LANGUAGE PROBLEMS OF
INTERNATIONALLY ADOPTED CHILDREN

By

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requirements for the Bachelor of Arts Degree with
Distinction.

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By then, another four-year-old daughter had arrived from Vietnam in worse physical and emotional condition, but linguistically and cognitively developed. She was fluent in English within six months.

We sought help for Leesa at Jefferson Medical Center in Philadelphia with Dr. Leonard Graziani, pediatric neurologist. His diagnosis of language and auditory perceptual delay included information on the language problems of institutionalized children. The seed for this research was planted.

I wrote an article about Leesa for an adoptive parents newsletter which circulated throughout the country. Soon desperate adoptive parents were writing and calling in hopes that I could help them. It was painful to be so aware of my lack of knowledge and so desirous of helping. All I could do was tell them that they weren't alone and it was not just the change in language. Shortly thereafter, I entered the University of Delaware to complete my degree in Communication and through that I have been able to pursue my interest in this particular area.

I have been unable to find any research or material on this specific subject. Normal and deviant language acquisition, maternal deprivation, English as
a second language, cultural and linguistic comparisons: Yes. But, there is nothing which addresses the second language acquisition of transracially and transculturally adopted children. It is my hope that this initial report will stimulate further inquiry and increased awareness of the problems for these particular children and their adoptive parents.

The first area I had to address was: Is there really a problem or have I just come in contact with the few isolated cases? The second was: If studies of Western children in institutions have shown language deprivation, could the same hold true of Asian and South American children? Is there a difference between the speech of children who lived with their birth mothers before adoption and of those who spent their first year in an orphanage? In our daughters' experiences, there had been.

A questionnaire was designed to gather data on the absence or presence of language problems and on other variables which could influence the above. The results were surprising: Yes, a majority of the children had language problems; but, there was a significant relationship between living with their birth parent and the presence of such problems.
My course since then has been to find out more about the mothering style of single parents in under-developed countries, particularly in Korea. I have interviewed Dr. S. Peter Kim at New York University Hospital whose longitudinal study on the adjustment of adopted children found language and learning disabilities; Professor Han Sohn at Yongsei University in Seoul, a linguist who has studied both in the United States and in Korea; Miss Yong Sook Kim, director of House of Grace in Seoul, who has counseled unwed mothers who are relinquishing their children for adoption; Yea Sun Eum, a professor in social work at Ewha Womans University in Seoul and a former social worker for Welcome House, an international adoption agency; other Korean social workers who work for adoption agencies in the States; and several linguists at the Center for Applied Linguistics and at the University of Delaware.

I have been painfully aware throughout this project that my findings and conclusions, if invalid, could harm the placement and adjustment of these children. However, the findings are very interesting and may provide some useful insight for parents, educators, and adoption workers. They have certainly opened up more questions in need of exploration.
The adoptive parents have reported that the greatest obstacle in receiving remedial help for their children has been their inability to convince educators and therapists, and the failure (or unwillingness) of the professionals to acknowledge, that their children's problems are real problems. My intention is to make an abbreviated version of this thesis available to parents and agencies. My hope is that by having something in writing, more parents will be able to convince more educators and doctors that their child's language problems are not "just a cultural adjustment, Mrs. Forrest. She'll grow out of it."

I owe a sincere debt of gratitude to many. First of all I would like to thank my husband, Jerry, whose desire to have a daughter got me into this whole thing and whose patient understanding has supported me throughout. My daughters and my sons deserve special thanks for putting up with a "part-time mother" while I continued my education.

Three women have made valuable contributions to this study: In Korea, Professor Eum who was extremely helpful in setting up interviews and translating for me during my March, 1981, visit to Seoul; and in the Communication Department of the University of Delaware, Professor Teri Thompson who supervised my original
research questionnaire; and Professor Beth Haslett who has encouraged and guided me through my entire course of study and particularly through this year-long project. I am grateful for their being available whenever I needed advice, ideas, resources, and especially encouragement.

Finally, I am indebted to all the adopted parents who, out of concern for their children and the children of the future, took the time to respond to my questionnaire and my interviews.

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CHAPTER I

INTERNATIONAL ADOPTION

Between 1948 and 1979, 76,929 foreign-born children have been adopted by United States citizens (Immigration and Naturalization Service, Note 1). Very few of these children spoke English as their native tongue. While most of these children have become fluent in English, there are some who experience difficulty in acquiring their new language (Kim, Hong, & Kim, 1979), much to the consternation of their American parents and educators (Nicholson, Note 2). These problems are often diagnosed by professionals as cultural adjustments, even though the problems persist long after the child has entered the family (Kaplan, Note 3).

A thorough search of literature and research by this author has located only passing references to this subject. Therefore this study was set up to document the existence of the problem, to look for possible causes, and to provide insight for adoptive parents, caseworkers, and educators.
Before taking a detailed look at the language problems of internationally adopted children, a look at the development of inter-country adoption and the conditions in foreign countries which necessitate such adoptions will provide a common background.

**Development of International Adoption**

**World War II**

By the end of World War II, there were large numbers of European children who were orphaned or permanently separated from their parents. One response to the needs of these children was inter-country adoption. Large numbers of German, Greek, Italian, and French children were adopted by American families, while American Black-German children were placed for adoption in Denmark (Joint Council on International Children's Services JCICS, Note 4).

During this same period, adoption practices in the United States were undergoing dramatic changes. Until the 1940s, there had been few adoptive applicants in contrast to many orphans in need of homes, so that the role of the child welfare agencies was to "sell" the public on adoption (Lanning, Note 5). Fears of bringing "bad blood" into the family and prejudices against illegitimacy had deterred couples from adopting. Adoption was seen as a last resort to childlessness. To encourage these families, agencies nearly guaranteed a "blue ribbon" baby--a perfect child--
one who matched the parents in features, talents, and ethnic background. As a result, those children who were not considered "perfect" by reason of handicap, race, age, or intelligence were consigned to a childhood in an institution (Lanning, Note 5, p. 2).

During the 1940s and 1950s, the number of adoptive applicants grew to the point that there was a shortage of blue ribbon babies. This caused a subtle shift in child welfare practice—from looking for a "perfect" child for the family, to looking for a "perfect" family for the child (Kim et al., 1979). However, the emphasis was still on perfection.

The number of "hard-to-place," or nonadoptable, children continued to grow (Lanning, Note 5, p. 2). At the same time, increasing prosperity following World War II encouraged the growth of humanitarianism (Adams & Kim, 1971). There was a broader concern for the helpless child. Better communication and extensive international travel led to increased awareness of the needs of children in other countries. The influx of World War II orphans broadened the public's acceptance of this type of adoption (Adams & Kim, 1971). Still, by far the most difficult children to find homes for were the non-white children. (Non-white is defined as any child known not to have two Caucasian
parents; it includes Blacks, Indians and Orientals [Kim, et al., 1979].}

In 1949, Pearl S. Buck, Nobel-prize winning author, drew attention to the plight of American children of American-Asian parentage (Forrest, Note 6). In order to save two American-Asian infants from being sent to Black orphanages, Buck set up Welcome House, a permanent foster home which would provide a family for these two boys and others like them. Contrary to expectations, these American-Asian children were well accepted by the local community; and within two years, families across America were requesting Welcome House children for adoption (Forrest, Note 6).

Korean Conflict

After the Korean conflict (1951-1953), the American public again responded to the need of orphaned children in a war-torn country. Beginning in 1953, a considerable number of Asian children, primarily from Japan and Korea, were admitted to the United States for adoption (JCICS, Note 4). Adams and Kim (1971) state that even though many countries were unable to care for their large number of orphaned children, the main reasons for inter-country adoptions were (1) the presence of American soldiers and other citizens interested in the welfare of the children
and (2) the willingness of the foreign governments to permit such adoptions.

The passage of the Refugee Relief Act of 1953 permitted, for the first time, American citizens to obtain an entry visa for a child adopted by proxy in another country (Adams & Kim, 1971). This opened the way to an increased interest in adoption of Asian children and a continuation of European adoptions. Welcome House expanded its adoption program to Japan and Korea (Forrest, Note 6). Other agencies sprang up, most notably the Holt Adoption Program in Oregon (now known as Holt International Children's Service, Inc.). The easy regulations concerning proxy adoptions allowed nearly 11,000 intercountry adoptions to take place between 1958 to 1961 (Adams & Kim, 1971, p. 217), doubling the adoptions of the previous ten years (INS, Note 1). Legislation passed in 1961 put an end to this phase of adoption and the numbers leveled off to approximately 2500 children a year (Adams & Kim, 1971; U.S. Department of State, Note 7) until the Vietnam Babylift.

The laxness of the Refugee Relief Act of 1953 and the inability of the foreign governments and the new intercountry agencies to oversee the adoption traffic (JCICS, Note 4) allowed some unfortunate and inadequate practices to flourish:
There were frequently inadequate social studies of the family and the child where they were made at all. Some individuals began obtaining and supplying children for profit. And, in many instances, children were simply taken by a prospective parent with no objective evaluation of the relationship or the motivation (JCICS, Note 4).

As a result, such practices gave intercountry adoption a bad name and obscured the fact that most of the children had gone into good homes and were growing up to lead productive lives (JCICS, Note 4).

Intercountry adoption, which is transracial adoption, opened the doors for transracial adoptions within the United States (Adams & Kim, 1971). During this period of growth in intercountry adoptions, American child welfare agencies expanded their views on which children were adoptable. The Child Welfare League of America re-defined an adoptable child as "any child who needs a family and who can develop in it, and for whom a family can be found that can accept the child with its physical or mental capacities" (Lanning, Note 5, p. 2).

It was also during the late 1960s and thereafter that birth control, liberalized abortion laws, and the decisions by unwed mothers to keep their children further decreased the number of adoptable white infants (Kim, et al., 1979, p. 420). This led American families, or
parents-to-be, to show increased interest in hard-to-place American children and in orphans from abroad.

The U.S. Immigration and Naturalization Service defines an orphan as:

A child under the age of fourteen at the time a visa petition is filed in his behalf to accord a classification as an immediate relative under section 201(b), who is an orphan because of the death or disappearance of, abandonment or desertion by, or separation or loss from, both parents, or for whom the sole surviving parent is incapable of providing the proper care and who has in writing irrevocably released the child for emigration and adoption; ... (Immigration and Nationality Act, Section 101(b)(1)(F)), Department of Health, Education and Welfare, 1980, p. 100).

Vietnam War

Another war, this time in Vietnam, portrayed in "living color" on American television screens, again awakened the American consciousness to the suffering of orphaned children (Forrest, Note 6). Adoption of Vietnamese orphans began an increase which culminated in the "Babylift" from Vietnam in 1975, a highly publicized event which stimulated both praise and controversy (Kim, D. S., 1977).

