was related to the adjustment classification. In five cases where the occupational status of the adopted adult had varied, the one used in this analysis was the one most appropriate to their level of social functioning as evidenced from their history.
## TABLE I

Occupational Classification related to Adjustment Classification

<table>
<thead>
<tr>
<th>Occupational Classes</th>
<th>Group A</th>
<th></th>
<th>Group D</th>
<th></th>
<th>Group C</th>
<th></th>
<th>Group B</th>
<th></th>
<th>Group E</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adoptive</td>
<td>Adopted</td>
<td>Adoptive</td>
<td>Adopted</td>
<td>Adoptive</td>
<td>Adopted</td>
<td>Adoptive</td>
<td>Adopted</td>
<td>Foster</td>
<td>Adopted</td>
</tr>
<tr>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>7</td>
<td>13</td>
<td>2</td>
<td>5</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>IV</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td></td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>V</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

## TABLE II

<table>
<thead>
<tr>
<th>Occupational Classes</th>
<th>Groups A &amp; D</th>
<th>Groups C &amp; B</th>
</tr>
</thead>
<tbody>
<tr>
<td>I &amp; II</td>
<td>2 or 9.5%</td>
<td>9 or 29%</td>
</tr>
<tr>
<td>III &amp; IV</td>
<td>19 or 90.5%</td>
<td>20 or 64.5%</td>
</tr>
<tr>
<td>V</td>
<td></td>
<td>2 or 6.5%</td>
</tr>
</tbody>
</table>
When the occupational status of the adoptive father was related to the adjustment classification, it was found that in Groups A and D there were no representatives of Class I or of Class V and the largest proportion fell into Classes III and IV. If the latter Classes are amalgamated, for these 2 Groups it was found that in fact 90.5% fell into these classes. The comparable figure for Groups C and B is 64.5%, with 29% in classes I and II, and 6.5% in class V. This could be seen as an indication that the adoptive parents in class I and II and class V were less likely to make good adoptive parents than those in class III and IV. The figures, however, are not large enough for any such prediction and also it seems more relevant to examine the histories and to see what other factors were involved. Thus amongst the maladjusted group in class I and II there were three where the child was reared in a home with only one adoptive parent, an adoptive mother. This situation was most likely to arise in the occupational class I and II, where finances would make it possible for a woman to undertake to care for a child single-handed, and it has already been seen that the lack of a second parent figure influenced adjustment. Also amongst the maladjusted group in class I and II there was one where the problems arose only after the death of understanding adoptive parents. This still, however, leaves 5 in the maladjusted group in class I and II with an equivalent percentage of 16% as opposed to 9.5% in the groups A and D.

When the occupational status of the adopted person and the adoptive father was related to the adjustment classification it
was found that in Group A and D, there appeared to be a shift towards slightly higher occupational status for the adopted person than the occupational status of the adoptive parents. Thus there were 18 in class III amongst the adopted adults and only 9 in this class amongst the parents, with none in class IV amongst the adopted persons, and 10 in this class amongst the parents.

In Groups C and B, the main shift appears to have been towards adopted adults achieving less than their adoptive parents if one looks at class I and II, and this is particularly striking in two histories where with adoptive parents in class I, the child's occupational status was in class III and IV. In other cases, the class was only one lower. On the other hand the one adult in these Groups represented in class I, had adoptive parents in occupational class III.

This lower level of achievement, however, would be what one would expect amongst a maladjusted group since the emotional problems could prevent the full use of abilities. In this particular study, however there is also the further factor of the biological parents from whom the child may or may not have inherited its potential abilities. Also the criterion on which the occupational classification was based must be borne in mind. This classification was carried out in such a way as to secure in so far as was practically possible that each "category is homogeneous in relation to the basic criterion of the general standing within the community of the occupations concerned. This criterion is naturally correlated with (and the application
of criterion conditioned by) other factors such as education and economic environment ...."(1) The classification then is not necessarily equated with the degree of intelligence needed to perform any particular occupation since questions of social prestige and the value the community places on occupation influence the classification. Also it must be remembered that the term occupational class refers to what has been achieved and this does not necessarily correspond with inherent ability or intelligence.

The information available then in this study cannot be used for any valid conclusions about the question of the respective achievement of the three parties to any adoption placement, the biological parents, the child and the adopting parents.

The only comment which it appears valid to make is that in Group A and D, there was only one instance of an adopted child achieving less than its adoptive father and she did so by two classes, but her level of achievement was similar to that of her biological mother. Similarly there were two instances where the adopted person's achievement was different by two classes from what was known about the biological parents, but in both these cases the adopted person's class corresponded with that of their adoptive father. In Groups C and B, two achieved more than their adoptive parents by two classes and one less by 2 classes, and another less by 3 classes. When this was related to the known details about their biological parents, in both cases of higher achievement, it was found that this was also two classes higher than the biological parents, while in the two cases of markedly

(1) Census 1951, Classification of Occupations, H.M.S. Stationery Office, (1956), P. VII.
less achievement, this was equally less than the biological classification in one case, whereas nothing was accurately known about the biological parents in the other. In the foster-children group, of the four where details were known about the biological parents, the adopted person achieved less than their biological parents by 2 or 3 classes, but with one exception all six achieved a classification at least one above that of their adoptive parents.

The only other point to make here is that difference in social class was given in 6 cases for the non-marriage of the biological parents and this is represented in so far as occupational classification is concerned by a difference in 2 cases of one class, in 3 of 2 classes and in one of 3 classes.

Religion in the Adoptive Home related to Adjustment Classification

One of the aspects stressed in Adoption Law is the right of the biological parents to choose the religion in which their child shall be reared, and most adoption societies in this country insist on church membership for all applicants. (1)

When the religious affiliation or otherwise of the adoptive parents was related to the adjustment classification, it was found that in Group A in 8 adoptive homes the parents were members of the Church of Scotland, and fairly closely connected with church activities. In a further 4 homes the parents were nominally Church of Scotland members but they seldom attended church. In one adoptive home, the parents were Baptist, in one other Church of England, and in a third Roman Catholic.

(1) See article "Is Religion Important?" Child Adoption, No. 28, Autumn/Winter, 1958-1959, and also page 45 of Thesis.
In Group D only one family was closely associated with the Church of Scotland, although in other 5 the parents were nominally members.

In Group C there were 9 adoptive homes where parents were both members of the Church of Scotland and closely associated with its activities, while there was one adoptive home which was nominally Church of Scotland. There was one home with a close affiliation to the Congregational Church and one affiliated to the Baptist Church. In four others the adoptive parents were members of the Church of England, but in two cases there was little or no church attendance. Four were Roman Catholic but in two cases there was no active church influence. In only one case, however, in this group was there no church connection.

In Group B, there were 5 adoptive homes where parents were active members of the Church of Scotland and there was one with a strong affiliation to the Congregational Church. In three homes the parents were devout Roman Catholics and there was only one home where the parents had no church connection.

If denomination is ignored an analysis could be made of how many adoptive parents in each group were actively attached to a church and how many were nominally members, which, with only two exceptions, meant occasional church attendance and that the children were sent to Sunday School and also in many cases to youth activities attached to the church.
From this it will be seen that the highest proportion in all groups except D fell into the active church membership group and of the total 52, only 2 homes were without any church connection, and a further two, though nominally Roman Catholic, had no church connection through their homes. Thus, although these particular 4 were in Groups C and B, it was also clear that religious influence in the home was as likely to be associated with good adjustment as with bad. In fact, in Group B, the poorly adjusted group, 90% were brought up in homes with active church membership.

Referral to the histories themselves revealed the fact that church membership as such need not be associated with warmth, sympathy and an understanding outlook towards children. On the contrary, there were several instances of children resenting the very religious atmosphere in their adoptive home, especially when strong religious convictions were held by possessive and dominating adoptive parents. Resentment and revolt against the religious convictions of the adoptive parents could of course be a projection of a more fundamental revolt simply against the parents. There
was, however, also the problem of the Puritanical and Calvinistic outlook associated with some religious beliefs, perhaps particularly prevalent in Scotland, which made adoptive parents critical of illegitimately pregnant mothers, (and in two cases this meant they adopted legitimate children, Nos. 30 and 46) and fearful about any inherent tendency in the child to "weakness of will" (No. 50), to promiscuity (Nos. 25 and 37) or to the consumption of alcohol, especially when it was known that this had occurred in the biological family (No. 46).

There were two instances where religion entered into the adoption situation itself. In one case the adoptive mother saw no reason for giving her adopted daughter, who was curious, information about her biological parents since it was "God's will" that she and her husband had adopted her (No. 46) and in another case the parents felt they need not tell a child of his adoption since his birth certificate had been endorsed by the priest (No. 41).

**Age at Placement related to Adjustment Classification**

One of the topics which causes almost more discussion than any other in the field of adoption, is the age at which a child should be placed in its adoptive home. The different theories about this can relate to what is thought to be best for the biological mother, for the child, or for the adopters. Different answers emerge dependent to a large extent on how far the person discussing this identifies himself with the biological parents, the adopting parents or the child. In so far as the law is
concerned, under the Adoption Act 1950 and the Adoption Act 1958, the biological parents cannot officially, in the legal sense, give consent to the adoption of their child until it is at least 6 weeks old. This however need not of course prevent the child from being placed with adopting parents before that age, except that for these placed now through registered adoption societies, possibly only 20% - 25%, a medical examination of the baby is required, which because of a particular medical test(1) is frequently not done before the child is 6 weeks old. Many children, are of course, not placed for adoption until well past early infancy for a wide range of reasons usually associated with the social circumstances of the biological parents.

The age at placement was related to the adjustment classifications. The age divisions used are those of Gesell and Amatruda who hold that in relation to a child's development "in terms of behaviour patterns, maturity stages and growth trends" there are in the first three years of life "eight strategic points or key ages, namely 4, 16, 28 and 40 weeks; 12, 18, 24 and 36 months". (2)

At 4 weeks a child's responses have a "generalised character" and his "countenance is impassive". He becomes more discriminating in his response to his environment by the age of 8 weeks and by 16 weeks he has developed a "spontaneous social smile"(3) in response to a face and he can recognise certain situations in his environment, but he is 24 weeks old before he normally discriminates.

(1) See Children and Young Persons, The Adoption Agencies (Scotland) Regulations, 1959, Fifth Schedule. Medical Report as to Health of Infant. - Details in Appendix VII.


(3) Ibid, P. 39.
strangers. At 28 weeks "He knows what is going on around the house ... shows familiarity and anticipation in the routines of the household. He recognises strangers and tolerates them if they do not disappoint his expectancies". (1)

Changes then before 4 weeks will be appreciated by the child at a very physical level. He will become progressively more aware of any changes between 4 and 24 weeks but again rather in terms of how he is handled, fed and stimulated rather than by whom. Thereafter if one thinks of a child's emotional development in terms of building up a relationship with parent figures, the "who" in the situation becomes progressively more important and the child after recognising strangers at 28 weeks is likely to be more and more adversely affected by any change of mother figure. This is in line with Bowlby's (2) thesis and those of Goldfarb, (3) Spitz (4) and others, that separation from a mother, or frequent changes of mother figure, in early childhood, can lead to personality problems in later life. For this analysis an extra age division beyond those used by Gesell and Amatruda, was introduced, - from birth to 10 days. This was to cover the group who experienced no change in environment at all, before going to their adoptive homes.

(1) Ibid, P. 50.
(2) Bowlby, John, Forty-Four Juvenile Thieves; Their Character and Home Life (1946).
Bowlby, John, Maternal Care and Mental Health, 1952.
Age of Child at Placement related to Adjustment Classifications

<table>
<thead>
<tr>
<th>Age at Placement</th>
<th>Group A</th>
<th>Group D</th>
<th>Group C</th>
<th>Group B</th>
<th>Group E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 10 days</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10 days to under 4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 weeks to under 16 weeks</td>
<td>7</td>
<td>3</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>16 weeks to under 28 weeks</td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>28 weeks to under 40 weeks</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>40 weeks to under 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>12 months to under 18 months</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18 months to under 24 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>24 months to under 36 months</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>3 years and over</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
If one assumes that there begins for a child to be a danger of being disturbed by a change of care after Gesell's key age of 16 weeks, when the child is already beginning to show signs of being sociable, and if one amalgamated the figures for placements under this age, the following picture emerges. In Group A 11 out of 15 or 73% were placed under 16 weeks. The equivalent percentage in Group D was 50%, in Group C 67% and in Group B 50%. Taking the two extremes of adjustment, this gave a higher proportion placed under 16 weeks amongst the well adjusted than amongst those poorly adjusted. On the other hand it remains significant that 3 children placed as early as 4 weeks were later severely maladjusted and that of the 5 not placed until they were at least a year old, 2 later made a good adjustment and the two here classified as in Group C were in the sub-group whose adjustment was viewed as improving.

There were, however, no well adjusted adults amongst the 7 in this total series of 58 who were placed when aged 2 and over. Although one falls into Group D (No. 26), the history showed that this late placement made for insecurity for her as a child. In the case of the two in Group B, who were aged 4 at placement, these were the two in the sub-group who had never been able to lead full, normal lives and who both clung to their adoptive homes for security. The more intelligent of the two (No. 50) commented that to have had another home which she could remember even vaguely and where she had been happy had added to her problems and to her feeling that she never had "belonged" in her adoptive home.
From this series then it would seem that although age at placement as such did not correspondingly vary with the wide variety of adjustment found, yet amongst those well adjusted there was a larger proportion placed before 16 weeks than amongst those poorly adjusted and after the age of 2, there was some evidence, particularly from the histories, of insecurity being caused by late placement.

**Experience Prior to Placement and Separation from Adoptive Home and Changes of Mother Figure**

As the histories were compiled, information was gathered on experience prior to placement, on separations from the adoptive home and on changes of mother figure. It was found, however, that, although fairly accurate information was obtainable about separations from the adoptive home after placement, there was frequently no information or only vague surmise about previous experience, changes of foster homes and the like. This was so in 15 cases out of the 52 and in 3 cases out of the 6 foster children. As the details about later separations were also not necessarily always known, any analysis here was not possible. Any information of this kind where it was significant was incorporated into the individual histories and their interpretation. The rest of the information is presented in tabular form in the Appendix VIII.

**Family Pattern in Adoptive Home related to Adjustment Classification**

There is much discussion and divergence of opinion as to what constitutes the family pattern in the adoptive home most likely to
lead to successful adoption placement. Thus some adoption societies favour the adoption of more than one child, others will not place adopted children into homes where there are already children born to the parents or where there may be children born to them later. Others have no such specific rulings and in many instances the decision about family pattern is influenced by the laws of supply and demand. If there are more adopters than babies available for adoption, then the decision is to satisfy the wishes for parenthood of as many childless couples as possible.

The family pattern was analysed in relation to the adjustment classification. The term "biological child" is used to refer to children born to the adoptive parents.

Family Pattern in Adoptive Home related to Adjustment Classification

<table>
<thead>
<tr>
<th>Where the adopted child was:--</th>
<th>Group A</th>
<th>Group D</th>
<th>Group C</th>
<th>Group B</th>
<th>Total of 52</th>
<th>Group E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Only child</td>
<td>6 or 60%</td>
<td>5 or 83.3%</td>
<td>13 or 61.9%</td>
<td>6 or 60%</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2. One of 2 or more adopted children</td>
<td>2 or 13.3%</td>
<td>1 or 4.8%</td>
<td>1 or 10%</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Older than any biological children</td>
<td>1 or 6.7%</td>
<td>1 or 4.8%</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Younger than any biological children</td>
<td>4 or 26.7%</td>
<td>5 or 23.7%</td>
<td>3 or 30%</td>
<td>12</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5. In between biological children who were older and younger</td>
<td>2 or 13.3%</td>
<td>1 or 16.7%</td>
<td>1 or 4.8%</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When family pattern and adjustment classification were compared, it was seen that the largest proportion in all groups were reared as only children, under 50% in Group A and over 50% in all other groups, with a particularly high percentage in Group D. If Groups A and D and Groups C and B are taken together, then the proportion of only children well or fairly well adjusted is 52.5% (11 out of 21) and the proportion with problems is 61.3% (19 out of 31). Such quantitative comparisons then yield no information for prediction, and one has to look to other factors in the situation to be able to assess that in any particular home an adopted child brought up as an only child was likely to adjust well or badly. One of the particular problems for the unhappy adopted only child was the feeling of isolation, and the feeling that they were different from all others. They frequently expressed a desire for an adopted brother or sister. What is of value in these groupings, however, is to note that a good adjustment was possible in all five family patterns mentioned, as also was a poor adjustment and an intermediate adjustment.

A frequent pattern now met in adoption society work, that of the family of adopted children, is represented by 4 histories, two in Group A (Nos. 11 and 29) and two in Groups C and B (Nos. 8 and 50). Another pattern often reported is that where a couple adopt a child and then later have a child of their own. This pattern is represented by two histories, again divided equally between those who had no problems (No. 38) and those with problems (No. 52). Another history (No. 47) could also be included in this pattern although classified as amongst those in
the middle of a biological family. This was the history of the girl who was adopted by a couple who were advised they would have no more children and then almost at once conceived another child. Her adjustment was classified as falling into Group C.

An examination of the histories where these last two mentioned patterns occurred showed that in the well-adjusted group, these adopted children were accepted for themselves by their adoptive parents, whereas in the poor adjustment group, the children had to conform to particular specifications in the adoptive parents' mind and this resulted in emotional rejection of them in the two cases (Nos. 52 and 47) when a biological child was later born who could be felt to be more truly the child of the adopting parents.

The pattern of the adopted child being younger than the biological children is represented by 12 in this series and here 4 or 33.3% had no problems, whereas 8 or 66.7% had problems. An examination of the histories showed that the adopted children reared in this family pattern and who were unhappy in their adoptive home interpreted behaviour towards them in terms of parental preference for older children born to the adoptive parents. Any sign of any difference in treatment was at once seized upon and magnified. Even amongst those who were well adjusted, there had been moments, when the child interpreted the parents' behaviour in terms of discrimination against him or her because he or she was adopted, for example, when the child had been scolded by its parents, or it had quarrelled with its adoptive sibling, born to the parents, and the parents had rightly taken the sibling's part.