Movement of children under such emergency circumstances is not the ideal situation in which to develop, or even maintain, a high level of social services (JCICS, Note 4). Again intercountry adoption was scrutinized and debated. The United Nations High Commission on Refugees
began a study of intercountry adoption. The Federal government also reacted to the adverse publicity surrounding the Babylift and to the increase in adoptions from Korea, South America, India and the Philippines. In 1977, the Children's Bureau of the U. S. Department of Health, Education and Welfare committed resources to a project to develop intercountry adoption guidelines which were completed in 1979. The guidelines, although voluntary, are designed to ensure that "foreign-born children adopted by American families are afforded the same protection and services as native-born children" (DHEW, 1980, p. 7).

Agencies throughout North America involved in international adoption met in New York City in 1976 to organize the Joint Council on International Children's Services of North America (JCICS), which in turn, set up standards of practice for intercountry adoption (JCICS, Note 8). The American agencies also responded to the tenor of the times by shifting even more services to care for those homeless or orphaned children in the foreign country who would not be adopted (Forrest, Note 9).

**Backgrounds of Orphaned Children**

Children in developing countries become homeless for many reasons. War, with its destruction of the family unit and the country's economy, and with its influx of
military personnel from other nations, creates many children in need of homes. Other reasons include the loosening of family ties as the country becomes more "Westernized," the economic system which deprives many families of the barest of necessities, and the limited medical and social services which cannot support needy or one-parent families (Adams, Note 10).

Children of illegitimate birth are generally not accepted by their relatives and are definitely not accepted by their mother's potential husband. In most countries, adoption of non-related children is not an accepted practice, and thus parentless children are confined to institutions for their minority. Many children are abandoned to roam the streets (a practice fairly common in the United States during the nineteenth century) (Adams, Note 10).

Four countries, Korea, Vietnam, Cambodia, and Laos, have extremely homogeneous societies which cause the children of mixed-race background to undergo an extreme amount of prejudice (Lanning, Note 5). Most of these children are a result of American military stationed in that country. During European wars, the blend of Caucasian nationalities was less noticeable than the blend of American and Asian (Kurtis, 1980). Pearl S. Buck called these
children Amerasians and founded the Pearl S. Buck Foundation to care for them. John Shade, executive director of the Foundation, estimated (in 1980) that there are 100,000 Amerasian children in Japan, Korea, Okinawa, Thailand, Cambodia, Laos, Taiwan, and the Philippines who have been left by American fathers "without a name, a culture and in many cases even without citizenship."
Shade estimated, from interviews with refugees, that there are still 8,000 Vietnamese-American children in and around Ho Chi Minh City (Saigon) (Kurtis, 1980, p. 54).

An examination of the homogeneous Korean society can aid in the understanding of the societal values and mores which cause so many problems for children:

Korea

Koreans have a long, proud history dating back to at least 2300 B.C. Its geographical position between China and Japan made it vulnerable to continuing invasions and conquests. Throughout history the Koreans have struggled to maintain the purity of their race. Around 1300 A.D., the Chinese brought Confucianism to Korea—an event that was to effect the fiber of Korean life to present times (World Book, 1967).

Confucian philosophy "emphasizes the ethics of interpersonal relationships, and its main idea is its
admonition to seek a moderate cause" (Young, 1968). There is great honor accorded education; the only person, for many centuries, eligible for high political office, was a scholar and poet trained in the classics (Korea National Tourism Corp., Note 11). Consequently, the lack of interest in science and industry, combined with continuous invasions, had kept Korea an underdeveloped country until the end of the Korean War, 1953.

Confucianism has also influenced the family, making it a patriarchal system, dominated by the belief in male superiority. Sons in Korea are given preferential treatment over daughters, and the oldest son is heir to all the privileges and responsibilities of the head of the family (Lanning, Note 5, p. 5). The effects of Confucianism continue even after death where ancestor worship encourages and maintains the existence of a pure "bloodline."

**Bloodlines.** Within this strong ethic of purity of bloodline, illegitimacy is not tolerated. The illegitimate child is prohibited from inheriting property. In the home, the child is not allowed to call the father or legitimate brothers as such, but must refer to them by some honorary title, "confirming the belief that the illegitimate sons
could not be members of the family, even by inference" (Lanning, Note 5, p. 5).

The concern with bloodlines produces another destructive situation for children. When a widowed or divorced woman with children wishes to re-marry, she must be free of the children whose bloodlines are from another man (Paik, Note 12). Consequently, children who have been raised in a normal family life often experience the radical separation from mother after they have experienced the loss of their father.

**Amerasians.** Children of mixed-racial background face even more prejudice. Not only do these children represent a clear violation of family bloodlines, but they also represent a connection with foreigners. Because of the past, there has been fear and hatred of foreigners, and they are considered "unpersons," unworthy of notice (Lanning, Note 5). Consequently any children from such a liaison are also considered unpersons. There are no laws in Korea which discriminate against Amerasians; yet the discrimination exists at every level (Keane, Note 13).

Typically, the Amerasian child is born to a woman who is actively engaged in prostitution or who makes her living by co-habitating with American men (she is called a "yobo" in Korea; the practice was called "bungalowing" in
Vietnam) (Kurtis, 1980, p. 54). The mother, because of the disgrace she has brought on her family, is often disowned by them. In order to support the child, she continues prostitution. "Thus, most Amerasian children are raised in homes without fathers in which the mother is actively pursuing her profession as a prostitute or as a yobo" (Keane, Note 13, p. 2.) In this father-centered family culture, the Amerasians are growing up as outcasts in their society, unable to obtain adequate schooling, to secure a job, or to find a Korean to marry them. Those with black fathers have even greater disadvantages.

Koreans are very moralistic about sexual activity. Even though young working woman can choose to smoke, drink or engage in premarital sex during that period of her life (Robinson, 1981, p. 15), illegitimacy is not accepted. The unwed mother is condemned and openly discriminated against because she has violated the strong family traditions (Lanning, Note 5). For many of these women, adoption is the only way to assure a future for their children and, in a sense, assure a future for themselves by removing the evidence of immorality.

Orphanages. Orphanages are relatively new to Korea. They were set up after the Korean War because there were more orphaned children than extended-family members could
care for (Adams, Note 10). In the past, government regulations prevented families from going directly to an orphanage to admit their children. Parents still tend to abandon their children in order to secure admission, usually by leaving the child where he or she will readily be found. When a child is abandoned, it is not possible to learn anything about the background. Often a note will be pinned to the child's clothing, giving the birth date, and maybe the first name. Since inter-country adoption has become available, many mothers or family members bring the child directly to the agency to make arrangements for the child to be adopted. The agencies provide counseling for the mother to explore the possibility of assistance to help her keep the child (Paik, Note 12).

Once in the orphanage, the children continue to feel discrimination. Orphans cannot go to the local school because the average Korean does not want his children to associate with orphans (Lanning, Note 5, p. 7). Orphans carry an identity card throughout life indicating their status as orphans. Without an education and without family ties, orphans are barred from all but the most menial employment. A study of prostitutes in Korea determined that a majority of the women had lived in orphanages during their childhood (Paik, Note 12).
Other Countries

The Korean experiences and conditions are nearly identical for the women and children in the homogeneous societies of Vietnam, Cambodia, and Laos. The Philippine society, itself a melting pot, tolerates mixed-racial children. But here, the economy, the taboos of illegitimacy and the absence of a general adoption program have produced many orphans (Adams, Note 10; Forrest, Note 9). In India and South American countries, severe overpopulation also contributes many homeless children to society.

In all of these underdeveloped countries, adoption has traditionally been viewed as a last resort for childless couples. It is usually done in great secrecy, most of the time within the family, with the prospective mother even resorting to wearing pillows for the appropriate "pregnancy period" (Paik, Note 12). Only healthy newborns, usually male, find homes within their own country. The Korean government, breaking with 3000 years of tradition, began encouraging in-country adoptions in 1977 with some success (Forrest, Note 9). For the majority of the children in orphanages or in single-parent homes, inter-country adoption is the only route to a nurturing, loving family.
The Adoption Procedure

The international adoption process usually involves a prospective family's contacting an adoption agency in the United States who either handles intercountry adoptions or will work with such an agency. The agency completes a homestudy with the parents to determine their eligibility and help prepare them for a transcultural adoption.

In the child's country, the international agency or reception center determines which children would benefit from and are available for intercountry adoption and begins the necessary procedures for emigration of the children. Profiles of the available children are sent to the American agency who then matches each child with the family best suited for the child. Upon the family's acceptance, necessary immigration papers are filed for a visa. When the child's visa is approved, arrangements are made for the child to be escorted to the United States where he or she is met by the new parents. In some South American countries, parents are expected to go to that country to adopt the child (Forrest, Skiba, & Way, Note 14).

Studies of Internationally Adopted Children

Considering the growth in inter-country adoption during the past forty years, very little study has been done into the adjustment of these transculturally and trans-
racially adopted children (Appendix A). Most of these studies looked at the first several years following placement and suggested favorable results. However, the studies tend to look at general results, rather than focusing on specific behavioral or developmental aspects (Kim et al., 1979).

Adjustment

Rathbun, DiVirgilio, and Waldfogel (1958) observed 38 children brought to Massachusetts from Europe, Asia, and the Middle East under a program set up by the Refugee Relief Act of 1953. Studies prior to 1958 of children who had suffered loss of their mothers during formative years were "in general agreement that the effects on personality development are apt to be devastating" (p. 408). Bowlby (1951) and Goldfarb (1943) had demonstrated that chronic maternal deprivation as occurs in institutions, or the sudden loss of the mother figure at an early age, produces irreversible damage to cognitive functioning, defects in character development, and the inability to develop lasting relationships. Rathbun et al. (1958) suggested that the destructive effects of such traumata may be counteracted by "special ameliorative measures" and be less irreversible than once thought.
Many of the 38 children (5 months to 10 years at arrival) were illegitimate, others were foundlings whose age, background, and early history were incomplete. There was "almost no information" regarding their early mothering experience, but most had been in an institution for a period of time. A record was kept of the children's behavior from the time they arrived at the airport until the legal adoptions were completed at the end of a year. The initial reactions to placement were rated on "the basis of their intensity, the extent to which they invaded the total personality and their duration" (p. 412). Only eight of the children were judged to have severe reactions—a number much lower than had been anticipated.