Also from the histories of the 8 who were poorly adjusted or had problems, there was evidence of actual preferential treatment
towards biological children in 3 cases (Nos. 12, 47, 51) whereas in two cases (Nos. 4, 17) the fact that the adopted child was given more materially than the biological children had been given as children, made for jealousy on the part of the biological children, which in its turn could be seen as largely responsible in at least one case (No. 4) for the adopted person's poor adjustment.

The situation of a "mixed" family in the sense of a family composed of biological or adopted children and foster children was seen to be associated also with poor adjustment in the group of fostered children. This was particularly marked in five cases and the histories show how much insecurity and resentment was engendered in the fostered child by the preferential treatment by parents of biological children.

The situation then of a mixed family in the sense of a family of biological and adopted children can be fraught with dangers, and these include what the parents do and say, what they omit to do and say, and how the adopted person and others in the family interpret this. On the other hand, in adoptive homes where the children are all individually given emotional security and acceptance then the adopted child identifies completely with the adoptive family, its adoptive parents and its adoptive siblings, and the siblings in turn look on him or her as a brother or a sister. In the group of those well-adjusted there were in fact 7 out of the 15 in this position of being reared in a mixed family. Given the right circumstances then this family pattern can be associated with good adjustment whereas given other circumstances it can lead to severe maladjustment.
Relatedness and Personal Knowledge of Biological Parents related to Adjustment Classification

It was mentioned in Chapter IV under "Method of Referral" that in eight cases it emerged that the adoptive parents were related in some way to the biological parents. When these eight histories were analysed in relation to the adjustment classifications it was found that 3 were in Group A, 1 in Group D, 2 in Group C and 2 in Group B. There were eight further cases where the adopting couple knew the biological mother or father before there was any question of their adopting their child. These, when related to the adjustment classifications, showed that 3 were in Group A, 4 in Group C and 1 in Group B. This together with an examination of the histories showed that relatedness and personal knowledge of biological parents could be related both to good adjustment and to poor, and that what emerged as important was first, the adoptive parents' attitude and feelings towards the biological parents, and secondly whether they transferred these same feelings to the child. Thus in Group A it was known that one adoptive mother was very fond of the child's biological father, who was one of her siblings, and that she also had very strong positive feelings for the illegitimately born baby (No. 23). Equally, however, in Group A there were adoptive parents critical of the biological mother but not transferring any of this criticism onto the child. In the one case (No. 26) in Group D, the adoptive parents were critical of the biological parents and they occasionally used the information they had about them to be somewhat critical of the child. In Group C, of the 6 histories involved,
there were three where the adoptive parents were approving in their attitude to the biological parents and two where they were openly critical. One of these latter cases was the history (No. 51) where there was constant reference to the biological mother's behaviour and to the fear that the child would behave in the same way. One of these six Group C cases is also the history (No. 39) where the adoptive mother was very approving of the biological mother and very critical of the child when she did not conform exactly to the picture the adoptive mother had of her biological mother.

Of the three in Group B there was one case where the adoptive parents were accepting in their attitudes to the biological parents, but critical of the illegitimate child; in one case they were critical of the biological parents although this never implied criticism of the child; and in one case no clear picture emerged of their real attitudes.

This then would suggest that relatedness and personal knowledge of biological parents can aid or hinder adjustment in so far as it aids or hinders the adoptive parents having a warm and accepting attitude towards their adopted child, and that though the actual content of what is known about the biological parents' behaviour can influence this situation, so too can the adoptive parents' attitude towards this information and their assumption or otherwise that the child is likely to, or will necessarily, follow the same pattern of behaviour as its biological parent.

**Attitude in the Home Area to Adoption**

An attempt was made to assess the attitudes to adoption in
the different geographical areas and at the period in time when the adopted adult was a child. It was found, however, that such community attitudes were too nebulous to be defined accurately. Where appropriate they have been inserted in the individual histories.

On the whole, however, it was found that country areas and small towns were generally accepting of adoption as too were working class areas of the city. Fishing communities, however, tended to have prejudices. In lower middle class and middle class areas some evidence emerged that to be an adopted child was very unusual 20 to 50 years ago.

What emerged more definitely in such an attempt to obtain a picture of community attitudes was that, in every community, no matter how generally accepting it was of adoption, there were individual members in it who had prejudices and doubts about adoption and about adopted children, and that they frequently communicated these feelings either to the child or to the adoptive parents. These comments varied from remarks to the adopted child that they would have to repay all that their parents had done for them, and that no one knew what their antecedents had been, to remarks to the adoptive parents about their courage or foolhardiness in bringing up someone else's child.

Patterns which emerged

So far all the factors discussed related to particular facts or circumstances about the adopters or child and very little has been said about attitudes and feelings. An analysis of the
histories, however, showed that it was the emotional attitudes and relationships within the adoptive home and the attitudes in the adoption situation itself which accounted to a large extent for the wide range in adjustment found.

Histories in Group A

When the 15 histories in the well-adjusted group were examined it was found that in all cases there was a very good marital relationship between the adoptive parents. Each was satisfied with the other as a partner and there was mutual understanding. The children in this group had all been given affection, emotional security and consistent discipline from their parents, but they had all also been accepted for themselves, encouraged to follow their own interests, to do as well as they could at school without pressure, to have careers of their own choosing, friends of their own age, and later to join in adolescent activities and to have friendships with those of the opposite sex. Many of the parents had had difficulty in giving any guidance about sex and the different sexual roles of men and women, but this could be viewed as normal for parents at the present time as much as for those of two or more decades ago. This relaxed attitude to their children applied whether the children were legitimately or illegitimately born and the particular relevance of commenting on this attitude will become apparent when the attitudes are described in the poorly adjusted histories.

There were only three instances of tension in the home between the child and its parents. In two cases (Nos. 9 and 44)
girls had had poor relationships with their adoptive father but
very good relationships with their mothers, and the girls accepted
without anxiety that it was fairly usual for a daughter not to get
along so well with her father. In the third case (No. 14) there
was evidence of a slightly triangular situation with the adoptive
mother perhaps somewhat over-anxious to encourage the daughter to
have boy-friends and so leave home and not compete with her for
the adoptive father's attention. This was in fact the one
adoptive mother in this group to have an illness of a psychogenic
deficit.

Where there were other children in the family the adopted
child was treated exactly as if it had been born to the adopting
couple. When the wider family of relations was considered it
was found that, in eleven cases, all uncles, aunts and so on
had accepted the child completely into the family. In one case,
(No. 34), contact with relatives had to be dropped because it
would have made for difficulties for the child since it would
have brought her into touch with her biological mother. In one
case (No. 44) there was an uncle and in another case (No. 14) an
aunt who was opposed to the idea of adoption. In the latter case
the adoptive parents, because of distance, did not see the aunt,
and in the other case the parents after quarrelling with the
uncle over his opposition to adoption, had no further contact
with him. In a third case (No. 11) again a break in contact
following a quarrel prevented what might have been a difficult
situation for the child — an aunt who also had adopted a child
and who tended to compare the two adopted children in their
hearing. The only other relative problem in this group (No. 28) came from a sister-in-law who, on hearing that one of the family was adopted, became very critical of her. This hurt the adopted person but her adoptive father supported her in this situation.

When the adoption situation itself was examined, it was found that four reported that they had always known they were adopted. In fact in three of these cases there had been incidents when the child was about nine when other children had said they were adopted. Their adoptive mothers had told them at that time that this was so and had described their adopted status in a re-assuring way, for example, that the child had been chosen by them, or that the child's biological mother had asked them to look after them.

In three further cases, outside incidents with other children led the children to discuss adoption with their parents. The age range was 9, 11 and 12, but only in one case (No. 21) did the parents agree that the child was adopted and give re-assuring details about their love for the child. In another case (No. 29) the girl asked her adoptive mother persistently about adoption (there was a marked physical difference) and eventually the mother agreed that she was. In the third case (No. 28) the mother was somewhat non-committal but gave a definite confirmation of adoption when the girl was 14. In seven cases the children were given the information spontaneously by their adoptive mother, without some outside comment precipitating this, two when aged 4 or 5 and just about to go to school, one when aged 13, two when aged 14 and about to go to work, one when aged 17 and one
when aged 29, when about to be married. Of the two told at 4 or 5, both met comments from school children when they were 7 or 8 and 9, and these they shared with their adoptive parents and were told again in a re-assuring way about their adoption. The one told at 13 had known since age 12 that she was probably adopted but she had not asked her parents saying to herself that if there were anything in it her parents would tell her.

Of the two told spontaneously by their mothers at 14, one (No. 22) had overheard a conversation when she was 7 or 8 which had made her wonder if she were adopted, but she did not ask her mother, feeling again that any information of that kind would come from her mother. In the other case, (No. 11) the girl had had no idea she was adopted until she was told. This information gave her a shock and since her adoptive mother did not give her much detail of her biological parents, she worried in case her mother had been unmarried and this, to her at age 14, would have caused her concern and have made her feel adoption was something of which to be ashamed. From what she had been told, however, she gradually realised her parents must have been married and she quickly recovered from her initial feeling of shock, although it took her several months to become used to the idea of adoption.

In the case of the girl told at 17, (No. 14), there had been two incidents for her when aged 12 when girls at school had said she was adopted. She wondered and worried, but again did not ask her adoptive mother who it transpired had worried for years about how to tell her. Of interest here is the fact that this girl was the only one in this group to have a generally acknowledged
psychosomatic condition - dermatitis from which she suffered for 6 months at the age of 12.

In the seventh case (No. 38) the adopted person did not know that she was adopted until the day before her marriage at 29. This was a shock at the time but she denied that it had worried her for any length of time, saying that she was a person, irrespective of her antecedents, and that as it had all happened so long ago there was no point in enquiring further. She also commented that temperamentally she accepted things without questioning them. Again the picture emerged that, had she wondered at the time, she could not have asked her adoptive mother. The information would have had to come from her. Obtaining however an accurate picture in this particular case was complicated it will be remembered, by the fact that this adult was now an adoptive parent herself.

In this group of 15 then there were only 3 cases where there was no report of adoption having been mentioned to the child by people outside the family. In one of these three cases the adopted adult (No. 5) said she had always known (she had used her biological name at school), and in the other two cases secrecy was maintained until 14 and 29. Exactly how this was possible cannot, of course, be accurately assessed, but it may not have been without significance that in one case (No. 11) the family moved to a completely new area when the adopted child was 10, and at the same time lost contact with the relative, already mentioned, who made comparisons between her adopted child and the one in this series, whilst in the other case (No. 38) the
family moved to a new area when the adopted child was a few weeks old.

Except in the two cases where the first and only intimation of their adoption came from their adoptive mothers, all other 13 were emphatic that a child should be told of adoption by its parents. It was then in a position to deal with any comments from outsiders. In the three cases where the child's first intimation that it was adopted had come from outsiders but where the child had not shared this with its adoptive mother, two felt very strongly that they should have been told by their parents when much younger and not left to wonder for so long – 5 years in one case and 6 in the other. This was the comment too of the girl who only obtained confirmation of her adoption by persistent questioning of her adoptive mother. Until it was confirmed the uncertainty had worried her.

In this group of 15, there was only one case where it was known that the adoptive parents were critical of the biological mother, but this never became criticism of the child. In nine cases it was clear that the adoptive parents either liked what they knew about the biological mother or were sympathetic to her particular position as an unmarried mother. There were three cases where there was no evidence for such positive feelings towards the particular unmarried mothers but there was lack of criticism of unmarried mothers in general. In two cases it was not known what parental attitudes were here.
Histories in Group B

When the ten histories in the group with a poor or abnormal adjustment were examined a very different picture emerged.

There were five instances of unhappy marriages with tensions between the adoptive parents and in some cases bitter quarrels. There was one child brought up by an embittered ego-orientated widow who had quarrelled with all her relatives and who had no friends. There were three brought up by couples, happy in their marriage but where the adoptive mother was strict and punitive towards the child. They were also all over 40 years of age. In a tenth case (No. 4) the adoptive parents' marriage was a happy one and the child was pampered and spoiled as the youngest in a large family. The problems here arose out of jealousies with other siblings in the family.

In the relationships between the parents and children only one (No. 4) was given emotional security and encouragement to have interests and friends of her own. In one case (No. 45) the parents were totally indifferent to what the child did. In all other cases, the parents were possessive, restrictive or dominating, or a mixture of all three. In four cases there was considerable educational pressure put on the child and the motive in this was in order that the child would be a credit to the adoptive parents. This was also the tenor in three further homes.

When the motive in adopting was analysed it was found that two had adopted to have someone to look after them in their old age, whilst in a third case this was again probably the motive. One adopted out of pity. In two cases it emerged that the mother
had been the prime mover in wanting to adopt, with the father agreeing simply to please her. In one of these two cases (No. 25) the child had been viewed as company for the mother while the father was away a great deal on business, and in the other (No. 7) the child was used by the mother as a protection against sexual relationships with the adoptive father. In both cases this led to later rejection of the child by the father and to divided discipline in the home.

The wider family here too was not always accepting. In five cases they were accepting, but in one of these cases (No. 46) the child never felt she belonged in the wider family. In one case (No. 10) most of the family was accepting but the maternal grandmother had been very opposed to the adoption. In one case (No. 45) uncles were unaccepting and in another two (Nos. 7 and 33) it was aunts who visited the adoptive home who did not accept the child. In this latter situation cousins also, of course, did not accept the child. In the tenth case (No. 4) it was siblings and their children who were jealous of the child's place in the family.

When the adoption situation itself was examined it was found that how the child had been told of its adoption and the attitudes within the adoption situation itself had made for poor adjustment or had added to the tensions and problems in the adoptive home. One (No. 45) was told in anger by his parents when he was 9 or 10, the emphasis being made that he was unwanted and illegitimate, and would have been destitute but for them. In another case (No. 4) a jealous niece told the child along similar lines when she was
aged 15, her adoptive mother having denied adoption to her following an incident at school when she was 9 or 10. For four cases (Nos. 7, 10, 33, 46), there were years of doubts and uncertainty about whether or not they were adopted, with the respective adoptive mothers denying that they were adopted or evading answering relevant allied questions. The same picture emerged here as in the good adjustment cases. Although worried by their doubts and by the uncertainty none felt they could ask their adoptive parents. The information about this had to come from the parents on the parents' initiative. These doubts arose out of incidents at age 9, 10, 12 and 15.

In one case (No. 48) the comments of outsiders made a child ask if she were adopted when aged 13, but, though the adoptive father admitted she was adopted, he gave no information about her early history. This led her to worry about possible illegitimacy. In another case (No. 25) the child had experience of hearing that a particular child was an adopted child in such a way as to imply this child was different from others, having even a different body. When the child in this series later learnt from an outsider that she herself was also adopted, this was a severe shock to her. It made her feel that she too must be quite different from other children. One (No. 41) was told that he was adopted when he was 17 and about to leave home for the Merchant Navy. His reaction was that if lies had been told about this basic fact of parent-hood, then he should doubt the veracity of all that his parents had told him. Another (No. 50) always knew that she was adopted and that she had had a previous home where she was given affection
and acceptance instead of being constantly expected to conform to a particular pattern of behaviour. Her adoptive mother told her of her adoption when she was 14.

In eight of these ten histories then, the child knew definitely that he or she was adopted before they were out of their teens, the age range being from 9 to 17. In two cases (Nos. 7 and 33) however they continued to live with their doubts until they were aged 32 and 42, doubts which had repercussions on their adjustment. When one considered the other eight cases it was found that in seven the relationships between parents and child had never been without tensions and problems. Once the child knew it was adopted or it was acknowledged openly that it was adopted then the relationships deteriorated further, with behaviour problems arising in the one home where previously there had been none. In this latter case (No. 4) the child became aggressive, felt inferior and had death wishes. In one case (No. 41) the man made a complete break with his adoptive home and with his adoptive parents' religion, with consequent deep feelings of guilt. In another case (No. 45) the boy from the age of 9 felt that he was on his own in the world and that he must be self-sufficient, with resulting inability to have close relationships with others. In a further case (No. 50), adoption constantly entered into the conflicts between mother and daughter, the mother saying that, as the daughter was not conforming to her wishes, she should have left her in her poor home, and the girl for her part feeling that her adoptive mother was not a mother to her and threatening to run away from home. In one case (No. 25) the girl felt that now
she knew of adoption this explained her adoptive father's punitive attitude towards her. He had only adopter her to please her mother. He had never wanted her. This led to aggressive and attention-seeking behaviour. In one case (No. 48) hearing that she was adopted drew a girl closer to her adoptive father to whom she was already close and made her relationship with her adoptive mother a completely negative one. In this case however, there may have been other factors operating since the adoptive father was also the child's biological uncle and in intelligence range and interests they were alike.

In one case (No. 46) a realisation at 16 that she was adopted, after two incidents when her mother had assured her she was not adopted and even implied that she had been born to her, led a girl to doubt everything she had ever been told by her adoptive mother, and she continued to doubt her thereafter. Feeling that her parents had deceived her, she revolted aggressively against their influence, particularly that of her adoptive mother. She also felt considerable frustration over her inability to obtain some factual information about her placement and her biological parents, because her adoptive mother viewed her adoption as "God's will". In another case (No. 10) the same feeling that an adoptive mother had deceived her led a girl to withdraw into herself, to become secretive and to hide things, even more than she had already been doing, from her adoptive mother. It is interesting to note, however, that this girl was the only one of the ten whose reaction on knowing she was adopted was to want to seek out her biological mother as someone who would understand
her in a way that her adoptive mother did not.

All ten felt that they should have been told of their adoption by their parents. This included the one who was told in a cruel way by them. He still felt they should have told him but they should not have been critical of his biological parents or of himself as an illegitimately born child. Those who met comments from outsiders about adoption, before they knew they were adopted, or while they were in doubt about being adopted, were hurt by such comments. Those who were told cruelly of their adoption, together with one other, continued throughout life to be hurt by any community comment about adoption in general, feeling that any such comment always applied to them.

When the attitude of adoptive parents to the biological parents was examined a very different picture emerged from that seen in the well adjusted group. In only one case was it known that the adoptive parents had been sympathetic towards the biological mother and towards the child thus born. In one case the adoptive mother, a widow, was not critical of unmarried parents, since she considered that the consequent children could be adopted by people who wanted someone to look after them in their old age. Two adoptive mothers viewed illegitimacy as something "sordid" and one of them associated this with "weak wills". Both feared and expected that their adopted daughters would inherit the same weaknesses. This made for a very distrustful attitude towards them, particularly in adolescence. One equally feared inherited traits, but in this case an inclination towards the consumption of alcohol. Having a "horror of illegitimacy" she had adopted
a child born legitimately, and she thus had no fears about deviant sexual behaviour in adolescence. In one case the adopters were not critical of the biological parents but they were very critical of the child thus illegitimately born, and in one case the adoptive parents stressed the inadequacy of the biological parents and of their home.