The researchers found that this was not a surface adjustment but continued throughout the observation period as evidenced by excellent school progress, satisfactory peer relationships, and genuine affection for their adoptive parents. Rathbun et al. felt that the children's "almost incredible resiliency" and the parents' ability, despite their anxieties, to provide the children with patient and understanding care "were the major ameliorative measures at work." They concluded that the effects of early deprivation "appear to be less irreversible than has been suggested" previously.
Over the next six years, the thinking of those working in the field shifted from whether the effects of maternal deprivation were reversible to "how readily reversible are these effects and under exactly what conditions" (Rathbun, McLaughlin, Bennett, & Garland, 1965, p. 604). In a followup study of 33 of the same 38 Massachusetts children, Rathbun et al. (1965) concluded:

It appears that the description of "almost incredible resiliency" which characterized the first year of their adjustment in American adoptive homes is still applicable to 21 of the 33 children studied six years later. Only two are experiencing major difficulties, and ten are coping with minor problems. Good substitute mothering was provided immediately upon their arrival in this country. The continuing effectiveness of the adoptive families, most of whom appear to be secure psychologically, socially, and economically, is an important component in the restitutive process. Positive interaction with new families certainly was helped by the better than average physical and intellectual endowment and social competence of this group. With few exceptions they have mastered the basic tasks of latency in their school, peer and family adjustments. An additional task imposed on adolescence for all these children is the integration in some appropriate way of the traditions of the two cultures to which they have been exposed. (p. 608-9)

Self-Concept

In the first nationwide research on intercountry adoption, D. S. Kim (1977) studied the long-term outcome of the adoption of Korean children to see "how they fared in American homes" by assessing the self-concepts of adopted full-Korean and Korean-American adolescents who had been in the United States for at least one year. The 406 children,
aged 12 to 17 years, were placed in two groups: the "Early Group" included 195 children who were placed in their new homes before one year of age, and the "Later Group" included 211 subjects who were six years or older at time of placement. Questionnaires were sent to both subject and parents which measured self concept, using the Tennessee Self Concept Scale, and collected socialization data, such as age at placement, background, and environment of adoptive home. In addition interviews were conducted with some adopted children, their parents, and agency personnel.

Kim's finding indicates that the adopted children's self concepts were very similar to American children in the norm group. The children in the Later Group "understandably tended to be slightly less well adjusted and their personalities less integrated" (p. 5). However, the differences between the groups could be "attributed neither to age at the time of placement nor to the length of time of placement." While the earlier a child is placed seemed to affect the adopted children favorably, it was not significantly related to self-concept formation. He concluded that "Korean children appear to have fared very well (p. 6)." In spite of acute changes in their lives, they have made a "healthy, normal developmental adjustment .... Secondly, in the process of this development, the open
attitudinal-interactional environment of the adoptive family appears to have played the most important role."

It is of interest to note that Kim found that the Later Group was about one and one half grades behind for their age, even though their average length of time in their adoptive home was four years and 11 months. Kim suggests that this might be due to problems with the English language. His evidence suggested that the children tend to reach age-relevant grades the longer they are in placement (p. 4).

Behavior

In a longitudinal study of adopted Korean children, S. P. Kim (1979) explored their patterns of adjustment and behavioral development. Particular attention was placed on the children's duality of heritage and ethnic mores. The subjects were 21 full-Korean children from 15 New York area families; 12 of the subjects were adopted after the age of 3 years.

Kim found that the majority of parents reported their reason for adopting a transracial child as the desire to have a child or another child. In previous studies (Rathbun et al., 1958; D. S. Kim, 1977), the primary reasons had been humanitarian or religious. Six of the New York area families were also familiar with the Korean people and
culture, a positive aid to the adjustment of the child. Sixteen of the children were reported to have behavioral symptoms for which their parents had considered getting outside help, although only one required psychiatric intervention. According to Kim this suggests that the symptoms "were only intensified, transient features of adjustment to their new environment" (p. 424).

Of the 12 children adopted over the age of three, eight had learning difficulty, six in combination with depression or withdrawal. The incidence of four major behavioral symptoms was: temper tantrums (62%), shyness and withdrawing behavior (43%), excessive and frequent crying (38%), and learning difficulty (38%). Except for the learning problems which were present at the time of the survey, there was no indication as to whether the other behavior symptoms were manifested immediately after placement or continuously.

Kim does state that the learning difficulties "appeared in most cases to be related to the problems of English language acquisition and acculturation, as well as the shock of transcultural transplantation (p. 424)." He suggests that further study into the relationship between English language acquisition (rapidity, proficiency and "capacity to conceptualize age-appropriately") and
adjustment to new environments among children adopted after the age of six. This was the first mention in current research literature that these internationally adopted children have language acquisition problems which persist after the initial adjustment period.

**Language Difficulties in International Adoption**

Children adopted internationally can be expected to have initial language difficulty: (1) they must learn an entirely new language, usually English; (2) they are totally immersed in the new language and cannot ever get answers to questions or express their feelings; (3) they are engulfed by bewildering and confusing set of events as they attempt to adjust to a completely new culture, and (4) they are experiencing the traumata of past experience and of immediate separation from a house mother, foster mother, or birth mother or other relative.

While an American child adopted into an American family experiences many of these feelings, that child does not have the additional burden of inability to communicate, unless physically unable. An immigrant child entering this country with family members will also have some of these experiences, but will have the stability of family, a continuity of cultural values, and the ability to communicate with family members.
In addition, children coming from Asia will be confronted with a radically different language in sound and structure. For instance, the Korean language is very complex in structure, having five different levels of word-endings and word-choices, depending on the social status of the person being addressed (Holt, 1975, Note 15); and the Vietnamese is a tonal language using five different tones or inflections.

The following example shows the bewilderment, confusion, and language barriers of a 4-year old boy:

... He told her that he was very unhappy and very angry at his mother for sending him away. He said he knew the new people were good and that they wanted to be nice to him, but they were not very intelligent. They didn't understand him when he talked. And they spoke funny Korean he could barely understand, and they were always talking that other language, gabble, gabble, gabble, and he couldn't understand a word. Also he couldn't understand why he wasn't living in America, as he had been promised. In America, as everybody knew, there were thousands of toys for everyone, and everyone had his own television set. Here there was only one for the whole family... (OURS Handbook, p. 67, as in Holt, Note 15)

Initial language difficulty in internationally adopted children is expected and understood. However, it has come to this researcher's attention that there are numbers of these children who continue to experience this difficulty well into the second, third, or fourth year after arrival. Some children never seem to master the
English language. While there is not an official timetable for the child's acquisition of English, most parents expect it to take from six months to two years.

Letters from Parents

In December, 1976, an article detailing the language and emotional problems of the researcher's adopted Korean daughter (Forrest, Note 16) appeared in a nationally-distributed adoptive parents group newsletter. Since that time, 23 parents in 17 states have written seeking help and sharing experiences of their language-delayed adopted children. The children have come from Korea, Vietnam, Canada, Newfoundland, and El Salvador.

One mother from Oregon wrote:

Our son ... came to us from Korea at age 2 years and 9 months, with records indicating language development to be advanced for his age, in Korean of course.... We found him to be remarkably self-assured, very loving, and very physical. But ... he wasn't picking up English.... He is still speaking about 1 to 1½ years below his age level.... Here is a child who could identify all the letters of the alphabet at age 4, but at age 5½ could not tell you what a faucet was--or identify such common objects as toothpaste, bathtub or even store!...

We would advise that, if your child is under age 6, has been here more than 6 months and seems to be progressing slowly, don't listen to all the people (who have never adopted foreign-born children) who say "Well gee, he is learning a second language." Or "He will learn it when he gets to school." Or "Well, he's been here 5 years, and he speaks as well as a normal 5-year-old who has been exposed to English for 5 years, so he's progressing normally." (I'm sure this would be of great comfort to a 12-year-old who spoke at a 5-year-old level.) (Nicholson, Note 17).
Or from New York:

My background is in German, English, and some linguistics, and I've made serious studies of my children's language acquisition.... My daughter from Korea arrived here when she was just under 5 months old.... She is 34 months old now.... She made few attempts to play with sounds during the babbling period.... It was most obvious when she was about 18 months old and the other kids her age were "jargoning".... As her little friends jabbered away at 18 months, she just came up with a few--very few--of her own isolated expressions, mainly "chunga-chunga".... At 2½ she's making progress so that I'm no longer worried about her having a speech problem by the time she's 4 or 5, but her speech is labored; she has to expend an enormous amount of energy to put these sounds together well enough to be understood, presumably because she missed the early stage (Reeves, Note 18).

From Long Island:

Our Korean daughter arrived in March, 1975. First of all she was supposed to be 4 years old. As soon as we saw her we realized she was much older. Like about 8 or 9 years old. However, since she did not speak a word of English ... she attended Kindergarten in the fall. The next year she went to first grade ... and was able to keep up academically, but socially was much older.... On the advice of the principal, it was decided to skip her two years--to fourth grade.... At the end of the year she was doing less than at the end of first grade (Kaplan, Note 3).

After many meetings with school administration and recommendations which the parents felt were inappropriate, the child was tested at a learning center with these findings: (1) language understanding problem, (2) graphic motor problems, and developmental problems due to cultural background and no prior schooling, and (3) intelligent but
primitive. A small class with strong language program was recommended. However, the school board told the parents that the child was not entitled to: (1) TESLA--teaching English as a second language--because they do not speak Korean and the child is no longer bi-lingual; (2) learning disability teacher because her problems were from cultural deprivation; (3) tutoring because she is not physically handicapped; or (4) programs for brain damaged or emotionally disturbed children because she is neither. In addition two private schools turned her down because she is below grade level.

The mother's final comments were almost uniformly expressed in all the letters received:

Our regret is that we didn't do something about this when Keri first came. I would like to advise other parents not to be put off by school principals, meetings, hit and miss testing, etc. Get in there and do something about it.... When you said "special and frustrating problem." Yes! The problem is frustrating. The child is special.

To be able to determine if and why these adopted children were exhibiting deviant speech development, it is necessary to understand the course of language acquisition in children and to look in the possible causes of deviant speech.
CHAPTER II

FIRST LANGUAGE ACQUISITION IN CHILDREN

Normal Development

Theories of Development

In the past 20 years, three main schools of thought have developed as to how a child acquires language. In spite of the theories and the research, just exactly how a child learns to talk is still somewhat of a mystery (de Villiers & de Villiers, 1979, p. 2).

The first theory, the nativistic theory of Chomsky, sees the child as "prewired" for language. All aspects of language acquisition depend entirely on innate abilities (language acquisition device--LAD) that develop through language experience as the child matures (Chomsky, 1965). The child acquires language by discovering the underlying system of grammatical rules and by testing these rules to discover which particular grammar is appropriate for the language the child is exposed to. The child receives a sample of possible sentences in the language; and the child, through the LAD, abstracts the regularities and acquires the rules of the language. The child can then go on to produce and understand new sentences. Chomsky proposed

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that all children, regardless of culture, are born with a preknowledge of "language universals," i.e., the rules and constituents which underlie all languages. What remains for the child to learn are the unique rules of the native language.

Lenneberg (1967) reinforced Chomsky's theory with the theory that language development was a result of maturational processes specific to humans. He supported his ideas with the parallels between language and motor development in a child. He argued for a critical period of acquisition which coincided with the lateralization of the hemispheres of the brain between birth and puberty.

The second school of thought, the environmentalist theories based on Skinner's behaviorist psychology, stresses the role of environment in language acquisition. The environmentalists viewed the child as learning language by imitation, reinforcement, and conditioning (Skinner, 1967; Mowrer, 1960).

A third position was taken by sociolinguists who thought that it is equally important to study the social uses and social rules of language, e.g., when a child should speak, to whom, and in which linguistic code (Hymes, 1967).
While all three positions vary in their underlying philosophies, it is possible, Osser (1970) argues to reconcile them. Such a reconciliation holds that every child has an equal biological predisposition for the development of linguistic competence, but that differing environmental conditions can lead to differences in linguistic performance. He suggests that innate factors may be more concerned with the form in which linguistic knowledge (rules and grammar) is stored, while social factors and environment may control the amount and kind of linguistic knowledge and the ways to use it. The three theories do share two tenets: language is acquired in a social context, and individual and group differences exist in linguistic performance (Osser, 1970).