In the three further cases it was not clear what the attitude of adopters to the biological parents had been. In both the cases here of girls, (Nos. 7 and 33) they had had a very abnormal and restricted adolescence, but this could have been attributable to general parental attitudes of possessiveness and domination. Neither ever had friendships with others of the opposite sex; but one (No. 7) was openly obsessed by sex, and so, in a histrionic way, took pleasure in the immorality of her biological parents.

**Histories in Group C**

The picture in Group C histories, those classified as being in an intermediate position of adjustment, is much more mixed than in the two groups already discussed.

In 13 cases the marriages of the adoptive parents were happy or at least stable and mutually satisfying. In 6 cases the marriages were very unhappy with frequent quarrels, and in two cases children in this group were reared by only one adoptive parent.

In three cases children were given emotional acceptance and security and encouragement to develop along their own individual lines right through from childhood until past adolescence.
In 5 cases, they were given this acceptance and encouragement up to adolescence, after which the adoptive parents began to be restrictive or possessive towards the child. In 6 cases there was divided discipline in the home, with the child finding one parent understanding of a child's or adolescent's point of view, while the other parent was punitive and rejecting or over-possessive and demanding. In 4 cases the good relationship was with the father (2 boys and 2 girls) and in 2 cases it was with the mother (one boy and one girl). In the remaining 7 cases a variety of situations arose. In one case, the child was subjected to 3 parent figures all competing for his affection, and in another to an over-possessive single parent who put very considerable educational pressure on the child. In one further case there was considerable educational pressure put on a child by a very possessive mother to achieve a particular pattern, and in two cases both parents were immature and inadequate and could offer the child no emotional security or encouragement of any kind in any sphere. In two cases the child was rejected in the adoptive home, - a rejection made more obvious to the child because of there being other children in the home, biological or adopted, who were accepted and given affection and some emotional security.

As there are many patterns and nuances in this group of 21 and much overlap between different patterns, referral has to be made to the original histories to see the interplay in the various areas studied. What has been done here is simply to select those features in each history which emerged as most significant and as far as was possible similar patterns have been grouped together.
In this way, it was found that there was a group of 5 (Nos. 13, 15, 18, 24, 37) who had problems in their relationship with their adoptive mothers, all of whom were ego-orientated, three of them suffering from hypochondriasis, and one from early dementia. In only one case was the marriage happy; in the other four cases there were constant quarrels. In 3 cases the mothers were excessively possessive, hoping in two cases to repeat the patterns of their own childhood when they had been very close to and dominated by their own mothers; in two cases they were inconsistent and rejecting. All the children heard about their adoption from outside the family. One (No. 18) heard comments from the age of 5 but was unable ever to obtain a definite and accurate picture from her adoptive mother. Two found documents at home when they were aged 12, and both were resentful and hurt about hearing in this way and one subsequently hid things in turn from her adoptive mother (No. 24). In one of these two cases (No. 15) the situation was made much worse for an intelligent and sensitive child by her having definite and preconceived ideas about illegitimacy after learning of its social disgrace. This led to an acute feeling of having been personally rejected when she in turn realised that she had been illegitimately born. The importance of previous attitudes to adoption occurred in another case in this group (No. 13) where a girl was not told until she was 15. By that time she had, from two incidents, built up a picture first that people made a difference to one if one were adopted, and secondly that some adopted children when told suddenly had a mental break-down. She frequently feared subsequently that she
was or would become ill mentally. She too, however, like the first mentioned (No. 15) also had to contend with continual uncertainty about her origins, and differing stories. This in both produced a feeling of considerable anxiety. They both tried to build up a possible explanation of their origin from various items in their surroundings which they interpreted as significant.

In two (Nos. 15 and 37) of these five there was again the pattern seen already in the poorly adjusted group where adoptive mothers feared that their adopted daughters would repeat the pattern of their unmarried biological mothers and thus they distrusted them in adolescence with regard to evening activities and being friendly with members of the opposite sex. In one of these cases (No. 37) the mother had been determined that her daughter should not be told of adoption and when the father did tell her, became convinced erroneously that the girl hated them from that moment. Her subsequent constant reference to adoption reminded the girl of it when otherwise she felt she would have forgotten. Also in this same home was the triangular situation referred to in one case in the well adjusted group, although here the adoptive mother overtly accused the adoptive father and his non-biological daughter of having a close relationship with each other which was not that of a father to a daughter.

There was a further case (No. 3) of a possessive and dominating and very unstable adoptive mother whose daughter had to achieve a certain intellectual and social standard to conform to the mother's wishes. When the girl was unable to do this,
possibly from inherent lack of ability, the adoptive mother, who in fact knew nothing about her biological parents, assumed that this lack of achievement related to her antecedents. The girl reacted to her very unstable and frequently changing environment in such an affectless way that she accepted the information at 18 that she was adopted in a way lacking any significant feeling.

There was one further instance (No. 39) of an adoptive mother who was possessive and restrictive in the child's adolescence but here the motivation was to repeat two patterns; first, that of her own childhood when she had been close to her own mother, and secondly, that of the biological mother. The latter, also an adopted person had devotedly cared for her adoptive mother and put her adoptive parents before husband and children. The child here showed aggression and independence. She was determined not to be dominated, and her feelings of resentment against her adoptive mother had been aroused originally by what she viewed as an underhand way of dealing with the legalisation of her adoption. She felt that as the person involved it should at least have been discussed with her.

The next group is of three histories where it appeared that only one parent had really wanted to adopt a child and that the marriage partner had simply agreed to please them. This was a pattern found too in the poorly adjusted group. In two instances (Nos. 6 and 52) there was definite evidence of rejection of the child by the father, and in the other (No. 16) this was how the adopted child interpreted his mother's punitive and restrictive
attitude towards him. In one of these three cases (No. 52) the adoptive mother told the boy he was adopted and something of his early history after an incident at school when he was 8 or 9, and she had chosen carefully what she would tell him so that he would not feel an unwanted or unacknowledged child. In the other case of paternal rejection (No. 6) the girl was completely unaware that she was adopted until her mother suddenly told her when she was 21. She was very resentful that she had been told and that her biological mother had rejected her. In telling her own adopted son of his adoption she was careful in her turn, as the mother quoted in the previous case, to give no information that implied he had been unwanted or unacknowledged by his biological parents. In the shock of thus hearing at 21, she had apparently contemplated leaving home, and had she done so, she contended that she would not have returned. In the third case in this group (No. 16) the adoptive father was understanding of the child's need for information about his adoption and his biological family but his adoptive mother was not.

Thirdly there was a group of three where members of the adoptive family, other than the adoptive parents, treated the child in such a way that they felt they did not belong in the family or that they were inferior in some way because they were adopted. In one of these cases (No. 32) the atmosphere in the adoptive home itself had been as described in the group of well adjusted cases and the child had been told of her adoption by her mother at 12 in a way to make her feel she was wanted and
that adoption was nothing of which to be ashamed. Problems only arose for her after the deaths of her adoptive parents because of her non-acceptance by an aunt who had never approved of her adoption. In another case (No. 8) again an aunt was critical of the adopted children in the family and her exclusion of these children from family invitations hurt the child, who participated in this series, more than anything else in his adoption situation. He was also aware that he was adopted from the age of 12 but was given no confirmation of this or information about his placement and biological parents until he was 28. His main reaction was one of acute resentment that others in his family and in his community knew details about his adoption which he had not known. He also had to contend with a very possessive adoptive mother who wanted to believe that her adopted children had been born to her, a pattern found amongst adoptive mothers and which is mentioned later. In the third case (No. 12) an adopted sister's comments and overheard whisperings, had made the child feel insecure in her adoptive home. An incident at 10 when children had commented cruelly about her as an adopted child, and when also she found a document at home, confirmed for her what she had feared. She interpreted later happenings in the house in terms of a brother deserting her, her parents not wanting her, and in her unhappiness she wanted to find her biological mother. A further pattern in this case was again the fear that an illegitimately born child was more likely to become illegitimately pregnant.

This last mentioned pattern was illustrated to excess in one of the two homes where adopted children were apparently always
rejected by adult members of the household. In this case (No. 51) the constant mistrust and constant referral to the illegitimate pregnancies of the biological mother nearly drove this adopted child, not into becoming illegitimately pregnant, which she was determined to avoid, but into delinquency of another kind in order to escape from this constant criticism. In the other case of total rejection (No. 47) this appeared to have been related to the fact that a further child was unexpectedly born and that ill-health made for increasing poverty in the home. The child was deeply and permanently damaged by hearing of her adoption in a vindictive way from another girl when she was aged 14. Confirmation for her that her parents rejected her as an adopted child and preferred the children born to them came when her adoptive mother introduced her as, not her daughter but "just adopted".

The problems in two cases (Nos. 35 and 36) sprang mainly from when or how they were told of their adoption. In one case (No. 35) the adopted person was not consciously fully aware that she was adopted until she was 31 when she needed her birth certificate for the first time, although there had been an incident at 9 or 10, when her adoptive mother had denied that she was adopted. The child noted thereafter, however, that her mother was evasive in answering questions about where she was born and whether she was like her. Sensitive and shy, she was very upset to learn of her status. She was particularly resentful to realise, first that she had met her biological maternal grandmother unknown to her, and secondly, that the family and others
had known of her adoption for years whilst she had not.

In the other case (No. 36), a girl who had lost her adoptive mother when one year old, was told of her adopted status by her adoptive father and step-mother when she was 14. By this time she knew about the social stigma of illegitimacy from books (at least one of which was given to her by her adoptive father), and although no one ever did treat her any differently, she always feared that they might. She was ashamed of her illegitimate and adopted status. These problems were accentuated for her by her biological name being used unnecessarily for insurance purposes, and so later for national service.

There was the group of two girls adopted by one adoptive parent, — a widow and an unmarried woman. In the first case (No. 1), the child was accepted as one of the family although an aunt again made for problems by her disapproval of adoption. The crux, however, for this intelligent girl was again that she was not told of her adoption, but that she found out about it and then was unable to obtain accurate information about her early history and biological parents. This situation, as has been already mentioned led to resentment towards her adoptive mother and aggressive behaviour. Added to this was a feeling of isolation derived from her erroneous belief that her two adoptive siblings, as well as her mother, knew the details of her adoption whereas she did not. She then interpreted ordinary happenings in the family in terms of the rest of the family wanting to hide things from her and in terms of preferential treatment of the two biological children. In the other case here (No. 30) the single
adoptive mother was seeking all her personal emotional satisfactions and sense of fulfilment from the child, and the emotional pressure put on the child was excessive. Although the child was expected to call the adoptive mother "mother", the child herself was never referred to as a daughter but simply by her first name, presumably to avoid difficulties for the adoptive mother of being an unmarried woman with a child. There was also the added difficulty that, following an incident at school when the child was 9 and her mother reluctantly admitted she was adopted, she became resentful, feeling that she had been deceived. She in turn deceived her mother whenever she could. She observed that her mother tried also to deceive people as to her unmarried status. The child also resented her adoptive mother's evasion of giving her straightforward factual information about her biological parents and her placement, and in fact the situation here was an incongruous one with an unmarried woman, known in the community as unmarried, expecting an adopted child to identify completely with her as a mother and to ask no questions.

The problems in the remaining two cases (Nos. 20 and 17) arose mainly out of relationships in the adoptive home and the personalities of the adoptive parents rather than the adoption situation itself, although in both cases it could also be argued that the child was adopted for unsuitable reasons. In one case (No. 20) this was to add satisfaction to an infertile and rather inadequate marriage, and in the other (No. 17) it was to give company and later companionship to an elderly couple living on an isolated farm. In both cases there was a lack of spontaneous parental
affection for the child, and in the first case the problems were accentuated by there being three "parents" competing for the affection of a child considerably more intelligent than any of them. Both these children later had a neurotic attitude to having children themselves. One found a document about his adoption when he was 12, his adoptive mother not mentioning it directly until he was 16. The other was told she was adopted following an incident at school when she was 8. She asked again for details when she was 12 or 13.

**Histories in Group D**

In this group again a rather mixed picture emerged but they can be put roughly into three groups.

In the first group of two, the marriage relationship in one adoptive home was very good but less good in the other. The main difficulties in the first mentioned (No. 26) were the late age of placement and the frequent use of the adoptive parents of the implied threat that the child might be returned to its much poorer biological home if it did not behave. Relatives also were jealous here of the child and did not acknowledge its adopted status. In the second case mentioned (No. 40) a sensitive child was very aware that her dominating adoptive mother feared others in the community would discriminate against her because she was adopted, which emphasised for her that adopted children are different and inferior. The fact that the adoptive parents were also elderly meant that the child felt she had to explain to outsiders that she was adopted. She had known from her adoptive mother that she was adopted from
the age of $5\frac{1}{2}$ after having heard the word used but not knowing its meaning.

In two other cases the adult, though well adjusted, had had to contend with very possessive adoptive mothers, neither of whom wanted to tell the child that he was adopted in case he would want to go back to his biological parents. In both these cases the marriage relationship of the adoptive parents was stable and reasonably harmonious with the adoptive mother as the dominant partner. In one case (No. 49) the child was told of his adoption at 24, having for the first time at 20 heard that he might be adopted, and in the other case (No. 42) his mother mentioned the subject first when he was 18 although he had wondered about it since children at school had commented upon it when he was aged 6. Since then he had looked out for anything which could confirm this for him. He interpreted happenings in his childhood as significant in relation to his adoption and he fantasied as to who his parents might be, seeing them as possibly in very different social circumstances from his adoptive parents.

In the last two cases, there was tension in the marriage relationships and in one case (No. 31) there was evidence that the marriage had seldom been consummated, this having led to constant quarrels and recriminations. In this case the child had been told by his adoptive mother fairly reassuringly that he was adopted when he was 12. In the other case (No. 27) a child became involved in family tensions, being told at 6 or 7 of her adoption by a grandmother who hoped thereby to hurt the adoptive mother. Further difficulties arose for this child through the
use of her biological name to the age of 12. Lack of explanation of this caused her to feel insecure and to make her look for explanations not directly from her adoptive parents, but by reading books about adopted children.

Histories in Group E

In the case of the six fostered children, although the motive of monetary reward entered into the original decision about acting as foster parents to these children, many of the patterns already described appeared here too.

Only one (No. 56) was reared in a home where the marriage of the foster parents was reasonably happy and stable. Two (Nos. 54 and 57) were reared by elderly embittered women, of whom one was a widow and the other separated from her husband. All, except one (No. 57) were differentiated against in the family because they were only foster children and not like the biological children, and in four cases they were very aware of being viewed as inferior by other members of the family.

In one case (No. 56) the child always knew he was a fostered or adopted child but there was no reference to this in the home, and, although not treated as if he were a biological child, this particular child did identify with his adoptive home and felt that he had been happy there. He was completely accepted by relatives as one of the family. In all other five cases the children were consciously aware of being unhappy in their foster homes, and of having been adversely affected by them.

In three cases (Nos. 53, 55 and 58) there was constant reference
in the home to the fact that the child was a foster child and that it should remember its status as such. In one case (No. 53) this was made more obvious to the outside world by the use on some occasions of the biological name and by a marked difference in physical characteristics between the adopted child and the biological children. In one of these three cases (No. 58) a boy longed for his biological mother to trace him. There was in this group two instances of the pattern, already mentioned in Group C, of isolated items of information about the placement and the biological parents being given or being learned, which caused great confusion to the child. The child was again unable to ask for accurate information. One (No. 54) learned the whole story after a very traumatic incident with an adoptive sister when she was aged 18, but for the other (No. 55) the actual facts about her antecedents constantly eluded her. The many allusions and ambiguous comments which she had heard were all remembered, but they had never been sorted out or put into any kind of perspective by her. In the sixth case (No. 57) the boy did not definitely know he was adopted until he was 15 when he was told in an unsympathetic way by his foster mother. He was bitterly ashamed of finding he was illegitimately born. This, together with being told unsympathetically, and the fact that, from the age of 15, he was made to use his biological name, which he felt emphasised to the world his illegitimate status, all conspired to make this man feel socially inferior.

This attitude of not wanting the outside world to know that they were fostered or adopted children occurred frequently amongst
these fostered children. Thus one of the local authority boarded-out children felt keenly that his clothes were provided for him in a way differently from his school fellows. The girl physically different from her adoptive siblings found what hurt her most was discussion of her by her parents with strangers and their use of the term "adopted" child. Another (No. 55) found it difficult to accept that sometimes her siblings acknowledged her as their sister and sometimes they did not.

Again the pattern was found of foster parents being critical of biological parents and saying in relation to a girl that she would repeat the pattern of her unmarried mother (No. 53). There was for one girl one slight variation of this theme, which was her feeling that, as an illegitimately born child, no man would want to marry her (No. 54). As a result both of these girls found it impossible to have easy and relaxed relationships with others of their own age in adolescence and later. Except for the one foster child (No. 56) reared in the home where there was a reasonably happy relationship between the foster parents, where all relatives accepted him as one of the family and where his adoption or fostered status was acknowledged but not constantly referred to, all other five had had marked feelings of inferiority which they retained throughout their lives. The one fostered child, without overt signs of feeling inferior, may in fact have been able adequately to compensate by his prowess in the athletic field, which secured him considerable kudos and social prestige in the community.
Finally an analysis was made of different factors which occurred exclusively in the adoption situation and which were not intermingled with factors related to the situation of parents bringing up children. Here of course any very clear-cut division was difficult to make since there was bound to be some overlap. All 58 histories were analysed here since the factors discussed related to the situation of children being reared by parents to whom they had not been born and the consequent problems of communication between parents and children on this very question.