Research then began to look at child language for the analysis of the social context of language acquisition (Bloom, 1970; Cazden, 1970; Nelson, 1973) and to see the child as a partner in a two-way communication system. The first studies of adult speech to children found that parents' speech to children does indeed provide an ideal model for language learning (Broen, 1972; Nelson, 1973; Sachs, Brown & Salerno, Note 19).

The adult-child relationship is typically the first social context in which the child learns interpersonal
behavior and communication—and the most crucial (Schaffer, 1977, p. 3).

Prelinguistic Period

The infant produces a wide range of sounds, the first being crying. Some of the sounds are soon distinguishable by mothers or care-givers as signaling hunger, discomfort, fear, or contentment. Babbling develops in the same sequence in infants across all cultures at about 6 to 10 months (Spolsky, 1977). It appears to be a matter of maturation rather than exposure to speech since deaf children begin to babble at the same age as hearing children. Social and vocal rewards can increase the amount of babbling but have not been shown to increase the range of sounds (de Villiers and de Villiers, 1979, p. 23). However, continued babbling which leads to the production of words at about a year, depends on reinforcement from adults and on the child's being able to hear himself and others. Deaf children cease to produce sounds before a year.

Cultural differences and adult reinforcement begin to effect the speech production. Caudill and Weinstein (1974) found in a study of Japanese and Korean infants that their mothers do not encourage infant babbling and verbal interaction to the extent that Western mothers do. Instead,
they give greater bodily contact and "soothe him toward physical quiescence and passivity with regard to his environment (pp. 90-91)."

During this period, the child's interaction with the mother is producing communicative behavior even before the production of speech. Specifically, mother and child develop a variety of procedures for operating jointly and in support of each other (Bruner, 1977), from demanding with cries, to requesting and anticipating a response, to giving and taking back an object, to joint action organized around an activity. Bruner emphasizes that language acquisition occurs in the context of "action dialogue" in which the joint undertakings are being regulated by infant and adult. Most often the adult is mother (Bruner, 1977, p. 282). A variety of studies point to the fact that in order for the child to move from the initial demand to the request there must be a consistent caregiver (Ainsworth, Note 20; Sander, Stechler, Julia & Burns, 1970).

The interactive verbal and nonverbal elements of the first year of a child's life are early signs of communication. Bloom and Lahey (1977, p. 92) see three important aspects of such early signs. First, the early signs are the child's own; the child does not learn them, but discovers them on his or her own. Second, the sounds
and movement made by the infant are part of the event being communicated, not a representation of the event. The third aspect is that these early signs evolve into more complex forms of communication.

Early Language

Around the twelfth month, the first "word" appears. For the next six months, there is a slow addition of vocabulary, with each word functioning like a sentence and having different meanings according to the situation. Around eighteen months, there is a rapid increase in vocabulary and the emergence of patterned speech—the two-word sentences (Spolsky, 1977).

The goal of the adult in communication is to make the child understand. To do this, the adult has to get and hold the child's attention. At this stage, the adult's speech becomes more simplified, with correct grammar, fewer words, exaggerated intonation and stress, and clear pauses between sentences (de Villiers & de Villiers, 1979, p. 99). These properties characterize adult speech to one- and two-year-olds across all cultures. Even four-year-olds speak more slowly, simply, and correctly to two-year-olds. This means that even in non-Western cultures where older siblings provide most of the care for a young child, the child is hearing a simplified language (de Villiers & de Villiers, 1979, p. 99).
To get and hold the child's attention, adults use several strategies: calling the child's name or using an exclamation like "Look!"; using touch or direct eye contact; and raising or lowering the vocal pitch. To keep the child's attention, the adult frequently raises the pitch at the end of a sentence. This normally signals a question; but in the mother-child interaction, it seeks a confirmation that the child is paying attention (Clark & Clark, 1977, p. 321) and signals turn-taking.

The mother is constantly making decisions about the usefulness of each word in her vocabulary. She selects words thought to have the most immediate relevance to the child and the child's world (Brown, 1958). The vocabulary is reinforced by repetition of the words and the sentence frames (Clark & Clark, 1977, pp. 320-331). Repetition extends to the child's utterances which signals the mother's understanding and fills in information and grammatical features the child left out.

The acquisition of language skills by the child enables the child to communicate and thus sustain human relationships. Given an innate predisposition for language and the necessary physical and cognitive means, the additional factor seems to be the opportunity "repeated day after day for month after month, of taking part in
dialogue-like exchanges" (Schaffer, 1977, p. 11). It is the mother's ability to develop and continue these exchanges that is so important in the child's acquisition of language.

Deviant Language Development

Mothers are actively and interactively involved in the communication and language development of the child from birth on. Researchers question whether this involvement is a necessary condition of language development or merely an adjunct to that development. It would be unethical and inhuman to deprive test infants of all human interaction in order to resolve this question. Researchers have had to look at the cases of a few children who have had almost no interaction with adults, at children who have had adult interaction but not the accompanying verbal communication, and at still others where the physical and verbal interaction have been of poor quality.

No Interaction. One well-documented case is that of a "wild child" named Victor who lived for nearly 12 years in total isolation. When he was discovered, he appeared to have normal hearing; but he never learned more than a word or two despite efforts to train him (de Villiers & de Villiers, 1979, p. 128).
In a 1970 case, a 13-year-old girl was found in California who had been kept in an attic since she was 20 months old. She was mute, had no grammar, and understood only a few words. Through patient foster family care, Genie has learned English from normal exposure to speech, although articulation continues to be a problem. Her progress in many respects followed the course of a young child, but she has still not acquired certain important features of English that are generally learned before the age of four. Her word order has inconsistencies; she does not use most auxiliary verbs; and she still doesn't use deictic expressions like personal pronouns and the demonstrative adjectives like "this" and "that." She has made giant strides in her progress, but still is limited in her use of language (de Villiers & de Villiers, 1979, pp. 128-32).

**Interaction without Dialogue.** Bard and Sachs (Note 21) studied Jim, a child with normal hearing whose parents were profoundly deaf. At age 3:9, Jim came to the attention of researchers. His parents had not spoken to him, nor had they used sign because they knew he could hear. Jim's exposure to language had been through television and he knew only a few words from advertisement jingles. Although he tried to communicate ideas, he did not possess the grammar to do so. His younger brother used no speech. Through therapy and the brotherly inter-
action once speech began, both boys acquired normal language. This experience does suggest that the simplified speech of parents in dialogue provides some of the key elements for acquiring language which are not provided by mere exposure to adult speech on television.

**Poor Interaction with Dialogue.** In 1944, Freud and Burlingham brought to the attention of child welfare experts and linguists a clinical study of children at the Hampstead (England) Nursery. They found differences in the patterned speech (words) of children, in the second year of life, who lived in the orphanages as compared to the normal speech of children who lived with families. These differences were attributed to the absence of some form of imitation resulting from the lack of identification or relationship with a mother.

Further studies showed that this speech-sound deficit continued through the years of institutional or foster home placement (Goldfarb, 1945). This study found that through the "transient and impersonal attendance and the absence of a fixed, loving adult, the infant before the first year cannot readily identify with any of the cultural surrogate house mothers and is not motivated to do so" (page 23). The children then were found to be retarded in all the areas which depend on the social forms of imitation and communication.
This led to further research on the utterances of infants up to the age of 6 months. Brodbeck and Irwin (1946) found that the utterances of orphanage infants fell well below the measures for infants in families in all age groups and on all variables measured. These differences were confirmed even when the family units were divided into professional and unskilled units.

**Dynamic Verbal Interchange.** These and other researchers (Rheingold, 1960; Provence and Lipton, 1962) have shown that the amount of adult-child interaction is one of the biggest differences between institutions and families. Another key factor is the lack of sensory stimulation. Other studies have shown that when orphanage care is improved, intellectual and language development improve (Rutter, 1972, p. 84).

Studies have also looked at families with deficient sensory stimulation and found impairment of verbal intelligence (Rutter, 1972, p. 90). Rutter concludes that probably the single most crucial factor for the development of verbal intelligence is the quality of the child's language environment; how much he is talked to, but more than that, the richness of the conversational interchanges he experiences.... It is the conversation that matters, the mere presence of an interested adult is not enough in itself. (pp. 91-92)
Wulbert, Inglis, Krugman, & Milb (1975) studied the home environments and mother-child interactions of normal and language-delayed children from all socioeconomic levels. They found that the language-delayed group had far less stimulating home environments, regardless of socioeconomic level. In addition, the mothers of the language-delayed children were not involved nor responsive to the children and used punishment and other negative measures more frequently. Wulbert, et al., stated:

Of question here is the importance of mother-child interaction on development of language skills. There is little evidence to show that the linguistic aspect of the mother's verbal input is directly related to the child's language competency. It might instead affect both the child's cognitive development and how he uses the language. However, observations of the verbal environment of normal children indicate that what is essential is a "dynamic verbal interchange" where the mother gives positive responses to the child's attempts to use verbal communication and also modifies her own verbal behavior to meet the child's ability to respond. (p. 68)

Can deviant language acquisition and the resultant cognitive lags be reversed? Rutter, in Maternal Deprivation Reassessed (1972), states:

It may be concluded that extensive reversal is unusual if the change of environment is complete (and permanent) and if it occurs during infancy. Reversal becomes less likely the longer the privation lasts and the older the child when removed from the privation. Even so, reversal may occasionally occur in older children. (p. 76)
In comparing some of the causes of deviant language with the possible early life histories of internationally adopted children, one can see the possibility of correlations. However, to establish such a relationship, more information on the types of problems, the extent of such problems, and the backgrounds of the children was needed. To collect these data, a research questionnaire was designed and given to adoptive parents throughout the United States.
CHAPTER III

RESEARCH SURVEY ON THE EARLY LIFE AND THE ACQUISITION OF ENGLISH OF INTERNATIONALLY ADOPTED CHILDREN

In comparing the causes of deviant language acquisition discussed in the preceding chapter with the possible early life histories of internationally adopted children, discussed in chapter one, possible relationships can be seen. The letters from families around the country indicated that indeed some of these adopted children do experience prolonged language problems. It also became evident that there was little or no acknowledgement by educational and medical professionals that a group problem existed. The lack of knowledge on the subject resulted in Holt International Children's Services' and Welcome House's referring families to me when the agencies were asked for advice on language problems. To provide a body of information, a year-long descriptive and exploratory study was undertaken.

The study was divided into three stages. The first was a research questionnaire to be given to adoptive parents throughout the United States to determine the types and the
The length of time that the child took in learning to speak English at a level appropriate to the child's age was also considered important for using as a future standard for the normal English acquisition period of internationally adopted children. This can then be used by parents and professionals in assessing prolonged language difficulties.

Finally, in an effort to assess as many variables as possible, the questionnaire also asked about the child's present functioning in school, in terms of reading and grade levels and behavior, and about any physical disabilities. Through this survey, it was felt that an initial description of the children and their language problems could be developed.

Method

Measuring Instrument

The questionnaire (see Appendix B) first asked for demographic data on the participant and all of the children in the family. The participant was requested to complete the survey for all internationally adopted children in the family, regardless of the presence of language problems. Space was allotted for information on two children at a time. If the participant had more than two children, it was requested that additional questionnaires be completed.
The next 29 questions were divided into five categories: (1) **Background** (asked for age, sex and specific adoption information); (2) **Early Experience** (asked the participants to answer, to the best of their knowledge, questions about the child's first six months of life, e.g., where the child lived, age left birth parents, an ability to form one-to-one relationships); (3) **Language/Speech Difficulties** (asked if the child had problems in seven areas—stuttering, grammar, recall, pronunciation, attention, hearing loss, word usage—and about the onset of problems and of age-appropriate speech); (4) **Schooling** (asked about grade, type of program, reading, and behavior); and (5) **General Health Concerns** (asked about handicaps, professional consultation, and therapy).

Five of the questions were open-ended, asking for a description of the answer (learning problems, handicaps, therapy, diagnosis). Question 29 was left completely open for any general comments the participants might wish to make. The participants were asked to fill in their name and address if they were willing to participate in a more detailed questionnaire at a later date.

Each answer was coded according to the variety of answers given, e.g., country of birth: 1 = Korea, 2 = Vietnam, 3 = Canada, etc. or by giving a value of 1 to no
and 2 to yes. Question 12 (Does the child have speech/language problems?) and Questions 13A to G (Specific language problems) were coded as 0 = none, 1 = some, 2 = definitely.

Subjects

Each participant is the parent of an internationally adopted child. Of the 44 participants, 20 voluntarily answered the questionnaire at the Seventh North American Conference on Adoptable Children, held in October 1979 in Houston, Texas. The remaining 24 are members of the Delaware Chapter of the Welcome House Adoptive Parents Group. The participants ranged in age from 28 to 56 years (mean = 38.2 years). Forty respondents were female; four were male. Marital status included 39 married from 8 to 29 years (mean = 13.3 years), one separated, and four single.

The participants responded to questionnaires for 86 children. Two of the responses were discarded because the children were adopted from the United States, and eight were discarded because they were under 2 years of age (judged as a period when the parents could not reliably assess the absence or presence of language problems). The remaining 76 children ranged in age from 2 to 20 years (mean 8.5 years).
The 76 subjects, 42 females and 34 males, came from families of 1 to 12 children (mean = 4.5) in which 1 to 9 of the children were adopted (mean = 3.05). They had lived in the United States from 1 to 20 years (mean = 4.7 years); 84% had been with their adopted family over 1 year; 62% have been there over 3 years. The countries of birth represented were: Korea (43); Vietnam (17); Canada (5); Guatemala (2); El Salvador (2); and, Nicaragua, Columbia, Peru, United States (Amerasian), India, Nepal, and the Philippines (1 each).

Procedure

The participant was asked to complete the self-administered questionnaire for each internationally-adopted child in the family and to fold multiple questionnaires together. At the conference, the questionnaire was placed on a display table with a poster explaining the purpose of the survey. Attendees were free to take one. A covered box with a slot was attached to the poster where the respondents could place completed questionnaires to protect their confidentiality. They could also return the questionnaire by mail at their own expense.

The members of the adoptive parents group were asked to fill out the questionnaire during a monthly meeting. All present complied. The questionnaire, a cover
letter, and a self-addressed stamped envelope were mailed to the rest of the membership. Of the 21 mailed, one could not be forwarded and 14 were returned completed. This is a response rate of 67%.

Data Analysis

The data were analyzed by Chi squares, t-tests, Pearson product-moment correlations, analyses of variance, and the $R^2$ statistic to assess the percent of the variance for which the independent variables were able to account.

Results

A complete frequency listing for the responses is supplied in Appendix C.

In the total sample of 76 children, 41 (54%) had language problems. Naturally, all the children had spent at least one day with their birth mother, but 18 had left their mothers within a few days after birth. Of the 48 children who lived with a birth parent for six months or longer, 31 (65%) of these children had language problems. In the total sample, 52 children had spent some time in an orphanage before being adopted, but only half had spent most of their first six months of life there. Table 1 shows where the 76 children spent their first six months of life and the number manifesting language problems.
Table 1

Children's Living Arrangements During First Six Months of Life with Presence of Language Problems

<table>
<thead>
<tr>
<th>Children</th>
<th>Birth Home</th>
<th>Orphanage</th>
<th>Foster Home</th>
<th>Adoptive Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total^a</td>
<td>48</td>
<td>26</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Language Problems^b</td>
<td>31(65)</td>
<td>11(42)</td>
<td>5(50)</td>
<td>5(50)</td>
</tr>
</tbody>
</table>

Note. Total sample = 76 children.  
^aTotal reflects move from birth home to other arrangement during fifth or sixth month.  
^bNumbers in parentheses indicate percentage of children in each arrangement who have language problems.

Those children who had established a one-to-one or mother-child relationship in the first six months had significantly fewer language problems than those who had not established this relationship ($\chi^2 (1,3) = 12.59$, $p = .005$). There was a significant relationship between living with the birth parent(s) during the first six months and the presence of language problems ($\chi^2 (1,2) = 7.66$, $p = .02$). However, there was no significant relationship between language problems and living in an orphanage or foster or adoptive home. These results appear to be contradictory because living with a birth parent(s) is generally assumed to provide a one-to-one or mother-child
relationship. This contradiction will be explained further in the Discussion section.

Children adopted in the third year and after were more likely to have language problems ($\chi^2 (1,1) = 4.15, p = .05$). Of those who did stay with their birth parent(s), the relationship between language problems and the age at adoption was not significant. However, the chi square as well as Pearson product-moment correlation test results pointed to a trend in the data: the longer the children stayed with their parent(s) the more likely they were to have language problems ($r = +.23, p = .02$). Of the 26 children who lived with birth parent(s), and were adopted at age 3 or older, 23 children had language problems.

Pearson correlations were used to determine possible relationships between the age the children left their birth parent(s) and the presence of general language problems as well as of the 7 specific problems cited in the survey. The age the children left home showed a mild positive relationship with language problems ($r = +.218, p = .029$). It appears that the longer the children stayed at home the greater their chance of having language problems after adoption.

When this analysis was applied to the 7 specific problem areas, 4 of these showed a mild positive relation-
ship with an increase in age; misuse of grammar ($r = .33$, $p = +.002$), inability to recall words ($r = +.18$, $p = .057$), mispronunciation ($r = +.22$, $p = .03$), and incorrect use of words ($r = +.25$, $p = .016$). There was also a positive correlation between the longer the child stayed at home and the total number of problems exhibited ($r = +.25$, $p = .014$).

T-tests were then used to determine whether there was a difference between where a child lived during the first 6 months of life and the presence of general problems as well as the 7 specific problems cited. The results indicated that those children who lived with their birth parent(s) differed significantly from all the other groups by having more speech problems ($t (54) = 2.70$, $p = .009$). In the specific areas, these children also differed from all the other groups in stuttering ($t (47) = 2.44$, $p = .018$); grammar ($t (66) = 2.43$, $p = .018$); incorrect use of words ($t (73) = 2.38$, $p = .02$); and total problems ($t (61) = 2.19$, $p = .03$). These results support the chi square results which found that those who spent their first 6 months with their parent(s) had more language problems.

In further tests, whether the child lived with birth parents in the early period, the age the child left the birth parents and the scores on the separate language
problem areas were examined by 2 x 2 analyses of variance tests. The results of the tests were significant for these problems: stuttering was affected by living with birth parent(s) \( (F(1,58) = 7.03, \ p = .01) \) but not by the age the child left \( (F(3,58) = 2.18, \ p = .10; \ R^2 = .14) \); grammar was affected by both variables, birth parent(s) \( (F(4,58) = 4.03, \ p = .006) \) and age left \( (F(3,58) = 4.16, \ p = .010; \ R^2 = .22) \); incorrect word usage was affected by age left \( (F(3,58) = 3.53, \ p = .02) \) but not by living with birth parent(s) \( (F(4,58) = .39, \ p = .53; \ R^2 = .18) \).

Interactive effects could not be computed because of empty cells. The ANOVA test results for the effects of the age at which the child left the birth parent(s) on general language problems were not significant. The \( R^2 \) value indicated that these independent variables accounted for 13% of the variance.

On a second series of 2 x 2 ANOVA's, whether the child lived with birth parent(s) in the first six months, the age the child was adopted (which could be later than when he/she left the birth parent) and the scores in the language problems areas were analyzed separately. The results of the tests again showed stuttering was affected by remaining with the birth parents \( (F(1,68) = 7.84, \ p = .007) \) but not by the age at which the child was adopted. The interactive effects were not significant. Grammar was
significantly affected by the age at adoption ($F (3,68) = 4.76, p = .005$). In this test, interactive effects were not significant, but the independent variables accounted for 19% of the variance. Word usage was affected by age at adoption ($F (3,68) = 3.34, p = .024$). Interactive effects were not significant; the variance accounted for was 18%. The total number of problems was also affected by the age at adoption ($F (3,68) = 2.77, p = .048$; $R^2 = .16$). Interactive effects were not significant.

From these results it appears that the older a child is at adoption the more likely it is that the child will have language problems.

The ANOVA findings supported chi square test results which showed that the children who were adopted under the age of 3 years and who had not lived with their birth parent(s) in the first six months of life were less likely to have language problems ($\chi^2 (1,3) = 10.33, p = .016$). Pearson correlation results agreed ($r = .53, p = .0005$).

Another trend in the chi square results showed that the children without language problems were more likely to have lived in an orphanage and then been adopted at an early age. Conversely, children who had language problems were found to have lived with birth parents during their
first six months of life and to have been adopted at a later age ($\chi^2 (1, 8) = 14.63, p = .06$). All of the children who spent their early period in an orphanage were adopted before they were six years old. All of the children who went to foster homes in that early period were adopted by the age of two years. Of these two groups of children, 50% in each group had some language or speech problems.

Next, all the children who had lived in more than one setting during their first six months were screened out, and $t$-tests were computed to determine whether there was a difference based on where the children who had language problems had spent their first six months of life. The results again indicated that those children who had lived with their birth parent(s) had significantly more problems than the group of children who had lived in an orphanage ($t (22) = 2.81, p = .01$). They also had more problems with stuttering ($t (40) = 2.01, p = .05$), grammar ($t (36) = 3.47, p = .001$), language usage ($t (34) = 2.05, p = .048$), and in total problems ($t (22) = 2.0, p = .059$).

These children in birth homes also differed from the group who had lived in a foster home by having more problems in the areas of stuttering ($t (40) = 2.01, p = .05$) and pronunciation ($t (40) = 4.94, p = .000$). None of the foster children had stuttering or pronunciation
problems. In all other categories, the means for both groups were similar, indicating there may be little difference in care between these two types of homes.