How and when the adopted person learned of being adopted

First considered is how, when and by whom the child was told of its adoption. Except in the two cases (Nos. 3 and 38) where adopted children denied having strong feelings at all about being told of their adoption, and in the four cases (Nos. 26, 50, 56 and 58) where, because of remembered previous experience, they always knew they had been adopted, all were emphatic that the source of information that they were adopted should be their parents and not outsiders. As already mentioned there were many instances of children being resentful and upset because they learned initially about their adopted status from finding a document or letter at home, from an overheard snatch of conversation, or from the comment of another child or children of their own age. There was considerable evidence that the comments of other children were cruel and often vindictive, and that other children informed the adopted of their adopted status frequently following a quarrel, or when
they wanted to be the rather special one in a group who had a piece of information which the others did not have. Then they would confide in the others in the group about the particular child's adopted status and those with this knowledge became temporarily a group from which the adopted child, because of being different, was excluded. This kind of group behaviour and the exclusion of the one that is in any way different is very common amongst children. It is generally acknowledged too that children need to be accepted by their peers and so any feeling that they were different on the fundamental question of whether their mother was their real mother or not was certain to be felt very acutely by them.

An analysis was made of the ages at which children were told or learned of their adoption. There are 6 not included in this analysis since, for various reasons, they always knew of their adoption. Eighteen heard initially of their adoption from their parents and, at the time this information was given to them, 3 were aged 5, 1 was aged 7, 3 were aged 9 or 10, 2 were aged 12, and 5 were told when they first needed their birth certificate for work at 14 or 15, and a further one when he joined one of the Armed Services at 17. One was told at 18, one at 21, and one just before her marriage at 29. From this it will be seen that in most cases, some external occurrence in the child's life precipitated the parents into telling them of their adopted status, such as going to school, an incident of another adopted child at school, a chance meeting, going to work or being married. In only 5 cases
was there no such occurrence. The remainder learned initially from another source that they might be adopted. 18 asked their parents if this were true, but 16 did not mention it, although one did so later. Of those who asked, 9 were told at once that it was true, and they were given an explanation of their adoption. In one case the girl asked persistently until her adoptive mother admitted the truth of her adoption. In 8 cases, however, the fact of adoption was denied by the adoptive mother and where this denial persisted, as already shown, problems arose for the child.

What emerged forcibly in this study was that every child, at some point in its life, is likely to learn that it is adopted. This can happen in ways not even considered possible by their adoptive parents and children will not necessarily communicate such discoveries to their adoptive parents. It is obvious that only children who knew they were adopted, were included in this study, and so it may be that many go through life without realising it. An examination, however, of the individual histories showed the wide variety of every-day occurrences which could bring the fact of adoption to light. First, there was the question of a birth certificate which could be required at many points during a child's life, sometimes when starting school, frequently when entering senior secondary school, when starting work, entering insurance or superannuation schemes, at marriage and so on. These situations still require birth certificates and the full birth certificate currently used for the adopted child shows that it is an Extract from the Adopted Children Register. Another item of information frequently needed was place of birth, for example,
for a passport, and when the child had not been given some factual information this blank in their basic information presented them with problems. When they were given simply the information of their place of birth, frequently in a town other than their adoptive home, but no further explanation, they became very puzzled as to how the placement had been made. The request for a full family health record could again reveal that the child was not the parents' biological child. Simple things too in the home could be noted by the child as strange. For example, from a mother's cookery book a girl learned that her mother had gone to her usual cookery class three days after the child was born, whereas mothers usually spent ten days in hospital after the birth of babies. Then there were also the child's normal questions to its mother about how babies are born, which would reveal to the observant child that his or her mother was not personally very conversant with such things. There was also the chance of finding some relevant letter at home, possibly a lawyer's letter referring to the adoption. Finally, there were the comments of other children which was by far the most common way for a child to learn that it might be adopted. Such comments were reported in 26 cases. The most common age for this to happen was given as between 9 and 10, and 13 met comments during this time. Two reported the age as 7 or 8, whilst two mentioned 6. One who met comments at 9, had also heard her adoption referred to when she was 5. One met comments when she was 11. The next most likely age, however, after 9 or 10 was 12, when 5 experienced comments. The remaining three did not know of their adoption until outsiders referred to it when they were 14, 15 and 20.
Given then that children need to know of their adopted status and that they infinitely prefer to hear of this from their parents, and can be resentful and emotionally damaged if they hear of it in other ways, then it is clear that they should certainly be told before they reach the age of 9 and that there are risks that others will tell them from the age of 5 onwards.

How much information was wanted by the adopted person about the details of his or her adoption

The second question which arose was how much an adopted child wanted to know about its biological parents and about how its adoption had been arranged. The policy of those arranging adoptions varies very much here with an emphasis in many cases on not giving much information. Many adopting parents also do not want to know much about the antecedents of the child they are adopting. From the adopted child's point of view, however, there was no doubt that the majority of those in this study wanted to have information which would give them a clear picture of their biological parents, particularly their mother, and of how their adoption had been arranged. There were, however, certain kinds of information which they did not want to have or which they feared they would learn if they started to make enquiries.

Thus of the total 58, only 9 stated at interview that they were not curious about their biological parents or interested in them. In 7 of these cases, however, they had learned by that time some factual information about them from the comments of their adoptive mother or others. In fact by the time of interview

most knew the age, and occupation of their biological mother, something of her personality, and even in some instances what she looked like. Except in one case they also knew something of how the actual placement had been made. In two cases (Nos. 38 and 50), they knew, however, no details about their biological mother and they stated they had no desire to know. They were aged 60 and 46 at the time of interview. In all other cases the adopted child had been curious at some point in their life or still remained curious about their biological parents, although there were considerable variations here depending apparently to some extent on their adjustment.

Thus of those who were well adjusted, excluding 3 who were amongst those who stated as above that they were not interested, there were six who had been given or had learned some factual information about their biological mother and how they were adopted but 3 were still curious and would like to have known more about the personality of their mother or their father. The remaining six knew little or nothing about their biological parents. The two men were only mildly curious and one had mixed feelings about being curious at all since he felt there might be something here he was better not to know. The wife of the other was very curious. All the remaining 4 girls said they were curious and that they would probably want to have definite information when they married. Two went so far as to say they would like to meet their biological parents but not as parents, simply out of curiosity and in such a way that these biological parents would not know who they were.

This curiosity was apparent in all the other adjustment
classifications and there were several constantly recurring themes. Where the adopted individuals were not given details when they asked for them, or where they were told reluctantly or given conflicting stories, then they felt there was something of great significance in their antecedents which was being hidden. Many felt they wanted to know "what stock I came from" or they wanted "to know enough to establish my identity". They wanted to know age, occupation and personality of biological parents, why they had been placed for adoption and how the adoption had been arranged. Many thought they would like to meet their biological parents "out of curiosity" but in this purely curious group they all made it clear that they were not looking for a mother in their biological mother. She was remote and a stranger to them, but they remained curious about her. Such curiosity frequently occurred when marriage was thought of, or when a woman was pregnant, and several in this position took steps to try to obtain more information. On the whole, the men were less curious than the women, but when this was so, their wives were more curious and one went so far as to trace the biological mother unknown to the adopted person himself (No. 45).

Where there was insecurity in the adoptive home and the adopted child had been given isolated fragments of information about its biological parents and early history, the frustration caused by such information being hidden accentuated feelings of insecurity. They talked of feeling "rootless" and of "being in a vacuum", if they did not know their antecedents (Nos. 25 and 46). They felt they could accept and adjust to any story, no matter "how sordid",
since any certainty was better than the flood of uncertainty which surrounded them. Others, lacking factual information, became neurotic about the risks of inherited disease, for example No. 47. Those, however, who were less disturbed and less insecure, frequently had mixed feelings about making enquiries, saying that they might find out something they would rather not know, that they had a respectable home now and it might be better to "let sleeping dogs lie", and so on. They also feared hearing of why they had been placed for adoption by their biological parents. There were in fact instances in this series of adopted adults being given information which they would rather not have had. One (No. 6) would have liked to forget all she had been told about her biological mother's rejection of her. Another (No. 12) wished she had not been told her biological mother had spent some money intended for her. One (No. 53) felt it was very cruel to be told her biological mother had thought she was an ugly baby. Another (No. 35) wondered what there could be about her biological father that made her biological mother not want to marry him. Yet another (No. 8) felt that he would have been better not to know that his biological father had possibly been a doctor since this contrasted so much with the social circumstances of the home in which he was reared.

By contrast others found it helpful and satisfying to know that their biological parents had been "respectable", "normal" and so on, and that they had been concerned for them as babies. As one (No. 57) said, to know that his biological mother had visited him for some time as a baby gave him respect for himself.
From all this it emerged that the adopted children in this series of 58 almost without exception wanted factual information about their biological parents, and why and how they were placed for adoption. They feared, however, to hear that, as children, they had been unwanted or rejected by their biological parents and they saw no point in being given information which suggested that there were wide social and material differences between their biological origins and adoptive homes. Although many talked of wanting to meet their biological parents out of curiosity and without these parents knowing who they were, there were only five who looked on such a meeting as a way of finding a mother who would perhaps understand them as their adoptive parents did not. This occurred in two of the very unhappy fostering arrangements (Nos. 55 and 58), in the one adoption by a widow in Group B (No. 10), and in two cases in Group C (Nos. 12 and 51). In the first of these last two cases, however, it was a desire of only relatively short duration co-incidenting with a period of acute unhappiness in the adoptive home. In all other cases, whether well adjusted and happy, or the opposite, the adopted person looked on the adoptive parents as their mother and father and they continued to do so long after they knew they were adopted and also after years of estrangement from them. Relevant comments ranged from "bearing a child does not make a mother" to the frequent statement that "it is the people who bring you up who are your parents". In the six instances (Nos. 16, 20, 24, 34, 41 and 45) where adopted children later met their biological mother or father,
all commented on how they were strangers to them, "just another human being", for whom they had no positive or negative feeling.

The final point made here by many was that, although they were curious about their antecedents, they would not have wanted constant reference made to them. In 3 cases there was clear evidence of adopted children not wanting their adoptive mothers to go on talking about their biological mothers as "mothers" since they found it confusing to think of two sets of parents.

Communication regarding adoption within the adoptive family

The third main subject in this part of the analysis is the question of communication between the adopted child and other members of the family on the question of adoption. There was repeated evidence that the lines of communication between parent and child were on the whole only one way. The child could not ask for information, but wanted information to come from the adoptive parents. This linked with their general feeling that it should be their parents who told them of adoption and, as already mentioned, 16 learned of their adoption in one way or another from sources other than their parents but they did not tell their parents of their discovery either at the time or in many instances later. They frequently reported their attitudes as ... "If there is anything in it my mother will tell me" or "she will tell me in her own way". In the 8 cases where in fact a child had asked about its adoption and this had been denied, this again shut the door to any further questions from the child. They might still
have doubts and they were on the look-out for any clues, any change of expression even, but with only one exception (No. 29) they did not ask again. In this exceptional case the girl felt there was something in it because of a very marked physical difference in appearance between herself and her parents, and she did not want to be in the position of believing that her mother was telling lies.

Of the 9 who asked their parents if they were adopted after an incident in their childhood, and who were given an affirmative reply, only three later asked their mothers further questions. One (No. 21) was given satisfying answers about her place of birth and how she was adopted, but in the other two cases the mothers evaded answering. In one case (No. 25), the child gave up after this one attempt, but the other (No. 30) went ahead persistently rather as No. 29 had done, though without gaining straightforward answers. Of the others in this series of 58, one (No. 13) tried to trick her less intelligent mother into giving her some factually reliable information to replace the differing stories she had previously been given, and four others asked once for information about their biological parents or the arrangements made for their fostering. Of these four, one (No. 52) received factual information from an understanding adoptive mother, but the other three (Nos. 47, 54 and 58) were told it was no concern of their, or were asked why they wanted to know since their mother had not wanted them anyway.

Apart from these last eight exceptions, however, the rest
of this series did not tell their adoptive parents of their doubts and queries nor did they ask for information. In the same way, although curious about their biological parents and about how their adoption had been arranged, they could not introduce the subject. Their reasons here were given as that it might have hurt or upset their parents or that it would have seemed disloyal to them. Even when and if the subject were introduced by their adoptive parents, although the child might be curious and waiting, and even eager to be told, they could not ask and, in some cases feigned indifference, so that their adoptive mother would not know how much they were upset by the whole question of adoption. Looking at all this from the point of view of the parents, they, at their end of the line of communication, could not know the turmoil that was frequently occurring in the child. If the child never asked, they would assume that they were not curious.

It was interesting to note, however, that in 8 cases where a child was unable to communicate their doubts to their adoptive mother and ask her directly for information, they were able to ask instead someone else with whom they had a close relationship. In two instances this was an adoptive aunt, and in three a much older adoptive sibling who in two of these cases had really been also a sympathetic mother-figure. In three cases, the person asked was a family friend.

In as far as talking of adoption with siblings was concerned, although of the 52 adopted children, 22 had adoptive siblings, some who were also adopted and some who were the biological children of the adoptive parents, there were only 5 cases where
adoption was ever discussed with them. Two of these were cases mentioned in the previous paragraph. In two others siblings were protective towards their adopted sister and in one case very critical. In all other 15 cases this question of adoption, although known about by siblings, was never referred to in any way. This same pattern occurred in an equally striking way in the case of two cousins who were both adopted about the same time from the same mother and baby home. They were very good friends and when the one (No. 21) who participated in this study was married, the other was her bridesmaid. Each knew they were adopted but they had never once referred to the fact.

This leads on to another facet which emerged when studying the adoption situation from the view-point of the child. It emerged that the child viewed his adoption as something personal, as something which could be talked of occasionally within the intimate family but which he did not wish to hear discussed with relatives or others further outside the family circle. He himself might not want to tell people of it at all. A man or woman would always want to tell anyone he or she hoped to marry although sometimes somewhat fearful of what their response might be. They might also find they wanted to tell a special friend either when the subject arose in the course of general conversation or in some personal crisis, as when mourning an adoptive parent's death, but they all stressed that this was not something they wanted either to "broadcast" themselves or for their parents or relatives to "broadcast". Thus they were emphatic that they did not want to be introduced as an "adopted" son or an "adopted" daughter.
They wanted to feel they belonged in the family and were completely accepted there as a son or a daughter. Those two (Nos. 47 and 53) who had actually had experience of such an introduction stressed that it was this particular aspect of their already unhappy adoption situation which caused them most pain.

None of these adopted children wanted their adoptive status shrouded in complete secrecy. Such secrecy they found irritating and unrealistic since it led themselves and their adoptive parents into situations where they had to tell lies, for example, when any specific discussion arose about details of the mother's pregnancy, the child's early feeding and so on. Equally, however, they did not want constant reference to it. They wanted something in between, where their adopted status was acknowledged without embarrassment and then overtly apparently forgotten, so that they were treated exactly as if they were the biological son or daughter of the adoptive parents.

Where information was not readily available or was refused to a child, it was interesting to note in these histories the use the child made of clues or incidents in its environment to try to piece together a story. Thus, one (No. 39) studied all the snapshot albums of families and friends and asked who everyone was, hoping thus to learn who was her biological mother. Two others (Nos. 44 and 49) worked out the age they thought they must have attained when placed in their adoptive home from the youngest age they found in any photographs in their home. Another (No. 7) assumed her biological parents were wealthy because she had heard in an indirect way that she had very lovely clothes as a baby when
she was placed in her adoptive home.

Others pieced together a possible story about their early history from fragmentary comments collected over the years whilst watching their parents and others for even expressions which they could then have used as clues. There were four instances of interpreting other events as significant to their adoption. One (No. 18) wondered why a particularly well-dressed person in her home town appeared to take an interest in her. One (No. 42) wondered why a soldier had once given him, an unknown small boy, half-a-crown. One (No. 24) fantasied that a strange couple whom she saw approaching the block of flats where she lived had come to take her away, and another (No. 48) on hearing of someone else of the same biological name as herself, wondered if they might be related. Yet another (No. 13) noting a certain similarity between herself and her adoptive father and also observing that her adoptive mother became confused when she asked for details about her biological father, interpreted this as meaning that perhaps she was the illegitimate child of her adoptive father whom he and his wife subsequently adopted.

These incidents, presumably in most cases of little significance in themselves, became significant in the child's eyes, and illustrate the dangers of leaving adopted children with indeterminate information and no reality on which to base their concept of their origins and their very early history.

When one considered together, first, the question of how much children want to know about their biological parents and about their placement, and secondly, of how this could be communicated
to them, it was clear that they wanted factual information and that this information had to be offered to them by their adoptive parents. They wanted a clear picture and not isolated fragmentary pieces of information. They wanted information which portrayed their biological parents in a favourable light and which did not imply that they were unwanted children who had been rejected by their biological parents. They did not think of their biological parents as parents unless they were acutely unhappy in their adoptive home, but they remained curious about their antecedents and could be particularly so when becoming engaged, when marrying, when having children of their own, or when asked for a familial health record.

Some parental attitudes in the adoption situation

That adoptive parents on their side found it difficult to tell their children of their adopted status emerged in many of the histories. A full picture, however, of attitudes here was not possible because not all communicated their attitudes here to the child. Some, however, did so, and also the adoption situation was discussed in 8 cases with adoptive parents. From these two sources details emerged about some parental attitudes in the adoption situation.

It emerged that four had been reluctant to mention adoption or to give requested information about biological parents. In two cases (Nos. 30 and No. 9) this arose from anxiety that the child might not be satisfied with them as a mother or as a father. In one case (No. 29) the mother feared that the child would think
less of her as a mother if she knew she were not her biological mother, and in another (No. 42) it was feared the boy might want to go back to the biological parents.

In two cases (Nos. 46 and 50) adoptive mothers were ashamed of not having been able to have children of their own, and so they wanted to hide the fact of adoption. Four mothers (of cases 8, 15, 25 and 26) wanted so desperately to have children that they wanted to persuade themselves and also therefore others that these children had been born to them. In one case (No. 8) this led to an adoptive mother frequently seeking physical resemblances in her adoptive grandchildren although by that time it had been acknowledged that her children were all adopted.

One adoptive mother (of No. 22) gave as her reason for not telling a child of her adopted status that it was difficult for her to say that she was not the child's own mother and other two (of Nos. 14 and 19), although wanting to tell the child, found it difficult to know how to begin and so put off telling the child until this was a constant anxiety to them. Once they had found an opportunity to tell the child they found as they said that a "weight was lifted off their mind".

In two instances once a child knew of its adopted status, one mother (of No. 37) was certain that her daughter hated her parents from then on, and another (of No. 35) felt that an essential element in the close mother-daughter relationship had gone once her daughter knew. In another case (No. 10) a mother had reported that she had been afraid to tell a daughter of her adoption since friends had said she would be angry when she knew.
In another group 4 in number, (Nos. 16, 18, 20, 24), the adoptive mothers implied that it was disloyal of the child to be curious about its biological parents. It was the child's duty to care for, to be grateful to and to be loyal to those parents who had brought him or her up. An enquiry about biological parents was met with the comment "Have we not done enough for you?"