Significant differences appeared between the children in birth homes and the group who had lived in an adoptive home. All of the children who had spent their entire first six months with their adoptive parents had no problems in the areas of stuttering ($t (40) = 2.01, p = .05$), grammar ($t (40) = 5.96, p = .000$), recall ($t (40) = 3.90, p = .000$), attention ($t (40) = 2.62, p = .012$), hearing loss ($t (40) = 2.08, p = .044$), and usage ($t (40) = 4.07, p = .000$). In total number of problems, the children in birth homes had significantly more ($t (35) = 3.83, p = .001$).

When the groups in the orphanages and in foster care were compared, only pronunciation showed a difference nearing significance ($t (12) = 1.85, p = .09$). None of the children in foster care had pronunciation problems. Neither group of children stuttered.

The majority of the children (55%) in the sample could use age-appropriate speech six months after they were adopted, and 72% spoke age-appropriately after the first year in the adoptive family. However, of the 21 children who took longer than one year, 20 of them were
judged to have language speech problems. Of these 20, 12 children were judged "still could not speak at age level" after two or more years. Chi square test results indicate a significant relationship between the presence of language problems and a longer time needed to speak age-appropriately ($\chi^2 (1,3) = 21.85, p = .0001$).

Chi square results were not significant for the age at which the child left the birth parents or the age of adoption, but cell distribution shows a concentration of the children adopted at age five and older and the children who spent several years with their parent(s) clustered at "still can't speak age-appropriately." Of the 12 children in the above category, 10 had lived with their birth parent(s). Most of the children who had spent the first six months in an orphanage were able to learn English in one year ($\chi^2 (1,6) = 10.91, p = .09$). Those adopted during the first six months learned English normally ($\chi^2 (1,6) = 14.70, p = .023$).

The presence of language problems did have a negative effect on the child's reading at grade level ($\chi^2 (1,5) = 18.32, p = .003$). Only the children with language problems were in below-grade level programs. However, it should be noted that five of the language-delayed children were above grade level in reading. Only
20% of the language-delayed children were in remedial or specialized classroom programs. One of the no-problem children was in a tutorial program.

In addition, chi square analyses were run to determine the relationship between the absence or presence of speech problems and the following independent variables: age and sex; degree of early infant stimulation; living in an orphanage, foster home, or adoptive home during the first six months of life; age at which the child left the birth parents and then living in an orphanage or foster or adoptive home; age upon arrival in the United States by having spent the first six months in the above three situations; and the presence of physical handicaps. None of the results was significant.

Chi square and ANOVA tests on the effects of the country of birth and of the foreign agency giving care were also not significant.

**Discussion**

This study has shown some unexpected results with the higher incidence of language problems occurring among children who remained with their birth parents. This relationship was repeatedly borne out. We had also not expected the orphanage children, deprived of a mother, to
experience fewer language problems than those children who remained with their mothers during the prelinguistic and early language periods.

Empirical evidence has indicated that living with one's parent(s) has a more positive effect than institutional (orphanage) life on the development of a child's language abilities and future social interaction (Bowlby, 1951; Brodbeck & Irwin, 1946; Freud & Burlingham, 1944; Provence & Lipton, 1962). Other research has stressed the importance of the mother-child interaction in the child's developing speech (Provence, 1967; Sachs, 1977; Wulbert, Inglis, Krugsmann, & Milb, 1975).

The finding that the children in the sample who have language problems were more likely to be judged by their adoptive mothers as not having formed a mother-child or one-to-one relationship during their first six months of life would seem to support past research in the field. However, when this finding is studied in light of the evidence that only 26 of the 76 children were institutionalized during the first six months of life and that these children exhibited a lower incidence of language problems, it would appear that the mother-child interaction for many of the children who remained at home was less than desirable. A possible explanation for these results might
be that the mother-child relationship is affected by the family conditions and societal pressures discussed in Chapter I, which have led so many mothers to seek adoption for their children.

Other results of the present study indicate that the children who were placed in their adoptive home in the first six months of life showed no problems in five of the seven problem areas, i.e., stuttering, recall, attention, word usage and grammar. This was a significant finding. It is assumed that a family who has gone to the trouble and expense of an international adoption will attempt to establish a stimulating, intimate relationship with their new child—the dynamic verbal interchange so vital to early language.

There still appears to be a high incidence of language problems among children in foster homes as well as the orphanage children and those who stay at home. There seems to be no ideal situation, and within this sample, foster care had no special ameliorative effects. However, foster care, orphanage life, and certainly an adoptive home, according to the results from this sample, appear to be preferable to staying with the mother. In the comparisons between the groups (each of whom had spent the full six months in that particular setting), living
with birth parent(s) definitely indicated more problems in general, in total, and in specific areas, except for hearing loss and attention.

The age at which a child comes to the U.S. for adoption is another significant variable. The older the children, the more likely they are to experience language problems, particularly in grammar, recall, and word usage. There are at least two possible explanations for this. First, prior to age two or three, a child will be essentially learning English as a first language. Learning the rules of usage will be much easier. After the age of three, English becomes a second language and acquisition is more complicated (de Villiers & de Villiers, 1979).

Secondly, Lenneberg (1967) has posited a relationship between maturation of the brain and central nervous system and the development of language. While there have been subsequent arguments about the length of his "critical period" of language acquisition, evidence still suggests that acquisition is easier at an earlier age (Clark & Clark, 1977). De Villiers & de Villiers (1979) suggest that the critical period applies more to sound acquisition than to grammar and vocabulary. The results of this study seem to support this assertion. The earlier a child is adopted, the easier it is to develop normal
speech. Yet, while the older children struggle and take longer, most of them attain normal speech.

The delayed language of the children in this study seemed to have affected their level of reading and their school program. Children's control of the structure of their language, largely mastered by the first grade for native-speaking children, is basic to all their learning. Lindfors, in a teacher's textbook on language acquisition, points out how the child's linguistic ability effects learning:

Their understanding of what they hear and what they read, and their ability to express what they know in speech and in writing, depend on their knowledge of the relationships between the sounds and the meanings of their language. (1980, p. 8)

Many of the parents of the language-delayed group, as indicated by their comments in the questionnaire, are concerned that schools are not recognizing the tremendous task undertaken by these children who are learning a second language, particularly when the first languages are as dissimilar to English as the Oriental languages. It is a concern of this researcher that only eight of the 41 children with language problems, all of whom were in preschool or above, were in a special program in school.
It should be heartening, however, for parents of internationally adopted children to see that more than 82% of these children were speaking at an age-appropriate level by the end of the first year. That finding, of course, does not rule out the persistence of specific problem areas, but it does suggest that the children can communicate at an appropriate level and continue the "dynamic verbal interchange" of social communication.

Limitations

This study was limited in its selection of the sample, which may or may not be representative of the population as a whole. Demographic data on the total population of internationally adopted children are not available. We do know that from 1948 to 1979, 76,929 children were adopted. There are more than 100 North American agencies, organizations, groups, and individuals involved in facilitating international adoptions. In addition, many parents arrange private adoptions directly in the child's native country. However, the present sample does represent families from all over the United States and children from 12 countries, placed by more than a dozen agencies, as well as privately.

The questionnaire may have been ambiguous in some of its questions, especially those relating to early
experiences. In the instructions, the phrase "the child's first six months of life" should have been underlined to draw the respondents' attention. The question "Was the child able to form a mother-child or one-to-one relationship?" produced more "Yes" than the other answers indicated. For instance, several respondents answered yes, but then put down that background was unknown and child was not adopted until school age. They may have been answering for the child's ability upon arrival. It may have been better phrased: "According to your observations, do you think that the child was able to form a mother-child or one-to-one relationship during the first six months of life?"

On Question 12, "Has child had speech/language problems?", some respondents answered "no" and then went on to list one or more specific problems. They may have noted only problems presently manifested or unconsciously wanted to have their children appear well-assimilated—a fully functioning member of the family. The question did not ask if there had ever been problems. Also, what appears to be a problem to one person may be assumed to be a normal part of acquiring a second language to another. One mother said after the survey, "I haven't known what to be concerned about--this is my first experience." During
coding of the data, the answer was adjusted to yes if Q12 had no and Q13A through 13G showed problems.

Further Research

Since there has been no previously published research into this topic, this study opens the way for several areas of future research. Further study needs to be done on the effects of institutionalization in underdeveloped or developing countries and in the entire area of the deprived mother-child relationship in the native country and its effects on both first and second language acquisition. Those children who lived with birth parent(s) and then came to the U.S. could be compared with Amerasian children who remain with their mothers throughout their minority. The incidence of problems could also be compared with the incidence in the general population of children.

Another possible comparison could be with children who immigrate to the U.S. with their own families, although the presence of the native language and the continuance of the culture may not allow for valid comparison. One recent study (Kim and Noh, Note 22) into the language acquisition of recently immigrated Korean children found a positive correlation between children who were rated as having either average or high self
esteem and their language proficiency. Those children judged to have low self esteem had more difficulty learning English, despite the fact that they were still with their birth families and their native culture. Many of the adopted children are coming from situations that have a detrimental effect on self esteem, i.e., their illegitimacy, lack of a father in a patriarchal society, and depressed socioeconomic condition.

Further, an expanded or improved survey could be done with a random sample from the entire population of internationally adopted children.

The comments of the parent respondents indicate a strong desire for further help in the identification of the prevalence of such problems and help with a definitive separation of the cultural adjustments from other possible causes.
CHAPTER IV

IN-DEPTH INTERVIEWS WITH PARENTS OF INTERNATIONALLY ADOPTED CHILDREN WHO HAVE LANGUAGE PROBLEMS

The data from the survey of the 76 internationally adopted children yielded some interesting and unexpected results. As indicated, language delay among those children who had been institutionalized at an early age was expected because of the existing body of empirical research which supports this theory. It had been assumed by this researcher that it was generally better for the children to live with their mothers (or other caregiving relatives) than to live in an orphanage. This assumption entailed another assumption: that a mother would provide the stimulation, interaction, and warmth necessary for the child's emotional and linguistic development. It was not assumed that the children would have an adequate nutritional, medical, educational, or social background.

When the results indicated quite the opposite—that the children who lived with their mothers, or other relatives, had significantly more language problems after they were adopted, further research into the children's
backgrounds and into the scope of the language problems
was indicated. In-depth interview questions (Appendix D)
were developed in order to find out more about 10 of the
children in the survey. It was also thought that personal
interviews would help assess the accuracy of the answers
on the survey questionnaire and assess the parents'
understanding of those questions.

Method

Interview Questions

The purpose of the interview questions was to take
a comprehensive look into all aspects of the child's
development and interaction with both the birth and the
adoptive families. Pertinent research was reviewed for
suggestions on specific areas to probe. Further, in a
personal interview at New York University Hospital,
Dr. S. P. Kim (1979; 1980; Note 22) suggested general areas
for questioning and strongly recommended that any results
show how long it took for the children to develop normal
speech. He felt this was important to reassure parents
and to serve as a guide for professionals. Another
interview with linguist Dr. Han Sohn at Yongsei University
in Seoul, Korea (Note 23) reaffirmed the parallel rate of
language acquisition of Korean and American children. He
suggested looking at individual differences in linguistic
ability and at the pattern of second language acquisition
in children. Along with these suggestions, I drew on my personal experience as an adoptive parent and my observations of other adoptive families.