In three other cases, difficulties arose with regard to the adoptive parents' feelings about illegitimacy. In one case (No. 52) it was this aspect which a mother found most difficult to explain because of her own attitude of prudery. In one case (No. 4) the adoptive mother wanted to shield the child from knowing she was illegitimate and thus she denied that the child was adopted. In another case (No. 40) the adoptive mother expected the child would be discriminated against because she was adopted and illegitimate. In another two cases, which have already been mentioned as appearing under the patterns of parents wanting to deny that the child was adopted, illegitimacy was viewed either as something of which to be socially ashamed and so to hide (No. 50), or something which in itself was sordid (No. 25).

In one case (No. 2), the adoptive mother commented that she had found it an advantage to have known the biological parents. Two other mothers, (of Nos. 14 and 15), who knew only about the biological mother's family, remarked that, as their adopted daughter was so intelligent, it would have been helpful to them in bringing up the child to have known something about the biological father and his level of intelligence. The adopted child in both these cases was more intelligent than the adoptive mother.
This then gives a glimpse of the kind of parental attitudes which can occur in the adoption situation particularly in relation to telling the child of its adoption. To assess these attitudes fully, however, a full study would have to be done from the viewpoint of adoptive parents. Enough, however, emerged here to show that telling the child of his or her adoption is no easy and straightforward task for adoptive parents and that giving the parents advice that they should do so will not by itself necessarily help. This question is related to the parents' very basic emotional attitudes to rearing children not biologically their own, in some cases apparently to their feelings about their own infertility and in others to their feelings about illegitimacy.

Physical resemblances and differences

A final aspect noted in the adoption situation was the question of physical similarity or otherwise between the adopted child and the rest of the adoptive family. This was an area of enquiry added later in the study after it had emerged to be of considerable importance from taking two (of the later) histories. Full information was thus not available in all cases. The analysis here applies to the 52 adopted children. Seven offered no comment on this aspect of their adoption situation although they might have done so had more details been requested as in interviews later in the series. In 5 cases the parents were so much older than the adopted child that the question of comparing physical characteristics was unlikely to arise.

In 18 cases the children were not dissimilar from one or other
of their adoptive parents or siblings. In 16 cases the children reported that they were like one or other of the adoptive parents or like siblings, and in 12 of these cases this was due to pure chance since in only 4 cases was it known that the child was biologically related in some way to the adoptive parents. In one case a girl (No. 13), unable to obtain details about her biological father, interpreted an observable likeness between herself and her adoptive father as an indication that he might in fact be her biological father. In 8 cases, adopted children reported that they were pleased when they heard outsiders comment on how like their adoptive parents they were. One here (No. 26) who never felt she really belonged in her adoptive family said comments of this kind were helpful to her since they reduced her feelings of isolation from her adoptive parents. One (No. 9), in Group A, reacted with amusement to such comments, but two, both in Group C, became irritated by them. One of these two (No. 36) felt that such a comment was absurd in the circumstances, and the other (No. 15) felt that it was a sign of insincerity, although she realised intellectually that these outsiders did not know she was an adopted child. Her feelings in fact about her adoptive mother were very ambivalent and she both wanted to identify with her and yet deeply resented her. These feelings then she projected on to outsiders when they commented that she was like her adoptive mother.

In 6 cases among the adopted children and in one case among the 6 foster children, there was a marked difference in physical characteristics, stature, build or colouring. In 2 cases this
was observed by the adopted children before they knew they were adopted. In one case (No. 28) this in itself caused the child to wonder if it were adopted whilst in the other case (No. 8) a child observed not only how different temperamentally he was from his adoptive mother's whole family but also that one of his aunts excluded him in her family invitations. The physical difference in this latter case then was possibly only an additional factor, perhaps in fact even a later interpretation. The persistent comments of outsiders on the marked physical dissimilarity worried two further children. One of these (No. 29) questioned her mother until she admitted that she was adopted, but in the other case (No. 33) the child was unable to ask her parents and also unable to cope with the persistent comments of her workmates. She withdrew into herself, and from much social contact. In one case (No. 12), although the child was dissimilar to the adoptive parents in appearance, outsiders sought similarities, to which the adoptive mother responded by saying in a whisper that the child could not be like them since she was not their child. This reaction proved very hurtful to the adopted child. In the case of one adopted child (No. 47) and one fostered child (No. 53), their reaction to the observable physical difference between themselves and their adoptive siblings was to feel that this made their adopted status obvious to outsiders. In both cases, however, they were in addition rejected in their adoptive home and made to feel different from their siblings.

From these details and from the histories, it emerged therefore that adopted children found physical similarity to their
adoptive parents a positive factor for them in their adoption situation unless their feelings for their adoptive parents were so ambivalent that they projected such feelings onto comments by outsiders about family likenesses. Marked physical dissimilarity could be associated with good adjustment (Nos. 28 and 29, - Group A) where other factors in the situation were favourable, and with poor adjustment (No. 8, - Group C, and No. 33, - Group B) where other factors were unfavourable. In only one instance (No. 12) did an adoptive parent respond to the comments of outsiders regarding appearance by telling them the fact that the child was adopted. This public discussion of her adoption was deeply resented by the child. In all other cases the adoptive parents accepted the comments of outsiders without comment or in some cases by showing pleasure.

Although there were many in this series, as shown in the individual histories, who found themselves out of harmony with their adoptive parents or temperamentally different from them, particularly strong feelings of difference were described only in two cases in the adopted series and in one case in the fostered series. These three adults, all men, reported that before they knew they were adopted they had very strong feelings of being different from their adoptive parents and family. They each stressed this throughout the interviews, wondering if others too had experienced the same. One (No. 45) had always found the drunkenness of his adoptive father something totally repulsive and he later of course related this to being an adopted son. In another case (No. 41), a child reacted very strongly against the
superstitious and religious attitude of his Irish adoptive parents and again, when he learned of adoption, he felt that this related to being born from a different cultural group. In the case of the fostered child (No. 57), although he always identified with his foster family he had always found that their extrovert attitudes, and their rough language and behaviour contrasted with his more introvert nature and his more aesthetic sensibilities. When he later learned of being a foster-child and of how the social circumstances of his biological father differed from those of his foster-parents he too regarded this as the explanation of his difference in temperament.

No further discussion of these reported findings is possible, however, as there is not enough accurate data available about the biological families. There is also the possibility here of subsequent retrospective falsification in recalling former attitudes after these adopted children knew, first that they had been adopted, and secondly the social circumstances and level of intelligence of their biological parents, which in two cases were apparently very different from their adoptive parents.
CHAPTER VII

CONCLUSIONS

The main conclusions to be drawn from this particular study of adoption can be seen as fourfold. First, the present series of 58 histories, 52 of adopted children and 6 of fostered children showed that a wide range of social circumstances and adjustment was possible for such children in adulthood. Secondly, this study indicated that a great many factors could influence the ultimate outcome for each individual adjustment and that these multifarious factors were often less questions of overt fact or circumstance than of subtle emotional attitudes. Thirdly, it was clear that in the adoption situation itself certain basic patterns recurred throughout the whole series. Finally, from the evidence available under the second and third conclusions, it was evident that this situation of a child being brought up by parents who did not bear him can be "a complicated experiment beset with problems for the child and parent", and it is not, as is often assumed one "with no more problems than those potentially inherent in any parent-child relationship". (1)

Conclusions can be drawn and tendencies indicated from the patterns described in the last chapter. These will be related to the findings of the other studies on adoption problems which were described in Chapter III. Before this is done, however, the specific limitations which are inevitable in any study of adoption at a point in time should again be stated.

(1) See P. 112 of this thesis (Chapt. III).
First this study used details which were made available through the retrospective introspection of adults adopted as children. These details were confirmed, and in some cases elaborated further by the family doctor. Full details, however, were not always available in all cases. This could be so either because these were not known to the adopted person or because the information related to occurrences at such an early age that these could not be recalled by the adopted person.

Secondly, this was an exploratory study, and as such it cannot be known whether it has covered all the family and other patterns possible within the adoption situation. It certainly covered all the major patterns about which there is current controversy from the point of view of making adoption placements.

Thirdly, this was a study of environmental factors. The adopted person's individual inherited predispositions in so far as these could have been assessed by a detailed study of the history of the biological family, were of necessity excluded since the detailed history of the biological family was inevitably not available. Particular patterns, however, both in the environment and in the adopted adults' reactions to facets of the adoption situation recurred in the histories and conclusions can be drawn from these.

When the age of the adoptive mother at the time of placement was examined in relation to the adjustment classification, it was found that there was a larger percentage of adoptive mothers under 40 amongst the well adjusted group than the percentage of those of similar age in the poor adjustment group.
Differences in age as such, however, did not account for the wide range of adjustment found. Much more important was the personality and stability of the adoptive mother and her attitudes to the child.

Michaels and Brenner in their study\(^{(1)}\) found that there was no significant connection between the age of the adoptive parents and the success or otherwise of the placement. In this present study, however, it was clear that, other things being equal, there was advantage to the child in being brought up in a home where the adoptive mother was under 40 rather than over 40. Adoption by couples of normal child-bearing age had an additional advantage that this aroused no comments from outsiders about the elderliness of the child's parents.

The death of adoptive parents could leave an adopted child in a vulnerable position, but provided that the rest of the adoptive family were accepting in their attitude towards the child this need not in itself lead to poor adjustment.

Health problems in adoptive parents could be associated with all degrees of adjustment but ill health of a psychogenic or hypochondriacal nature was particularly associated with the parents of those who had an "intermediate" or "poor" adjustment. The histories showed that adoptive mothers with such illnesses were possessive, restrictive and inconsistent towards their adopted children. Because of their own egocentric needs and problems they had no insight into the adoption situation from the point of view of the child.

Good adjustment in this series was never associated with the situation where one parent was bringing up a child and in fact it could lead to a particularly incongruous situation for the child.

The adequacy of the financial circumstances of adopters did not vary in relation to the adjustment classification, although it was found that there was a slightly higher proportion of adoptive parents in the two highest occupational classes amongst those with a poor adjustment than amongst those with a good adjustment. It will be remembered that Michaels and Brenner concluded from their study that it was dangerous to assume that those couples who were better educated and who were in the higher income groups necessarily provided a richer home emotionally for an adopted child. On the other hand, one of the conclusions of the survey done by the National Association of Mental Health(1) was that there was no evidence in those adoptions studied by them of a higher proportion of failures amongst the higher work status groups. The findings of the present research led to conclusions similar to those of Michaels and Brenner. It must be remembered, however, that the universal popularity of adoption in the middle and professional classes in this country dates only from the Second World War. Previously it was viewed as rather unusual in these social groups. This in itself may have created additional problems for those interviewed in this series, and so in part may have contributed to their "poor" or "intermediate" adjustment. The histories, however, showed the kind

(1) A Survey based on Adoption Case Records (1956).
of social and educational pressures which can be put on an adopted child in such a home. Shaw, whose study\(^{(1)}\) was concerned mainly with middle-class families, also commented on the fact that the less intelligent adopted child was a disappointment to its parents and that adopting couples had stressed the importance of matching the achievement background of the biological parents and of the adoptive parents in order to avoid such disappointment. Michaels and Brenner showed in their study, however, that prediction by intelligence testing and by the background of biological parents gave only 50% accuracy. Their conclusion was to stress the need to select adopters who were not primarily concerned with the intellectual status of the child.

All, however, that can be concluded from the present study is that factors other than high material standards and good educational opportunities are essential for good adjustment.

Reference has already been made to the conditions laid down by most adoption societies about religious affiliation for prospective adopters. This study showed that again other factors are important here, and that it should not be assumed that because adopters are members of a Church they would be sympathetic adoptive parents. In fact it would seem important to assess particularly carefully the attitudes of those who hold very rigid religious beliefs since these, if puritanical, might lead them to find difficulty in accepting illegitimacy and the child born to unmarried parents.

The age of the child at placement was found in this study to be apparently important only within certain limits. There was a larger proportion placed under four months amongst the well adjusted than amongst the poorly adjusted, but good adjustment could be associated with placement as late as eighteen months and poor with very early placement. After the age of two, however, there was clear evidence of feelings of insecurity in the child resulting from such late placement.

When the family pattern in which the adopted child was brought up was examined, it was found that a good and a poor adjustment could be associated with all five family patterns described. There was no evidence to support the finding reported in the National Association for Mental Health study that the chances of success were increased when the adopted child was an only child as compared with the situation where there were other children in the family. There was also no evidence to support Shaw's tentative finding that there appeared to be a slight advantage when the child was adopted to complete rather than to create a family.

In this study, it emerged that much more important than family pattern as such were the basic attitudes in the family to all the children, whether adopted or biological. These attitudes related to the many factors which could be seen as collectively contributing to the total situation where a good adjustment was possible. These will be discussed later in this chapter. It is important, however, to note that the mixed family, in the sense of mixed biological and adopted
children, is potentially fraught with difficulties, since the adopted child can always interpret differences in parental behaviour, whether or not justifiably different, in terms of preferential treatment for the biological child.

The question of whether it is helpful or unhelpful in the adoption situation if the adoptive parents already knew the biological parents was seen to relate more to the adoptive parents' attitude to what they knew of the biological parents rather than the actual content of what they knew. Of prime importance here was whether or not the adoptive parents transferred any critical feelings they might have towards the biological parents to their feelings and attitudes towards the adopted child.

For an adoptive home to be an environment conducive to good adjustment in later life for a child placed there, a wide range of factors was seen to be necessary. First it emerged as essential that the marriage relationship between the adoptive parents should be stable, essentially happy and mutually satisfying. There was evidence that the adoption of a child could put extra strains on a marriage relationship, as where an adoptive mother became jealous of the relationship between the adoptive father and a non-biological daughter. There was evidence too that some couples seeking to adopt a child did so because of incompatibilities in the marriage.

Secondly it was seen as important that both adoptive parents should be able to offer children emotional security and acceptance, consistent discipline, together with encouragement,
but also freedom for the child to develop along its own individual lines. The neurotic hypochondriacal mother was unlikely to be able to offer this. Also those conditions would not be available unless both parents had been equally enthusiastic in the first instance about adopting a child. They would also not be available in situations where consequent on the birth later of a biological child into the family, both parents did not maintain such attitudes to the adopted child. A further situation where these essential conditions would not be available was where the child was adopted for a reason other than a spontaneous and genuine love of children or because of a real concern for the future of an individual child. When the reasons for adoption by married couples or others was examined, it was found that in certain circumstances the child would not be accepted for itself but only in so far as it met the specific needs of those who adopted it. These circumstances were where the reasons for adoption were:

to have someone who belonged to the adoptive parent or parents or who would offer them company;

to have someone to care for them in their old age;

or to repeat the pattern of their own early childhood.

Thirdly, it was clear that the attitudes of adoptive parents towards the biological parents, either as people or as unmarried parents, and their attitude towards illegitimacy and to the illegitimately born child they had adopted, could all influence their basic attitude of acceptance towards their adopted son or daughter. For the child it was important that its adoptive
parents should not transfer to it feelings of criticism or envy which they might have towards unmarried parents who had borne children when they themselves had been unable to do this. Fears and strong feelings about the inheritance of particular behaviour patterns was a frequent pattern to this series, and one which was never associated with good adjustment.

Fourthly, adopted children resented the attitude found in several adoptive homes that the children should be grateful to the adoptive parents because they had been cared for and adopted by them. This attitude produced a feeling of resentful obligation towards these parents, or alternatively a resentful rebellion against them since the children felt that they had had no opportunity to participate in the decision that these particular parents would adopt them. This decision had been made entirely by the adoptive parents.

It emerged as important that in any assessment of an adoptive home due regard should be paid to the attitudes of the whole family and not simply to those of the prospective adopters themselves, since the child placed into a home acquired not only new parents, but adoptive siblings, grandparents, uncles, aunts and cousins. The critical attitude of any of these could be sensed by an adopted child.

When the question was examined of how the adopted person had heard of his or her adopted status, it emerged that this was information which they considered should come to them on the initiative of their adoptive parents and not from outsiders. The comments of outsiders could frequently be critical and cruel.
and could occur in situations which made the adopted child feel different and isolated from its peers. The age in childhood when peers were most likely to comment on the child's adopted status was nine, although there could be comments from as early as five. Children could also learn of their adoption in many ways and they did not necessarily communicate their discoveries to their parents. They disliked uncertainty about their status. It emerged therefore that in order to avoid the risk of trauma a child should be told by its adoptive parents of its adopted status before the age of five. Thereafter there were risks in the situation for the child, from outsiders' comments or from chance discovery. Another risk in delaying telling a child was that in the interval he or she might acquire attitudes and ideas about adoption or about adopted children which implied that they were apart and different from other children. In acquiring such attitudes the adopted child would have assumed that he or she was in the group of non-adopted children. A further risk in delaying was that when the child was ultimately told it would feel that the parents had deceived it. This could lead the child to lose confidence in its parents, in their reliability and their veracity.

Although there were individual differences, the adopted and fostered children in this series wanted on the whole to have factual information about their biological parents and about why and how they had been placed for adoption. Inadequate, incomplete or varying information here led to difficulties. For example, if they were not given information, or were given
conflicting details, then they fantasied what the true story might be, and in most cases their fantasies made their biological parents and the circumstances of their birth less socially acceptable than they were in reality.

There was evidence that, although these adopted and fostered children wanted to know about their antecedents, they did not want to be given information which implied rejection of them by their biological parents, or which suggested that there were wide social and material differences between the circumstances and homes of their biological and adoptive parents.

The men were less curious than the women. The women found themselves curious when contemplating marriage or when they themselves became a mother. Although they were curious, either always or at some point in their lives, in only five cases did they view such biological parents potentially as parents. In all other cases their interest in their biological parents arose simply out of curiosity. It was the adoptive parents whom they viewed as their parents. Even in the five cases where the biological mother would have been actively sought as a mother, the adopted person felt some filial obligation to the adoptive parents. This relationship with the adoptive parents appeared in individual histories to be in fact a particularly compelling one in that it could be either a particularly strong positive feeling towards the adoptive parents, or a particularly strong negative feeling against them. Those who were happy in their adoptive homes felt that they wanted to give more to their adoptive parents once they knew they were adopted. Of those
who were unhappy in their adoptive home, some talked of wanting to make a complete break with their adoptive parents and homes, whilst others talked of feeling even more obligated to their adoptive parents once they knew of their status.