Two sections of the interview focused on the child's background and family experience prior to arrival in the United States. The purpose here was to determine, if possible, the type of adult-child communication the child had been exposed to and to look for other intervening variables.

Another part dealt with the child's behavior immediately after arrival to probe for signs of severe maternal deprivation and of developmental lags. These questions were also designed to elicit responses from the parents which might suggest that the child's initial responses set up a negative "new-mother"-child interaction which then influenced subsequent communication. General developmental lags could suggest communicative lags also.

A fourth part probed the child's development since arrival in the areas of physical and behavioral development and attachment to the parents and family. These questions were looking at whether the inability of the child to form an attachment with the new family would indicate a lack of early attachment.
The child's initial communication was discussed—how the child communicated, whether the child used his/her native language, how long it took to begin using English, and how the first English was structured.

Then, the development of the second language was questioned in detail. Many aspects of the child's language usage were discussed, including structure, articulation, grammar and grammatical errors, rate of speech, nonverbal communication, and communicative relationships. The parents were asked about their language training techniques, about testing and diagnosis, and about their feelings toward the child's mistakes.

The parents' feelings about their child were then questioned in greater detail to find out how the language problems were affecting family relationships and if these relationships were affecting the child's language. Questions such as "what has been the most rewarding (and frustrating) aspect of adopting this child?", "what does the child do that makes you really angry/frustrated/turned off?", and "what are the times when you love him/her the most?" were expected to be difficult, but revealing, questions.

Finally, the parents were asked about their understanding of the child's family life prior to adoption now
that they had had the child in the family for some time. These questions were again looking at the early mother-child relationship.

**Procedure**

Eight of the ten children who were chosen had language problems; two did not. For pragmatic reasons, all lived within an hour's drive from Wilmington, Delaware. Data were collected on seven of the language-delayed children. The parent of the eighth had changed to an unlisted phone number and could not be contacted. There were no more language-delayed children from the survey who lived within the one-hour radius.

The parents of the two normal-language children agreed to the interviews but, because of illness, were unable to be interviewed after two attempts. The original purpose in including normal-language children was to offer comparisons from their early life experiences and development of speech. A second purpose was to determine what types of language difficulties these children had experienced, what the parental approach had been, and whether parental attitude had improved the rate of English acquisition.

Arrangements were made by phone to interview the parents in their home during the evening hours while the
children would not be present. The children were not interviewed, but each one was introduced to me. Each interview took about one and one half hours.

The Children

The seven children range in age from 5.5 to 16 years (mean = 9.9 years). They were adopted from age one month to 8.5 years (mean = 3.66 years). There are four boys and three girls: five of full Korean parentage, one of mixed Vietnamese parentage, and one of Anglo-Saxon background from Canada. Three had left their mothers before they were one month old (two were abandoned); one was abandoned at age 2 years. The other three had been placed in care at ages 5.6 and 8 and were of illegitimate births. In the group, five of the children were of illegitimate birth. Since the other two were abandoned with no background information, my knowledge of the culture would lead me to assume their illegitimacy, also.

Five of the children had spent their first six months of life with their birth mothers and then spent six months or less in a reception center before coming to the States. One had lived the first 3½ years in a very poor rural orphanage that was closed in the early 1970s by the Korean government before she was transferred to a reception center to be placed for adoption. The seventh child went as a newborn to a foster home in Canada for 5 weeks.
Results

The seven children in these interviews have some striking similarities over and above their language problems. All the children were reported to be easily frustrated, not only by language deficiency but by daily life. Their method of handling the frustration varies from giving up (3) to quick anger (4). Their low frustration level affects their relationships with their families. All of them were rated socially immature. When disciplined, five were described as having a "martyr" reaction (Why me! How could you do this to me!). They were also rated by their parents as being: warm and loving (4; 3 - somewhat), affectionate (5), friendly (7), outgoing (6), extroverted (5), attached (6), cool (1), distant (1), unattached (1), and introverted (1).

Five of the children experienced sleep problems which lasted past the arrival period. Five have good large motor coordination; five had poor small motor functioning. Five have had ear infections which could have slowed language acquisition; one has hearing loss. Of the five in elementary school or above, two are above average readers, one is average, two are below.

None of the children consistently produced good, complete sentences. All had problems reproducing sounds and words; they tended to be linguistically undisciplined
and to want to say things their own way. Of the four children who were talking before they were adopted, none appeared to be fluent in his or her native language. All but one have had speech therapy and other special help.

Marie--A Case History

Marie is full-Korean and was adopted in 1977 at age 2 years, 2 months. At the time of the interview she was 5 years, 9 months. Marie was abandoned at age 21 months, presumably by her birth mother who pinned Marie's birth date to her shirt before leaving her in a spot where she would be easily found. She was taken to a reception center in Seoul where the adoption process began. In less than six months she was brought to the U.S. Her new parents are in the upper socioeconomic level. She now has two older brothers—the first is 12½, born into the family, and the second is 9½, full Korean, adopted in 1976.

On arrival, Marie was extremely fearful and very emotionally upset, her mother reported. Very dependent, she clung to her new mother who found she couldn't always comfort Marie because it was hard to figure out just what was wrong. She stayed very close to her mother, wouldn't go to her father for the first month, but did enjoy playing with her brothers. Her mother remembers that Marie had no facial expressions—"a blank wall"—for the
first two weeks when she was around her parents, but alone
with her brothers they could hear her laughing and playing.
She was very affectionate with her mother and brothers, but
not her father, and allowed them to hold, hug, or kiss her.
She showed little curiosity, was very strong willed, did
not become attached to any cuddly toys, and was (and still
is) hysterically afraid of dogs. She communicated by
cyning and pointing, but did not make eye contact.
Compared to American children her age, she was functioning
below them, but was very dexterous. She was smaller than
American children her age, but was healthy and ate well.

In the 3½ years since her arrival, Marie has
progressed to the point of being on the same level with
her peers. She has made definite changes; no longer
fearful, very self confident and outgoing, and very
talkative. She has just begun to talk back, which pleases
her mother who sees this as a sign of her feeling secure.
Separations from her parents, even for a period of time,
are not traumatic. She plays well alone and in groups;
although if she can't do things her way, she leaves. She
draws very elaborate pictures, and is able to sit through
playing an entire game with her brothers. She remains
very affectionate and now loves her father.
Marie's mother describes her as "not oriented to things intellectual." She has attended nursery school for three years so that she could catch up to her peers. Her mother expects her to go to kindergarten in the fall of 1981. Marie's biggest problem is her speech. She is still behind her peers in nursery school and just began to use sentences during the past year. She has had a "great deal" of trouble repeating and duplicating sounds and words and is just beginning to improve. Her mother said that "when we try to tell her how to say a word, she doesn't want to hear it; she wants to do it her own way."

Marie has problems with retaining the names of things. She often mixes her word order and can't explain or describe things clearly. For example, she answered the door for a repairman when only her brothers were home. Marie was unable to explain clearly where her mother was and that she would be right back. Her brother was particularly aware of this inability because he was in another room listening to the description and had to go to the door to help her out. Marie also makes grammatical errors with verb tenses, possessives, and pronouns. On the original questionnaire only pronunciation was listed as a problem.

Marie's parents recalled that when she first arrived they talked to her as though she were a one-year-
old. She began speaking English by using single words and then progressed to 2-word sentences. She preferred making up words and sounds to reproducing other's speech. Her parents first became aware of her problems when she entered nursery school at age 3 years, 3 months. Her teachers noticed she was "extremely non-verbal." Since then, her parents have talked to her more and have asked more questions so that she would have to respond. They have made a conscious effort to let her ask for things, rather than respond to pointing and incomplete sentences. Now at age 5 years, 9 months, Marie can repeat a sentence with difficulty and can follow a set of two instructions. She has had no speech therapy.

Her mother is most annoyed by Marie's habit of not finishing sentences and ending them with "You know." Her parents have tried not to draw attention to Marie's speech and usually just repeat the sentence correctly. Her mother is very frustrated by Marie's habit of not listening when spoken to and then saying, "What?". Marie's playmates, and particularly adults, have a hard time understanding her.

Her parents have never regretted their decision to adopt and list "her personality and bouncy cheerfulness" as her most endearing qualities. They describe Marie as
warm and loving, affectionate, friendly, outgoing, extroverted, and attached to their family.

Marie's brother was adopted at age 4½. He had lived with his unmarried mother until he left for the U.S. He is very verbal, and spoke age-appropriately within six months. He is in the fourth grade, correct for his age, and reads well above average. His manner and speech are mature for his age.

Josh--A Case History

Josh is a full Korean boy, age 10 years, 5 months at the time of the interview. Adopted at age 8 years, 4 months, he came directly from his young unmarried mother and had not stayed at the reception center. He was above average in size for a Korean child of his age and healthy. Members of a local Korean church confirmed that he did speak Korean, though mostly curses. According to the adoption writeup, he had developed normally, had "some" schooling, and was "talented with leadership ability." (This phrase appears very often in the children's writeups.) Since he arrived, the parents learned that Josh spent most of his time roaming the streets of Seoul with plenty of pocket money.

His mother says she felt he was a family member the moment he came off the plane "grinning from ear to
ear." This also concerns her because she wonders, "If he didn't cry when he left his mother, does he really love us?" He is very affectionate--"like a big puppy"--obeys his father, but not his mother. He gets along like any brother with his three sisters who still live at home, aged 16, 14, and 10, a sibling group adopted from Korea in 1971. Two older sisters, born into the family, are married. His parents are in the middle socioeconomic level and his mother works part-time outside the home.

Upon arrival, Josh exhibited fear at bedtime and wanted his mother to sleep with him--children in Korea sleep with their parents. He settled for a teddy bear. He did not know how to play with American toys and could not understand why he couldn't do whatever he wanted. His parents consider him "loud and noisy," and report that he has had behavior problems at home and school. He is never destructive, but is easily frustrated. In comparison with American children his age, they graded him above average for taking care of himself, below average in small motor functioning. He still has problems with writing, drawing, puzzles, etc.

In the two years since his arrival, his mother reports he had made a lot of progress. She considered this progress the most rewarding aspect of his adoption.
She can talk to him now; he has calmed down; and he is able to play alone for long periods of time. He used to think he had to be a "big shot," now he plays well in groups. He is more responsible and very helpful and "doesn't steal anymore"—a holdover from his street days.

Josh appears to have a lot of anger which he quickly gets over. He is easily frustrated and cries at these times. He speaks rapidly, doesn't finish word or sentence endings, and is often unintelligible even by his parents. He assumes others should understand him and gets very angry when asked to repeat anything. When he is excited, it is "nearly impossible" to understand him. He likes to sing, but doesn't want to use the right words.