An important and unexpected finding was the pattern which emerged about communication within the adoptive family. This showed that communication about adoption was on the whole one-way, from the adoptive parents to the child. The child, though wanting to be told of its adopted status and to be given information about its biological parents, about why and how its adoption was arranged, could not ask its adoptive parents. Even when the subject was raised on the initiative of adoptive parents, the child frequently feigned indifference.

Although those interviewed wanted to be told of their status, they did not want frequent discussion of it at home. They did not want reference to be made of it to relatives or to those outside the family. They wanted to feel their position in their adoptive family was exactly that of a biological son or daughter.

This whole question of discussing adoption within the adoptive family showed a lack of communication between the world of adults and that of children. A frequent adult attitude to children is that as children they are different from adults. In this attitude it is assumed that children cannot understand certain situations, that they should not be given answers to some of their questions, since in this way they will forget about the wonderings which gave rise to their questions, and also that children do not hear the comments of adults nor observe happenings
between adults or in the home. The histories here however showed children as extremely observant of the happenings and comments in a home and as very sensitive to these. They frequently, however, feigned indifference and they often did not communicate to their adoptive parents the fact that they had observed or heard, and that they had remembered. They also emerged as being much more logical and having much more understanding than their adoptive parents assumed. They represented parental attitudes which implied that they could not understand the adoption situation and that details about this were no concern of theirs.

Another frequently recurring pattern in these histories was where the fact of adoption was something which was generally known within the family and which was recognised tacitly by members both of the intimate and of the wider family, and yet it remained a subject which was never referred to openly.

With regard to this whole question of telling a child of his or her adoption, this present study confirms the findings of the studies by Michael and Brenner and by Shaw that this is a parents' problem. Michael and Brenner commented that although all adoptive parents in their series had originally been advised to tell their adopted children of their adoption, it had not been realised by the adoption workers that there were emotional problems inherent in this for the adoptive parents. That there were emotional problems emerged when these families were later studied. This present study, although focused on the adopted
person's reactions to the adoption situation also revealed that adoption was frequently something which adoptive parents found very difficult to discuss. For example, even in most of the cases where parents had taken the initiative in telling their children of their status, this had not been done spontaneously but because of some other event in the child's life. It emerged that parental difficulties in discussing adoption could be related to parental fears about their adequacy as parents, to their feelings about their own infertility and to their feelings about the illegitimacy of the child whom they had adopted.

The question of physical similarity between the adopted child and its adoptive family was examined. The presence of such similarity could be a positive factor for an adopted child but was not necessary to good adjustment. When this question, however, is linked with the adopted and fostered child's great desire that it should be viewed as one of the adoptive family and that no reference should be made of its adopted status to outsiders, then it is clear that striking differences in physique and colouring can be seen as accentuating the child's adopted status both to itself and to outsiders. It will be remembered that Michaels and Brenner concluded on this question that there was a general advantage for the child to bear some resemblance to its adoptive parents but that this was not stressed by the adoptive parents. This present study suggested that it was the children rather than the adoptive parents who were more aware of these similarities and differences.
When these conclusions are considered in relation to the assessment of couples as prospective adopters, it will be seen that to assess couples for such parenthood requires very careful and detailed interviewing and assessment. As mentioned in the introduction, the interviewing and assessments currently carried out by adoption societies and local authority Children's Departments in this country vary widely, depending on the training and experience of those doing this work. It is clear, however, that interviewing done by anyone other than a skilled interviewer would be likely to reveal little of the subtle attitudes discussed here. Also the reliance which is frequently placed on community standing and material provision would not necessarily lead to the selection of adopters who would provide an environment conducive to good adjustment for the adopted child.

As mentioned in the introduction many workers in this field and sometimes the presiding judge, magistrate or sheriff in the court where the adoption is legalised, will advise adopters to tell the child of its adopted status. The Hurst Committee\(^1\) went so far as to recommend that there should be an entry in the form of application for an adoption order to the effect that the adopters had told the child of its adoption or undertook "to bring up the child in the knowledge that he is adopted".\(^2\) It appears however that little individual help is given on these

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\(^1\) Report of the Departmental Committee on the Adoption of Children, 1954, Paragraph 152.

\(^2\) Ibid., Paragraph 152.
occasions. Generalised statements are used. The assumption is that adopters should have little difficulty in accepting or following such advice and that, if children are curious about their antecedents, they will ask. This present study showed however that this whole question of communication between parents and their adopted children and vice versa, is fraught with emotional implications and problems.

There is divergence of opinion about whether or not children should be told details of their biological parents. Adoption workers (2) imply that adopters should give such information but only if and when the child asks for it. Others have written, "Generally the court discourages adopters to say little or nothing about the natural parents to their adopted children when they grow up. It is no good fostering any sentiment which could compete with loyalty to the home they are to enter." (3) This present study showed that neither of these attitudes corresponds to the needs of the adopted child. If the conclusions of this study are accepted, then it would seem that it is not in the interests of the adopted person that they should be precluded, as they are in England, from having access to factual information about their biological parents.

(1) See "What shall we tell our adopted child?" and "Adopting a Child"; pamphlets issued by the Standing Conference of Societies Registered for Adoption.


(3) "Adoption" by Margaret Kornitzer, (1959), Chapters XIV, XV and XVI.

(2) See "Adopting a Child", pamphlet issued by the Standing Conference of Societies Registered for Adoption, P.11.

In the introduction it was shown how the protection of current adoption law lies first, in the regulation of placements made by adoption societies and local authorities; secondly, in the supervision by the local authority of third party placements after the child has been placed in an adoptive home, and finally and ultimately in the investigation of the curator and guardian ad litem. This study would suggest that much more should be enquired into than is specified in the regulations\(^{(1)}\) and in the duties\(^{(2)}\) of the curator and guardian ad litem.

Much, however, remains unknown in this field of child adoption, and further exploratory studies are needed. This present study considered adoption from the viewpoint of the adopted person. Detailed studies too are needed of a representative group of adopting parents and also of all those who apply to adoption societies and other organisations to be considered as prospective adopters. Studies are equally needed of the histories of those who offer their children for adoption.

It is only in this way that we can hope to acquire objective knowledge to replace vague generalisations and surmise. Then we may be able to follow Bacon's dictum, ... "It cannot be that axioms discovered by argumentations should avail for the discovery of new works ... we must lead men to the particulars themselves, while men on their side must force themselves for a while to lay their notions by and begin to familiarise themselves with the facts".\(^{(3)}\)

\(^{(1)}\) See Appendix VII.
\(^{(2)}\) See Appendix VII.
\(^{(3)}\) Quoted by John Madge; The Tools of Social Science (1953) P.60.
APPENDIX I

LETTERS AND CIRCULAR SENT
to
GENERAL MEDICAL PRACTITIONERS

(a) Circular used in initial approaches made to
a group of general practitioners in the Edinburgh
area.

(b) Letter sent in June 1955 to 258 general prac-
titioners in the Edinburgh area.

(c) Letter sent in January 1956 to all general
practitioners in the Lothians and Peebles-shire.

(d) Letter sent in January 1956 to all general
practitioners in the counties of Roxburgh,
Berwick and Selkirk.
Interviews with Adults adopted as Children

Introduction

As Adoption increases in popularity, the need to try to find answers to some of its inherent problems becomes ever more apparent. What kind of people should be encouraged to adopt children? How should a child be told of adoption? How much should he know of his own background? How successful is adoption on the whole? The list is far from complete.

Present Project

There is now a slowly growing awareness that systematic study in the field of adoption is urgently required and the present project aims to try to assess adoption and its problems through the eyes of the persons ultimately most concerned - namely those adopted.

To be valid, such an enquiry must fulfil two conditions:

first, those interviewed should be past adolescence; certainly over 18, and preferably over 20.

secondly, those interviewed should constitute as representative and unbiased a group of "adopted" adults as possible.

In asking for the kind co-operation of General Practitioners in introducing me to "adopted" adults, I believe these two conditions can best be fulfilled. General Practitioners are in contact with all ages, all classes in society and for a reason other than that of adoption.

Details about proposed Interviews

The information sought is of a personal nature but to be worth while it must inevitably be so. My proposals, however, do offer to each individual "adopted" person a chance to say anonymously just what adoption has meant to him or her, and experience shows that they, in fact, enjoy the opportunity to do this and to feel that they personally are contributing to the formation of future decisions. Also much of the information can be obtained through quite general conversation about their lives, schooling, ambitions, leisure activities and so on.

It will be apparent that I am anxious to be introduced to "adopted" persons of all degrees of happiness and of adjustment to their adoptive homes. I hope that several
contacts with each will be possible and here again experience shows that this is understood by the person concerned. Also ultimately it may be possible to meet the adoptive parents, but this would be done only with the full cooperation of the "adopted" person.

Where General Practitioners find an "adopted" adult, whom they have approached, unwilling to meet me, I should be most interested to know of this and also, if possible, the reasons for this unwillingness. To know about such reactions would be invaluable for conclusions drawn from this enquiry.

**Concluding Remarks**

The key to success in this project is that a large group and also a representative group of "adopted" adults should be interviewed. For this, I would be indebted to the interest of General Practitioners.
June 1955.

I write to ask for your kind co-operation in the research which I am doing into the medical social problems of adoption. You would see reference to it in the May issue of "G.P's Only"; although by clerical error, it was stated there that my research was "sponsored by the Department of Social Medicine" instead of supervised by the Department of Social Study and the General Practice Teaching Unit of the University.

As I expect you know, very little is known about the ultimate outcome in adoption placements and about the problems of adjustment. For this reason my research is concerned with interviewing adults (persons over 18) who were adopted as children, and thus gradually building up retrospective life histories. With the co-operation of 23 groups of General Practitioners in the Edinburgh area, I have already been introduced to 25 such adopted persons.

I wonder if you know of any adopted adults in your practice and whether you would be so kind as to arrange an introduction for me? We have found without exception that persons thus approached are very willing to meet me. They realise that, through telling me anonymously just what adoption has meant to them, they can help to build up a systematic study of adoption and so influence future decisions.

I should greatly appreciate your help and interest in this and would be very pleased to call on you so that you could meet me yourself, or to give by telephone any further information which you might want to have. Perhaps you would like to talk to some of the General Practitioners who have already helped me?

I am sorry thus to add to the considerable number of requests on your time, but I feel sure that, as a General Practitioner, you will be as concerned as any other social worker to find answers to some of the many unresolved questions of adoption.

Yours sincerely,
I write to ask for your kind co-operation in the research which I am doing into the problems of adoption. You would see reference to it in the January bulletin from the Secretary of your Local Medical Committee. This research is being carried out under the supervision of the Department of Social Study and the General Practice Teaching Unit of Edinburgh University, and is aided by a Carnegie Scholarship.

As I expect you know, very little is known about the ultimate outcome in adoption placements and about the problems of adjustment in the adoption situation. For this reason my research is concerned with meeting adults (i.e. persons over 18) who were adopted as children, and thus gradually building up retrospective life histories. With the help of General Practitioners in and near Edinburgh, I have already been introduced to 45 such adopted persons.

I wonder if you know of any adopted adults in your practice and whether you would be so kind as to arrange an introduction for me? We have found that patients, thus approached personally by their family doctor, are very willing to meet me. They realise that, through telling me anonymously just what adoption has meant to them, they can help to build up a systematic study of adoption and so influence future decisions. If they have been happy, then this would encourage others to arrange similar adoptions; if unhappy then this could prevent another being placed in a similar situation.

I should greatly appreciate your help and interest in this and would be very pleased to call on you so that you could meet me yourself, or alternatively to give by telephone any further information you feel you would like to have; e.g. as to my approach to patients, etc. Perhaps you would find it helpful to talk to some of the General Practitioners who have already helped me?

I am sorry thus to add to the very considerable number of requests on your time, but I know that, as a General Practitioner, you may well have met in your practice some of the many unresolved questions of adoption and so feel as concerned as any other social worker to try to find answers to some of these.

I look forward very much to hearing from you.

Yours sincerely,
January 1956.

I write to ask for your kind co-operation in the research which I am doing into the problems of adoption. You will have had details of this from the Secretary of the Local Medical Committee and you may also have heard something of it through the Borders Clinical Club.

As I expect you know, very little is known about the ultimate outcome in adoption placements and about the problems of adjustment. For this reason my research is concerned with interviewing adults (i.e. persons over 18) who were adopted as children, and thus gradually building up retrospective life histories. With the help of General Practitioners in and near Edinburgh, I have already been introduced to 45 such adopted persons.

Here I would like to stress that it is the person who has been adopted whom I would like initially to meet. Where there is a happy relationship in the home, it has sometimes been possible to meet also the adopting parents, but this is done only with the adopted person’s permission. I mention this as the letter from the Secretary of the Local Medical Committee might have given a slightly different impression. The person ultimately most concerned, after all, in the outcome of adoption is the person who has to go through the experience being adopted and only through meeting numbers of such people can one build up a true picture of successes and failures in adoption.

I wonder if you know of any adopted adults in your practice and whether you would be so kind as to arrange an introduction for me? We have found that patients, thus approached personally by their family doctor, are very willing to meet me. They realise that, through telling me anonymously just what adoption has meant to them, they can help to build up a systematic study of adoption and so influence future decisions. If they have been happy, then this would encourage others to arrange similar adoptions; if unhappy then this could prevent another being placed in a similar situation.

I should greatly appreciate your help and interest in this and would be very pleased to call on you so that you could meet me yourself, or alternatively to give by telephone any further information you feel you would like to have; e.g. as to my approach to patients, etc. Perhaps you would find it helpful to talk to some of the General Practitioners who have already helped me?
I am sorry thus to add to the very considerable number of requests on your time, but I know that, as a General Practitioner, you may well have met in your practice some of the many unresolved questions of adoption and so feel as concerned as any other social worker to try to find answers to some of these.

I look forward very much to hearing from you.

Yours sincerely,
APPENDIX II.
Details of adopted adults who were not interviewed.

(1) Man, aged 24. Institution for Mental Defectives.
(2) Woman, aged 33. Institution for Mental Defectives.
(3), (4) In Armed Forces.
& (5)
(7) Woman in twenties. Professional occupation. Agreed to meet worker but adoptive mother then objected.
(9) Man, aged over 60. Self-employed in semi-skilled occupation. Poor marital relationships. Preferred not to talk of early history.
(10) Man, aged 29. Adopted by two spinsters. Shy and sensitive about adoption. Preferred not to participate in research.
(11) Man, aged 18. Adopted by married couple who had been unable to have children. Ten years after adoption, a boy born to couple. Preferred not to participate in research.
(13) **Woman, aged 33.** Separated from husband. Unstable personality. Poor social functioning. Agreed to participate but failed to keep two appointments.

(14) **Woman in early twenties.** In women's service. Younger brother born to adoptive parents. Impulsive. Agreed to meet worker but when first interview delayed did not respond to further approaches.
L. ADOPTEE BIOGRAPHICAL HISTORY

Factual Details:
- Date of Birth
- Place of Birth
- Date of Placement or Age at Placement
- Date of Adoption and whether de facto or legal
- How Adoption arranged
- Experience prior to placement
- Any separations from Adoptive Home
- Preschool
- School and other Muscular Development
- Work record
- Health Record and Physical Condition
- Habits regarding alcohol, tobacco, drugs, etc.
- Social Relationships, Leisure-time pursuits and interests
- Religion
- Use of Money

APPENDIX III

INTERVIEW GUIDE
I. ADOPTED PERSON'S HISTORY

Factual Details.

Date of Birth.

Place of Birth.

Date of Placement or Age at Placement.

Date of Adoption and whether de facto or legal.

How Adoption arranged.

Experience prior to placement.

Any separations from Adoptive Home.

Pre-School.

School and other Education.

Work Record.

Health Record and Physique.

Habits regarding alcohol, tobacco, drugs, etc.

Social Relationships, Leisure-time pursuits and Interests.

Religion.

Use of Money.
Details of Relationships.

Relationships and feelings towards:-

(a) adoptive parents.
(b) others in family.
(c) relatives.
(d) biological parents, or if not known, feelings about this lack of knowledge.

Relationships with friends of own age:-

(a) own sex.
(b) opposite sex.

Relationships with others in the community:-

(1) at school (a) contemporaries.
   (b) those in authority.
(2) at work (a) colleagues.
   (b) those in authority.
   (c) subordinates.
(3) in the wider community.
Adoption Situation.
When told of adoption.
By whom.
Adopted person's reaction.
When told about biological parents and amount of information given.
Any problems as an adopted child.
General Attitude to Adoption.
(a) as an adopted child.
(b) as a parent himself, either of biological or of adopted children.
(c) to others knowing of his adoption.
Aim in Life.
Personal Stability.
Any deviations in behaviour.
Whether relationships were stable and relaxed.
Whether any aggressive reactions.
Whether personally satisfied, happy and relaxed.
II. ADOPTIVE FAMILY.

Adoptive Parents – Father and Mother.

Factual Details.

Early Personal History.

Education.

Occupation and work record.

Health Record.

Social Relationships, Leisure-time pursuits and Interests.

Religion.

Use of Money.

Personality.

Age at Marriage.

Age at time of adoption placement.

If no children of the marriage, why.

Motive in adopting.

Details of Relationships.

Relationship:-

- to each other.

- to adoptee.

- to others in the family.

- to relatives.

- at work.

- in the wider community.
Personal Attitudes and Stability.

Attitude to children.
Attitude to adoption.

Aim in Life.

Any deviations in behaviour.

Whether relationships were stable and relaxed.

Whether personally satisfied, happy and relaxed.

Others in Adoptive Family.

Age at placement.

Sex.

Education.

Occupation and work record.

Health.

Social Relationships, Interests, etc.

and other details as relevant.

Details of Relationships.

Relationship to

adoptee.

parents.

others in family and outside it.

Relatives.

Details of those alive during time of life history.

Amount of contact with them.

Their attitude to:-

adoptee.

adoption in general.

adoptive parents.
III. BIOLOGICAL PARENTS.

Biological Mother.
Age at birth.
Education.
Occupation.
Medical History.

Biological Father.
Age at birth.
Education.
Occupation.
Medical History.

Social History of both.

Status of Child.

Why placed for adoption.
IV. SPECIFIC ADDITIONAL AREAS OF ENQUIRY WHICH EMERGED AS IMPORTANT AND RELEVANT.

(a) Attitude of adoptive parents to talking about biological parents and to giving details about adoption.
Attitude of adopted person to asking for details.

(b) Attitude of adoptive parents to biological parents and to illegitimacy.

(c) Adoptive parents' attitude to discussing sex and reproduction with the adopted child and their attitude to the child in adolescence.

(d) How much adopted person wanted adoption referred to within the family and outside it.

(e) Specific information wanted by adopted person about his adoption and his biological parents.

(f) Resemblances and dissimilarities between the adopted person and members of the adoptive family.

(g) Adopted person's knowledge of adoption and of illegitimacy and his attitude to these before he knew that he himself was adopted.
APPENDIX IV

CHART USED FOR ANALYSIS OF HISTORIES
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<tr>
<th>Name</th>
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<th>Sex</th>
<th>Single</th>
<th>Illegitimate</th>
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<td>4. Personality and Interests.</td>
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**Marriage**

- Ages when married.
- Family Pattern Details of others in Family
- Why no children
- Finances Changes of Address
- Area's Knowledge of this Area's Attitude to Adoption
- Relationships in Adoptive Home
  - 1. Between adoptive parents
  - 2. Between adoptive father and adopted person
  - 3. Between adoptive mother and adopted person
  - 4. Between siblings and others in immediate family

**Religious Atmosphere**

- Relatives, Contact with relatives
- Attitude of relatives

**ADOPTION SITUATION**

- Reason for Adoption Defacto Name used Legal Name used
- Any fostering payments. Legalised Legalised 1. by adoptive parents
- Official visits by welfare visitor as recalled by child
- How adoption arranged
- Whether child related to adoptive parents.
## Knowledge of own adoption

- Incidents, feelings and reactions
- Adopted person's attitude to own adoption.

## Adopted Person's Attitude to Discussion of Adoption

1. By self to friends
2. By self to stranger or by strangers
3. By self to own children
4. By adoptive parents within family
5. By adoptive parents to strangers.

## Adoptive Parent's Attitude to:

1. Discussion of Sex
2. Adopted child in Adolescence

## Adopted Person's Attitude to:

1. Appearance
2. Temperament

## Adopted person's knowledge of adoption or experience of others adopted before knew of own adoption

## Adopted Person's comments about adoption in general.

## Adoptive Parent's Attitude to Biological Parents:

1. Biological parents
2. Unmarried mothers
3. Illegitimacy.

## Any relevant information about biological parents with reference to adjustment
| School and Education Record | Work Record | Health Record and Habits | Social Relationships and Interests | Marriage and Children, and/or Chronological History after Adolescence | Any deviations Any contact with social workers and others. |

Assessment of adopted person's adjustment
## APPENDIX V

### KEY TO HISTORIES

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## Comparative Tables of Occupational Class of Adopted Person, Adoptive Parents and Biological Parents

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APPENDIX VII

LEGAL DETAILS, FORM OF REGISTRATION OF ADOPTION.

AND ANNUAL FIGURES OF LEGALISED ADOPTIONS

(a) Form of Entry in Adopted Children Register

(I) Adoption of Children Act, 1926.

(II) Adoption of Children (Scotland) Act, 1930.


(b) The Adoption Societies (Scotland) Regulations, 1943.

Second and Third Schedule

(c) Details of additional duties of guardian and curator ad litem contained in Statutory Instruments following the Adoption of Children Act, 1949.


(II) Act of Sederunt (Adoption of Children) 1950 Section 4 (1).

(d) Particular duties of guardian and curator ad litem contained in Statutory Instruments following the Adoption Act, 1958.


(II) Act of Sederunt (Adoption of Children) 1959, Section 6.

(e) The Adoption Agencies (Scotland) Regulations, 1959.

Third, Fourth and Fifth Schedule.

(f) (I) Shortened Certificate of Birth from Register of Births - Scotland.

(II) Shortened Certificate of Birth relating to an adopted child - Scotland.
(g) Annual Figures of Registration of Adoption Orders.

(I) In England 1927 to 1957.

(II) In Scotland 1930 to 1957.
Form of Entry in Adopted Children Register
under Adoption of Children Act, 1926.

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<th>Date of Entry</th>
<th>Name of Adopted Child</th>
<th>Sex of Adopted Child</th>
<th>Name &amp; Surname Address &amp; Occupation of Adopted and Adopters</th>
<th>Date of Birth of Child. (Enter date of Birth (if any) directed by the Adoption Order to be entered, but otherwise, no entry.)</th>
<th>Date of Adoption Order &amp; Description of Court by which made.</th>
<th>Signature of Office Deputed by Registrar General to attest the Entry</th>
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<td>Name and Surname of Adopted Child</td>
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<td>Sex</td>
<td>Name and Surname Occupation and Address of Adopted and Adopter</td>
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<td>Date of Registration and Signature of Registrar-General</td>
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ADPTION ACT, 1958. FIRST SCHEDULE.

FORM OF ENTRY IN ADOPTED CHILDREN REGISTER - ENGLAND.

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<th>Sex of child</th>
<th>Name and surname, address and occupation of adopter or adopters</th>
<th>Date of adoption order and description of court by which made</th>
<th>Date of entry</th>
<th>Signature of officer deputed by Registrar General to attest the entry</th>
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(1) Information about country of birth was added to the form of entry by the Adoption of Children Act, 1949. In England the registration area of original birth entry is also given. In Scotland only the country of birth is given.
ADOPTION ACT, 1958.  SECOND SCHEDULE

FORM OF ENTRY IN ADOPTED CHILDREN REGISTER IN SCOTLAND.

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<th>Name and surname, occupation and address of adopter or adopters</th>
<th>Date of adoption order and description of court by which made</th>
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Form of Memorandum and Certificate required by Regulation 3.

ADOPTION OF CHILDREN (REGULATION) ACT, 1939.

Memorandum to be furnished by a registered adoption society to every parent or guardian who proposes to place a child at the disposition of the society.

If an adoption order is made in respect of your child, all your rights and duties with regard to the child will be transferred permanently to the adopter. If you have taken out an insurance policy against funeral expenses for the child, the insurers will be able to advise you whether the policy can be transferred to the adopters, as is often the case.

It is for the adopters to apply for an adoption order but, unless there is some special reason to the contrary, the court which deals with the application will not make an order without your consent. The only grounds on which an adoption order can be made without the consent of the child's parents or guardians are that they have deserted the child or cannot be found or are out of their proper senses or otherwise incapable of giving consent. You may have to appear before the court in private to tell them whether you agree to the adoption.

An adoption society cannot arrange for your child to be sent abroad for adoption without a licence from a Sheriff within whose jurisdiction the child is resident, and here again the
the licence cannot be granted without your consent, unless for one of the reasons stated above.

ADOPITION OF CHILDREN (REGULATION) ACT, 1939.
Certificate to be furnished to a registered adoption society by every parent or guardian who proposes to place a child at the disposition of the society.

To*

I hereby certify that I received from you a memorandum headed "Adoption of Children (Regulation) Act, 1939" from which I have detached this form of acknowledgement; and that I have read the memorandum and understand it.

Signature ...........................................
Address ...........................................

...........................................
Signature ...........................................
Address ...........................................

...........................................
Date ..............................................

* Here insert name of adoption society.
THIRD SCHEDULE

Points on which inquiries must be made and reports obtained in the case of every child proposed to be delivered by or on behalf of a registered adoption society into the care and possession of an adopter.

Part A. Particulars relating to the child.

1. Name.
2. Address.
3. Date and place of birth.
4. Is the child a British subject?
5. If baptised, state place of baptism and denomination.
6. Full name, address and age of the child's parents. If dead, state date of death.
7. Parents' religion(s).
8. Has either parent any other children? If so, state their age and sex.
9. Is there any history of insanity, tuberculosis or other disease in the family of either parent?
10. Why is the child offered for adoption?
11. Has the child any right or interest in property? If so, give full particulars.
12. Has any insurance been effected on the life of the child?

Part B.

1. If the mother is alive, does she consent to adoption?
2. If the father is alive, (a) is he married to the mother or otherwise liable to contribute to the child's maintenance? If so, give particulars. (If the parents are separated, state whether there is a separation order in force).
   (b) does he consent to the adoption?
3. If the child has guardians, state
   (a) their names and addresses;
   (b) how and by whom they were appointed;
   (c) whether they consent to adoption.

4. (a) Are any other persons liable to contribute to the
     support of the child?
   (b) If so, do they agree to adoption?

5. If the answer to question 1, 2(b), 3(c) or 4(b) is in the
   negative, the reasons should be stated.

Part C. Particulars relating to the adopter(s).

1. Name(s).
2. Address(es).
4. Date(s) of birth.
5. Religion(s).
6. Occupation(s).
7. Is it intended to apply for an adoption order?
8. Is the adopter married or are the adopters a married
   couple? If so, give date and place of marriage, and say whether it is intended to make a joint
   application for an adoption order.
9. Is there any child of the adopter(s) living at home?
   If so, give age and sex.
10. Has any child been adopted by the adopter(s) before?
    If so, give particulars.
11. What is the accommodation and condition of the home?
12. What are the means of the adopter(s)? How far are
    the earnings of children living at home included?
13. What are the wishes of the adopter(s) as to the age
    and sex of the child they wish to adopt?
14. Give the names and addresses of two responsible persons
    who can vouch for the character of the adopter(s).

Part D.

1. (a) Have the particulars given under Parts A, B and C
    above been verified so far as possible?
(b) Have the particulars of the birth of the child, and of the death, marriage or separation of the parents, and of the marriage of the adopter(s) been confirmed by inspection of certificates of birth, death or marriage or the separation order?

2. Has a representative of the case committee interviewed the adopter(s)?

3. Has the home of the adopter(s) been inspected by a representative of the case committee? Was it found satisfactory?

4. Are the adopter(s) and the members of their household persons of good character? Have their references been taken up?

5. Do the adopter(s) and the members of their household appear to be in good health?

6. Has the child been seen by the adopter(s)?

7. Has the child been accepted by the adopter(s) with a view to adoption?

Part E. Medical Particulars.

(The medical report must be signed by a duly qualified medical practitioner)

1. (a) Date of birth.
   (b) Weight at birth (state if premature).
   (c) Present weight.
   (d) Was the mother's confinement normal or instrumental?

2. Was the child -
   (a) entirely breast-fed;
   (b) partially breast-fed; or
   (c) entirely bottle-fed?


4. - (a) When did the child begin to walk?
   (b) When did the child begin to talk?

5. Has the child any affection of bones, muscles or joints?
6. Are there any evidences of paralysis?
7. Are there any evidences of syphilis? State result of serological test.
8. Is there any evidence of tuberculosis?
9. Has the child had fist? If so, state nature.
10. Is there, or has there been, any affection of the skin?
11. Is there, or has there been, any affection of the eyes?
   Is the sight normal?
12. Has the child had any discharge from the ears, or any serious ear trouble, and can it hear well?
13. Are the nose and throat in health condition?
14. Is there any evidence of disease of heart or lungs?
15. Has the child normal control of bowels and bladder for its age?
16. Is the child now suffering from any infectious or contagious disease?
17. Has the child had scarlet fever, measles, chicken-pox, whooping-cough, diphtheria, or mumps?
18. (a) Has the child been vaccinated?
   (b) Has the child been immunised against diphtheria?
19. Has the child any signs of active or healed rickets?
20. Is the child's mental and physical development normal for its age?
21. Are behaviour, speech and articulation normal for its age?
22. If the child has been neglected or improperly fed, do you consider its constitution such that good nursing and proper care would make it suitable for adoption?
23. Give particulars of any condition not mentioned above about which you consider an adopter should be informed.
ADOPTION OF CHILDREN
THE ADOPTION OF CHILDREN
(SUMMARY JURISDICTION) RULES, 1949.
SECOND SCHEDULE.
ADDITIONAL MATTERS SUBJECT TO INVESTIGATION
AND REPORT BY GUARDIAN AD LITEM

PART I
The Applicants

1. In the case of a joint application, how long the applicants have been married.

2. In the case of an application by one only of two spouses—
   (a) whether the other spouse consents to the application; and
   (b) why he or she does not join in the application.

3. What other children (including adopted children) the applicants have.

4. What is the age and sex of all children living in the home of the applicants, and what is their relationship to the applicants.

5. What number of living rooms and bedrooms are contained in the home of the applicants, and what is the condition of the home.

6. What are the means of the applicants.

7. Whether either of the applicants suffers or has suffered from any serious illness, and whether there is any history of tuberculosis, epilepsy or mental illness in their families.
8. Whether any person specified in the notice of application as a person to whom reference may be made is a responsible person and recommends the applicant without reservation.

9. Whether the applicants understand that an adoption order is irrevocable and that the order if made will render them responsible for the maintenance and upbringing of the infant.

PART II

The Infant

10. Whether the infant has any right to or interest in any property.

11. Whether the infant (if of an age to understand the effect of an adoption order) wishes the order to be made.

12. Whether an order committing the infant to the care of a local authority as a fit person under the Children and Young Persons Act, 1933, or a resolution for the assumption by a local authority of parental rights, is in force in respect of the infant.

PART III

The Parents

13. Whether the mother consents to the adoption and identifies the birth certificate (if any) attached to the notice of application as the birth certificate of the infant.

14. Whether the father consents to the adoption.

15. If the infant is illegitimate, whether an affiliation order
has been made against any person adjudged to be the putative father of the infant, or an agreement to contribute to the maintenance of the infant has been made by a person acknowledging himself to be the father of the infant, and in either case whether that person consents to the adoption.

16. When did the parent or parents part with the infant, and to whom.

17. What are the reasons of the parent or parents for consenting to the adoption, and whether his or their consent is given without pressure from other persons.

18. Whether the parent, or each of the parents, understands that an adoption order is irrevocable, and that the order if made will deprive him or her of all rights in respect of the maintenance and upbringing of the infant.

19. Where the statement of application requests the court to dispense with the consent of the parent, or either of the parents, on the ground that he or she cannot be found, what steps have been taken to trace him or her.

-------------------
4.-(1) In all applications for adoption the applicant shall state (a) the date upon which the child was received into his care and possession, (b) whether the child has since that date been continuously in his care and possession and (c) the date upon which he notified the welfare authority for the area in which he was then residing of his intention to apply for an adoption order in respect of the child. These statements shall be investigated by the curator ad litem and the results of his investigation shall be included in his report.
Particular Duties of Guardian Ad Litem

1. The guardian ad litem shall interview the applicant and shall ascertain -
   (a) particulars of all members of the applicant's household and their relationship (if any) to the applicant;
   (b) particulars of the accommodation in the applicant's home and the condition of the home;
   (c) the means of the applicant;
   (d) whether the applicant suffers or has suffered from any serious illness and whether there is any history of tuberculosis, epilepsy or mental illness in the applicant's family;
   (e) in the case of an application by one only of two spouses, why the other spouse does not join in the application;
   (f) whether any person specified in the application as a person to whom reference may be made is a responsible person and whether he recommends the applicant with or without reservations;
   (g) whether the applicant understands the nature of an adoption order and, in particular, that the order, if made, will render him responsible for the maintenance and upbringing of the infant.

2. The guardian ad litem shall ascertain and inform the applicant -
(a) whether the infant has been baptised and, if so, the date and place of baptism;
(b) what treatment the infant has received with a view to immunising him against disease;
(c) whether the infant has any right to, or interest in, any property;
(d) whether an insurance policy for the payment on the death of the infant of money for funeral expenses has been effected.

3. - (1) The guardian ad litem shall, as soon as is reasonably practicable, ascertain whether the infant is able to understand the nature of an adoption order.
   (2) If the guardian ad litem is of opinion that the infant is able to understand the nature of an adoption order, he shall forthwith inform the court of his opinion and ascertain whether the infant wishes to be adopted by the applicant.

4. The guardian ad litem shall interview either in person or by an agent appointed by him for that purpose -
(a) every individual who is a respondent to the application; and
(b) every individual who appears to him to have taken part in the arrangements for the adoption of the infant.

5. - (1) The guardian ad litem shall obtain from every respondent to the application, not being an individual, such information concerning the infant as they have in their possession and which they consider might assist the court in deciding whether or not the infant should be adopted by the applicant.
   (2) Where such information is given in the form of a written report, the guardian ad litem shall append it to his own report to the court.
6. The guardian ad litem shall ascertain when the mother of the infant ceased to have the care and possession of the infant and to whom the care and possession was transferred.

7. The guardian ad litem shall ascertain that every consent to the making of an adoption order authorising the adoption of the infant by the applicant is freely given and with full understanding of the nature of an adoption order.

8. If either parent of the infant is dead, the guardian ad litem shall forthwith inform the court if he learns of any relation of the deceased parent who wishes to be heard by the court on the question whether an adoption order should be made.

9. Where the infant is illegitimate but no-one is liable as the putative father to contribute to his maintenance by virtue of any order or agreement, the guardian ad litem shall forthwith inform the court if he learns of any person claiming to be the father who wishes to be heard by the court on the question whether an adoption order should be made.

10. The guardian ad litem shall forthwith inform the court if he learns of any other person or body who wishes, or ought in his opinion, to be heard by the court on the question whether an adoption order should be made.
6. On presentation of the petition or as soon as may be thereafter: after the Court shall appoint a curator ad litem to the infant in terms of subsection 4 of Section 11 of the Act, whose duty shall be to investigate as fully as possibly and to report to the Court on all the circumstances of the infant and the petitioner and all other matters relevant to the proposed adoption with a view to safeguarding the interests of the infant and, in particular, it shall be his duty to include in his investigation, and to report to the Court upon the following questions and matters:—

(a) Whether the statements in the petition are true and inter alia whether, and if so what steps he has found himself able to take for the purposes of ascertaining that the infant's parent or parents, in giving their consent (if any) to the proposed adoption, understood that the effect of the Adoption Order will be to deprive them permanently of their parental rights;

(b) Particulars of all members of the petitioner's household and their relationship (if any) to the petitioner;

(c) Particulars of the accommodation in the petitioner's home and the condition of the home;

(d) Why in the case of a petition by one of two spouses the other spouse does not join in the petition;
(e) Whether the means and status of the petitioner are such as to enable him to maintain and bring up an infant suitably, and what right or interest in property the infant has;

(f) Whether the petitioner understands the nature and effect of an Adoption Order and, in particular, that the Order, if made, will render him responsible for the maintenance and upbringing of the infant;

(g) When the mother of the infant ceased to have the care and possession of the infant and to whom the care and possession was transferred;

(h) Whether any payment or other reward in consideration of the adoption has been received or agreed upon and whether the adoption is consistent with the welfare of the infant;

(i) What insurance (if any) has been effected on the life of the infant;

(j) Whether it is desirable for the welfare of the infant that the Court should be asked to make an interim order or to impose in making an Adoption Order particular terms or conditions or to require the petitioner to make any particular order for the infant and (if so) what provision;

(k) Whether in his opinion there is any person other than those mentioned in paragraph 8 hereof upon whom service of notice in Form C should be made;

(l) If the applicant is not ordinarily resident in Great Britain, whether a report has been obtained on the applicant's home and living conditions from a suitable agency in the country in which he is ordinarily resident.
This memorandum is addressed to the parent (a term which does not include the natural father of an illegitimate child) or guardian of a child who is about to be legally adopted.

A person proposing to adopt your child has to apply to a court for an adoption order. Before making an order, the court will have inquiries made by a person called the curator ad litem to see whether it would be in the interests of the child that he should be adopted by the proposed adopters. The court will also require to know whether you (and any other parent or guardian of the child) consent. The court cannot make an adoption order without your consent unless it dispenses with your consent on the ground that you have abandoned, neglected or persistently ill-treated the child, or that you have persistently failed without reasonable cause to discharge your obligations as a parent or guardian, or on the ground that you have unreasonably withheld your consent. The court may also dispense with consent on the ground that a parent or guardian cannot be found, or is incapable of giving consent (for instance by reason of being insane).

You will be asked to sign a form of consent which can be

(1) The equivalent regulations for England are almost identical.
shown to the court as evidence of your consent. This form will either give the names of the persons wishing to adopt the child or, if they wish to conceal their identity, will refer to them by a number. If you want to know what sort of people they are, you can ask the adoption society or local authority that is arranging the adoption.

Do not sign the form of consent unless you are quite sure that you are willing that your child should be adopted by these persons. If the court makes an adoption order, your rights as a parent or guardian will be transferred to the adopters and they will become in law the child's parents. You will then have no further right to see the child or to have the child returned to you. If the adopters live abroad, they will probably take the child abroad with them after obtaining an order.

If you do not know the names of the proposed adopters, but wish your child to be brought up in a particular religious faith, you may give your consent on condition that they propose to bring up your child in that faith.

If you sign the form of consent and then, before the adoption order is made, you wish to withdraw your consent, you should inform the court. But the proposed adopters are entitled to refuse to hand back your child to you unless you obtain the permission of the court.

You are not allowed to receive any money for giving your consent.
CERTIFICATE

To (name of adoption society or local authority),

I hereby certify that I have received from you a memorandum headed "Adoption of Children. Explanatory Memorandum", from which I have detached this certificate of acknowledgment; and I further certify that I have read the memorandum and understand it.

Signature ........................................

Address ...........................................

Date .............................................

FOURTH SCHEDULE

PARTICULARS TO BE ASCERTAINED

PART I

Particulars relating to the infant

1. Name ..............................

2. Date and place of birth .................

3. If baptised, date and place of baptism and denomination ......

4. If not baptised, religious persuasion of the infant's father and mother ..................

5. Name, address and age of the infant's father and mother.
   If either is dead, date of death ..................

6. If either the father or mother has any other children, the age and sex of each child ..............

7. Whether there is any history of tuberculosis, epilepsy, mental illness or other disease in either the father's or mother's family .....................
8. Why the infant is offered for adoption and whether he has previously been so offered

9. Whether the mother consents to the infant's being adopted, and, if not, her reasons for not consenting

10. If the infant is legitimate, whether the father consents to the infant's being adopted, and, if not, his reasons for not consenting. If the infant is illegitimate, whether the father (if known) has any objection to the infant's being adopted

11. The names and addresses of the infant's guardians (if any), how and by whom they were appointed, and whether they consent to the infant's being adopted, and, if not, their reasons for not consenting

12. Whether any other body or person has the rights and powers of a parent of the infant and whether that body or person has any objection to the infant's being adopted

13. Whether the infant has any right to, or interest in, any property

14. Whether an insurance policy for the payment on the death of the infant of money for funeral expenses has been effected

**PART II**

**Particulars relating to the proposed adopters**

1. Names

2. Address

3. Date of birth

4. Religious persuasion

5. Occupation
6. Whether the proposed adopters are ordinarily resident in Great Britain, and, if not, the address at which they are ordinarily resident ................

7. Whether the proposed adopters are domiciled in Scotland, England or Wales, and, if not, the country in which they are domiciled ..................

8. If the proposed adopters intend to apply for a provisional adoption order, whether they intend to adopt the infant in law or in fact in the country in which they are domiciled.

9. If there are two proposed adopters, the date and place of the proposed adopters' marriage, and whether either proposed adopter have previously been married and, if so, whether that marriage was dissolved or annulled .............

10. If there is only one proposed adopter, whether that person is married, and, if so, why the spouse did not join in the application, and whether he consents to the infant's being adopted, and, if not, his reasons for not consenting ........

11. Particulars of all members of the proposed adopter's household and their relationship (if any) to the proposed adopters. If any child of the adopters is not living at home, give particulars of the circumstances in which he is living apart from his parents .....................

12. The accommodation in the proposed adopters' home and the condition of the home ..................

13. The means of the proposed adopters ....................

14. The wishes of the proposed adopters as to the age and sex of the child they wish to adopt .....................
15. The name and address of two persons selected by the proposed adopters to whom reference can be made as to their character ......................

16. Whether either of the proposed adopters has previously -
   (a) notified a local authority of his intention to adopt an infant ......................
   (b) applied to an adoption society or local authority with a view to adopting an infant ......................
   (c) had in his care and possession a foster child within the meaning of section 2 of the Children Act, 1958, who has been removed under section 7 of that Act ......................
   (d) been prohibited from keeping a foster child under section 4 of that Act ......................
   (e) had in his care and possession a protected child who has been removed under section 43 of the Adoption Act, 1958 ...........
   (f) been prohibited from keeping a protected child ......................

FIFTH SCHEDULE
MEDICAL REPORT AS TO HEALTH OF INFANT

Child's name ............... Date of birth ............... Sex ...........
Weight ....................... Height ....................... 

A General condition ............... 
   Skin ....................... 
   Eyes (including vision) ............... 
   Ears (including hearing) ............... 
   Nose and throat ....................... 
   Speech ....................... 
   Cardio-vascular system .......................
Respiratory system ..........................................................
Alimentary system ........................................................
Genito-urinary system (including examination of urine for albumen, sugar and phenylpyruvic acid) ............... 
Skeletal and articular system (including examination for congenital dislocation of hip) ....................... 
Nervous system (including fits) ................................. 
Lymphatic system ...................................................... 
Any other comments ................................................. 
Is the child physically normal having regard to his age? .......... 
B Are there any items in the child's history or examination which suggest that he may be mentally abnormal having regard to his age? ...................... 
C Particulars of any illnesses from which the child has suffered .............................................. 
D If known, 
   Weight at birth (if child is under one year of age) ............
   Details of birth, including result of mother's serological tests for syphilis ................................
   Particulars, with dates, of vaccination or immunization against -
       Tuberculosis (state result of Mantoux test or whether child has been successfully vaccinated with B.C.G. vaccine) .............................
       Smallpox .......................................................... 
       Diphtheria ..................................................... 
       Whooping cough .............................................. 
       Poliomyelitis ...............................................
Tetanus (active) ........................................
Any other disease ......................................

E Result of suitable serological test of the child's blood for syphilis taken six weeks or later after birth (please specify test) .............................................

F I examined the child on the ........ day of ......... 19....
Signature ............................................. Address .............................................
Qualifications ...........................................
f. (1) SHORTENED CERTIFICATE OF BIRTH RELATING TO AN ORIGINAL ENTRY IN THE REGISTER OF BIRTHS IN SCOTLAND.

CERTIFICATE OF BIRTH

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES (SCOTLAND) ACTS, 1854 to 1938

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<tr>
<td>Place of Birth</td>
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IT IS HEREBY CERTIFIED that the above particulars are extracted from Entry No. in the Register Book of Births for the ............ of ............ in the ............ of ............ for the year ............

Given at the General Registry Office, New Register House, Edinburgh, under the Seal of the said Office, this ............ day of ............ 19....
SHORTENED CERTIFICATE OF BIRTH RELATING TO AN ADOPTED CHILD IN SCOTLAND

CERTIFICATE OF BIRTH

REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES (SCOTLAND) ACTS, 1854 to 1938

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<td>... ...</td>
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<td>Date and Country of Birth</td>
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IT IS HEREBY CERTIFIED that the above particulars are extracted from a REGISTER OF BIRTHS (Volume ...... Entry No. .......) kept at the GENERAL REGISTRY OFFICE, EDINBURGH.

Given at the General Registry Office, New Register House, Edinburgh, under the Seal of the said Office, this .............. day of .............. 19....
REGISTRATION OF ADOPTION ORDERS,
1927 to 1957.


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### Adopted Children Register

**Number of Adoptions Recorded Annually**


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<p>| No. | Sex | Age when interviewed | Birth status | Age placement | Previous experiences | Any separations from adoptive home | Any separations from biological home | Sex viewed | Status ment | Experience | New adoption arranged | De facto adoption | Legally adoption | Official dealing | Attitude of relatives | Source of referral | Age | How long referring officer or others in practice | By whom | No. of interviews | Other members of family seen or interviewed |
|-----|-----|----------------------|--------------|---------------|---------------------|-----------------------------------|-----------------------------------|-----------|-------------|------------|---------------------|-----------------|-----------------|------------------|------------------|----------------|------------------|------------------|------------------|
| 1   | F   | 25                   | Illegitimate | 1 year        | Fostered unsatisfactorily | Home, school paid for education | Home, child lived in another area. | Direct contact | +            | None       | Direct contact       | +               | Home             | Not all accepting | Hospital          | Volunteered info | 25 | 4 months         | 3               | Illegitimate      | Adoptive mother   |
| 2   | F   | 24                   | Legitimate  | 5/12          | Not well cared for by relatives | Gift of a coat | Home, father visited regularly. | Direct contact | +            | None       | None                  | +               | None             | Accepting         | O.P.             | Volunteered info | 24 | 3 years          | 2               | Adoptive mother   | Adoptive mother   |
| 3   | F   | 19                   | Illegitimate | 10 days       |None                  | None                            | None                            | Direct contact | +            | None       | None                  | +               | None             | Accepting         | O.P.             | Volunteered info | 19 | 3 years          | 1               | Illegitimate      | Adoptive sister   |
| 4   | F   | 30                   | Illegitimate | 10 days       |None                  | None                            | None                            | Direct contact | +            | None       | None                  | +               | None             | Not all accepting | O.P.             | When discussing adopting a child herself | 30 | 6 years          | 3               | Adoptive sister   | Adoptive sister   |
| 5   | F   | 33                   | Illegitimate | 3/12          |None                  | None                            | None                            | Direct contact | +            | at 21       | None                  | +               | None             | Accepting         | O.P.             | Volunteered info | 33 | 30 years         | 3               | Illegitimate      | Adoptive mother   |
| 6   | F   | 42                   | Illegitimate | 5/32          |Fostered satisfactorily | Two payments made for short time | None                            | Through third party | +            | None       | Jailer                  | +               | None             | Accepting         | O.P.             | Volunteered info | 42 | 17 years         | 2               | Adoptive mother   | Adoptive mother   |
| 7   | F   | 35                   | Illegitimate | 5/32          |Not known               | None                            | None                            | Not known               | +            | None       | Business man            | +               | None             | Not accepting     | O.P.             | Volunteered info | 35 | 5 years          | 3               | Adoptive mother   | Adoptive mother   |
| 8   | F   | 29                   | Illegitimate | 9/32          |Pre                    | None                            | None                            | Through police assistance dept. | +            | None       | Visited up to 7         | +               | None             | Not accepting     | O.P.             | Volunteered info | 29 | 7 years          | 2               | Adoptive mother   | Adoptive mother   |
| 9   | F   | 20                   | Illegitimate | 6/52          |Not known               | None                            | None                            | Not known               | +            | None       | Business man            | +               | None             | Accepting         | O.P.             | Volunteered info | 20 | 1 year           | 2               | Adoptive mother   | Adoptive mother   |
| 10  | F   | 45                   | Illegitimate | Birth         | None                  | None                            | None                            | Through substitute       | +            | None       | Engineer                  | +               | None             | Accepting         | O.P.             | Volunteered info | 45 | 8 years          | 2               | Adm. and Ad. Fa. | Adoptive mother   |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>State</th>
<th>P.</th>
<th>M.</th>
<th>F.</th>
<th>Age</th>
<th>Days</th>
<th>Disability</th>
<th>Other Information</th>
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</tr>
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<td>8 F.</td>
<td>No decision after +10 days</td>
</tr>
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<td>9 F.</td>
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<td>16 F.</td>
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<td>17 F.</td>
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Note: The table provides information on various individuals and their respective conditions and durations.
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<th>No.</th>
<th>Age</th>
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<th>Remarks</th>
<th>Mother</th>
<th>Father</th>
<th>Baby</th>
<th>Adoption</th>
<th>Adoption Agency</th>
<th>Medical</th>
<th>Psychiatric</th>
<th>Social Services</th>
<th>School</th>
<th>Other</th>
<th>Comments</th>
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<td>None</td>
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<td>+</td>
<td>20 mo. no.</td>
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<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Emerged when married re-first child</td>
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<td>None</td>
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<td>Through foster care in connection with local hospital</td>
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<td>Direct contact</td>
<td>+</td>
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<td>When facing history in connection with local hospital</td>
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<td>None</td>
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<td>+</td>
<td>10 years</td>
<td>Machine operator</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Making arrangements with G.P.</td>
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<td>None</td>
<td>None</td>
<td>+</td>
<td>14 years</td>
<td>None</td>
<td>Construction worker</td>
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<td>In general conversation with G.P. concerning care of own children at settlement</td>
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<td>None</td>
<td>Long known to child</td>
<td>Direct contact</td>
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<td>Through others working with G.P.</td>
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<td>None</td>
<td>None</td>
<td>Direct contact</td>
<td>+</td>
<td>5 years</td>
<td>Employer</td>
<td>Self</td>
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<td>Through others working with G.P.</td>
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<td>None</td>
<td>Direct contact</td>
<td>+</td>
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<td>Business man</td>
<td>Self</td>
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<td>During family discussion with respect to employment</td>
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<td>None</td>
<td>None</td>
<td>Direct contact</td>
<td>+</td>
<td>None</td>
<td>Business man</td>
<td>Self</td>
<td>Not wholly accepting G.P.</td>
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<td>None</td>
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<td>Through others working with G.P.</td>
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<td>None</td>
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<td>Direct contact</td>
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<td>None</td>
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<td>Through birth mother</td>
<td>+</td>
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<td>None</td>
<td>Through birth mother</td>
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<td>+</td>
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<td>Through a relative</td>
<td>+</td>
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<td>None</td>
<td>Direct contact</td>
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</table>

Notes:
- **Ref.**: Reference number.
- **Age**: Age at the time of adoption.
- **Legitimate Birth**: Whether the birth was legitimate or not.
- **Months**: Duration from birth to adoption.
- **Day of Birth**: Day of birth.
- **Mother**: Mother's name.
- **Father**: Father's name.
- **Contact**: Method of contact.
- **Visit**: Visit information.
- **Child's Name**: Name of the child.
- **Mother's Mother, Father's Father, Adoptive Father, Adoptive Mother**: Names of family members.
- **Age of Adoption**: Age when adopted.
- **Number of Adoptive Parents**: Number of adoptive parents.
- **Contact at Time of Adoption**: Contact method at the time of adoption.
- **Contact After Adoption**: Contact method after adoption.
- **Comments**: Additional comments.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Occupation</th>
<th>Education</th>
<th>Work History</th>
<th>Home Background</th>
<th>Contact Details</th>
<th>Receiving</th>
<th>Health History</th>
<th>Other Details</th>
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<td>M. 45</td>
<td>1 year</td>
<td>Cared for by kin, couple, and foster mother</td>
<td>Home</td>
<td>Foster child</td>
<td>Direct contact</td>
<td>None</td>
<td>Foster child moved from area</td>
<td>Household</td>
<td>Child not as well cared for</td>
<td>Domestic violence</td>
<td>Hospital history</td>
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<td>+</td>
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<td>Foreman</td>
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<td>Family doctor at time of adoption</td>
<td>(b) 30 years</td>
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<td>Through adoption society</td>
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<td>O.P.</td>
<td>Family doctor at time of adoption</td>
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<td>Presence with bzo, etc.</td>
<td>None</td>
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<td>+</td>
<td>None</td>
<td>Miner</td>
<td>O.P.</td>
<td>Relative mentioned adoption (5 yrs. of adoption)</td>
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<td>None</td>
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<td>Congregational</td>
<td>O.P.</td>
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<td>+</td>
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<td>Nursery visitors</td>
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<td>None</td>
<td>None</td>
<td>+</td>
<td>None</td>
<td>Miner</td>
<td>O.P.</td>
<td>When O.P. disseminating family affairs, adopted person volunteered information</td>
<td>(b) 20 to 30 years</td>
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<tr>
<td>50.60</td>
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<td>Curled for by elderly foster mother</td>
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<td>+</td>
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<td>Businessman</td>
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<td>When O.P. assuming</td>
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<td>+</td>
<td>None</td>
<td>Carter</td>
<td>O.P.</td>
<td>When in hospital for admission, adopted person was adopted</td>
<td>(a) 3 yrs.</td>
</tr>
<tr>
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<td>At 1/12 in</td>
<td>None</td>
<td>None</td>
<td>Through local authority</td>
<td>+</td>
<td>None</td>
<td>Grocer</td>
<td>O.P.</td>
<td>Foster parents told O.P. when joined his list of patients</td>
<td>(b) 6 years</td>
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<td>Calendar sister</td>
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<td>When O.P. acquired about family circumstances because of illness</td>
<td>(a) 7 years</td>
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<td>Foster child</td>
<td>O.P.</td>
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<td>House</td>
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