After one year, Josh began to use sentences; but they were not grammatically correct. This problem continues. He has trouble with prepositions, tenses, plurals, subject-verb agreement, word order, and pronouns (uses "mine" but not his, her, etc.). His vocabulary is just starting to grow; but, after two years, Josh has trouble remembering the names of things and repeating a sentence that he has just heard. His verbal understanding is much more advanced than his verbal production. He is in third grade and is reading well above grade level and above his understanding. His vocabulary is appropriate for third grade, but not age-appropriate, indicating a delay of about two years.
His mother taught him English by pointing and repeating. She finds she is still correcting Josh's English "constantly." In writing assignments, he dictates to her and then rewrites it. He has made a great deal of progress during this school year which his mother attributes to a close relationship with a new male special-education teacher. He also has a special reading teacher, an ESL (English as a Second Language) teacher, a speech therapist, and an occasional tutor. His speech problems have affected his writing and ability to do word problems in math. He gets along fairly well in school, but his speech problems have affected his relationships with his sisters--at home and away--and his father. Other people think he has an accent and also find it difficult to understand him. He began receiving speech therapy in school this year when the school was sure his difficulties were not just second language problems.

His parents find his inability to accept criticism and his martyr attitude (Why are you doing this to me!) to be very annoying. There are days when they've regretted the decision to adopt, but not many. They consider Josh to be warm and loving, affectionate, friendly, outgoing, extroverted, and attached.
Discussion

In this group of language-delayed children, four (57%) spent at least the first six months of their lives with their birth mothers. This is reflective of the larger sample and again points to the need for further research into the parenting style and living conditions of unmarried mothers in underdeveloped countries.

The one child who had been institutionalized for over four years is a typical case of maternal deprivation (Bowlby, 1951; Freud & Burlingham, 1944; Provence & Lipton, 1962). Her ability to distinguish and imitate sounds was severely impaired. The clinical diagnosis was "a mild but significant impairment in expressive language skills and in sequential memory." This language impairment was combined with the inability to give and receive affection and to form close attachments and a lack of other commonly-held societal values, e.g., possession, truth, etc. Training, therapy, and understanding over the past eight years have helped to develop the values, attachments, and language ability to an age-appropriate level.

Each set of parents was genuinely and deeply involved in helping their child attain normal speech and age-appropriate behavior. They expressed concern over
reasoning, problem-solving ability, muscular and physical development, and enrichment. They have put a lot of hard work and love into the parenting of these children, and they have taken the responsibility with only occasional twinges of regret. One mother said her daughter may have been happier in another family who did not have such high expectations. Yet, she said, "she'll reach a fuller potential with us and she'll be better prepared to function well in adulthood. So hopefully, in the long run, she'll be happier."

None of the seven children have been severely dysfunctional in school or society. Although there have been prolonged periods of adjustment within the family setting, all had made considerable progress in their adoptive homes. Their progress, though stormy, is reflective of the complex and stressful adjustment processes in transracial and transcultural adoption.

Further exploration is needed to compare the language acquisition process of Oriental children with English-speaking children. This ought to include the social use of the language within each culture and other cultural values which influence child and adult language. Still another area to consider is the grammatical and
phonological structure of the Korean and Vietnamese languages which would make the transition to English even more difficult for a young child. These areas will be discussed in the following chapter.

Finally, it is significant that the four children who were talking when they arrived appeared to be delayed in their native language. If the mother-child interaction so necessary for normal language acquisition is lacking or retarded, it could follow that their language learning ability has been retarded also. If many of these children are already behind in the natural acquisition process, they could not be expected to acquire English at a normal rate.
CHAPTER V

ACCOUNTING FOR INDIVIDUAL AND GROUP DIFFERENCES IN THE LANGUAGE DEVELOPMENT OF INTERNATIONALLY ADOPTED CHILDREN

The present research project has looked at a group of 76 internationally adopted children and found that 54% have language problems of enough severity to be of notice and concern to their adoptive parents. Among those children with language problems, more than half (58%) have multiple problems—the most common being grammar, pronunciation, and incorrect word usage—and 29% still cannot speak at an age-appropriate level even after two or more years in their American homes.

At this point, we have satisfied two of the reasons for this study: to determine the existence of language problems among these children and to determine the extent of the problems. The research results have begun to fulfill the third reason (to look for possible causes) by identifying the apparent detrimental effects of living with the birth parents. However, it is important to examine all variables which can, and do, impact on these children's language development, because (1) there is no other
literature or research which addresses specifically the language problems of the internationally adopted child and (2) this study is intended for the use of adoptive parents, adoption agencies and other helping professionals. My belief is that the better parents, educators, and social workers understand these variables, the better prepared they will be to assist the child as he or she learns the English language.

Following the suggestions of Sohn (Note 23) and Kim (Note 24), this chapter will discuss the individual and group differences which may account for the problems and the variances exhibited by the children in the sample. Specifically, we will discuss physical and mental, cultural, linguistic, and nurturing differences. Particular attention will be given to the environments of the birth homes and orphanages. Later, in chapter six, we will look at some of the strategies children use to learn English as a second language and how parents and teachers can facilitate this learning. Finally, in chapter seven, we will fulfill the fourth reason for the study by suggesting specific actions for parents, educators, and social workers.
Regularities in Development

Studies into the language acquisition patterns of children across many cultures have found that children acquire most particular language strategies at about the same age regardless of the language (de Villiers & de Villiers, 1979, p. 136). For example, the ends of words appear to be more prominent for children than the beginning of words. Generally, suffixes and post positions are acquired before prefixes and prepositions. Children will omit unstressed syllables from words and say "raffe" for giraffe and "mato" for tomato (de Villiers & de Villiers, 1979, p. 136). Even in Czech where the beginning syllable of all words is stressed, children will omit the initial syllable and say the end of the word. Many other strategies, or general rules, appear in children at approximately the same age across most cultures.

The regularities in language acquisition do not exist only in the correct acquisition of the components of language but also in the types of errors children make. Because children learn the aspects of language that are simple and regular before they learn the complex and irregular (Macaulay, 1980, p. 6), their regularity leads them to make "mistakes" at certain stages of their development because they haven't learned the irregularities. An
example would be the learning of past tense by adding "ed" to verbs (played, jumped) will lead a child to generalize this rule to all verbs (satted, runned).

This is not to say that all children do and say the things at the same time, only that there is evidence that the mental capacity to understand certain strategies about the structure of the language they are learning develops in each child, regardless of culture, at about the same age (Clark & Clark, 1977, p. 337).

Differences in Development

The basic philosophy underlying this present study, as discussed in chapter two, holds that every child has an equal biological predisposition for the development of linguistic competence, but that differing environmental conditions can lead to individual and group differences in linguistic performance. Researchers and parents are very aware of the individual differences in language acquisition. De Villiers and de Villiers, in their book Early Language (1979) discuss this:

There may well be several alternative routes to the mastery of the full adult language. Some children learn a large number of words before they begin to combine them into sentences; others produce multiword utterances as soon as they have a working vocabulary of fifty words or so. A few children begin by learning words for things and actions; others first learn words that express their desires or direct other people's behavior. The documentation of these individual
differences and the range of normal variation in the rate and pattern of language development is crucial for determining the nature and extent of many language disorders. But it is also important to our understanding of the process of first-language learning that we continue to seek the sources of these individual differences, be they in the child's intellectual or physical development, in his interaction with his parents, or in the particular language input that he gets (p. 138).

**Physical and Mental Differences**

One of the first questions a prospective adoptive parent asks a social worker when presented with information about a child for adoption is, "Is he/she physically and mentally healthy?" Given the deprived conditions in the underdeveloped countries where these children are living, this is a genuine concern.

Nutritional and physical deprivation can lead to mental retardation which affects language and cognition (Rutter, 1972). This could be a factor for some of these children. However, studies in the adjustment of internationally adopted children have not shown this to be a major factor (D. S. Kim, 1977; S. P. Kim, 1979; Rathbun, et al., 1958, 1965). Today, agencies are usually able to diagnose mental retardation before referring a child for adoption.

Language problems can stem from loss of hearing or from temporary hearing loss which delays or skips part of
the maturational process (Parnell & Blackaller, Note 25). Because of poor medical services available to children in undeveloped countries, undetected hearing problems should be checked for when parents are concerned about the child's language problems.

Difficulties in auditory discrimination, a mental process, can result in the child's not attending to differences in sound (Parnell & Blackaller, Note 25). This can result from brain dysfunction, preoccupation with inner stimuli, a need to escape from an unpleasant situation, or a lack of reinforcement of distinctive sounds during the first two years. Parnell and Blackaller stress that "it is not enough that the child be able to listen to sounds; he must learn to discern fine differences." This problem has also been discussed in the studies of institutionalized children (Rheingold, et al., 1959; Provence & Lipton, 1962). Some of the children in the present survey had attention problems. All of the children in the in-depth interviews were unable to discern and replay fine differences in sound and preferred to say "their own words."

There are still other incidences where the listening and articulating abilities of a child do not work together (Sohn, Note 23). In these cases the child
comprehends far more than he or she can express in words. This is particularly common in early stages of language learning in normally developing children (Terango, Note 26) and during the acquisition of a second language (Fedder & Gabaldon, 1970) (see discussion, Chapter VI).

Also, some children and adults are more linguistically skilled than the general population (Terango, Note 26), as evidenced by multi-lingual persons, interpreters, etc. Conversely, some children and adults have a very difficult time learning a new language. Some of the slower children in the study may fall into this category because eventually almost all speak competently.

Age is another factor in the adopted child's ability to acquire English easily. The survey data found that the older the child was at adoption, the more likely he/she was to have problems.

The "critical period" of language acquisition (Lenneberg, 1967), relating the development of language with the maturation of the brain, has been discussed in chapter two. Young children usually learn language more rapidly and easily than children past puberty. While evidence suggests that this critical period is more for the acquisition of speech sounds than of grammar and
vocabulary (de Villiers & de Villiers, 1979), older children still have more difficulty in learning a new grammar and vocabulary, as well as in acquiring the new speech sounds. Some of this difficulty can also be caused by longer exposure to the native language and culture.

Cultural Differences

Every culture is sustained by its language; without language only the most primitive cultures survive (Robertson, 1977). Within each culture, there are groups and subgroups, socioeconomic levels, and even geographic areas where variations exist in the grammar, vocabulary, dialect, and purpose or utility of their language. When looking at the first-language background of internationally adopted children, these cultural variations and levels can influence how children acquired their first language and their social uses for that language.

As has been pointed out when looking at the background of orphaned children, most of these children, if not all of them, come from what could be called "culturally disadvantaged" homes. Culturally disadvantaged families retain the lowest social status, lowest income, highest unemployment rate, poorest health and housing standards, and poorest education in a society"
(Fedder & Gabaldon, 1970, p. 8). Most of these families have had little education, and they are so concerned with sheer survival that they are unable to provide their children with intellectually stimulating experiences (Holt, Note 15, p. 7; Y. S. Kim, Note 27).

While every environment which offers people and things for children to interact with is a learning environment for active young learners, many of the adopted children have not had the learning experiences which enable them to adjust to second language learning and to the school environment of an American school (Fedder & Gabaldon, 1970, p. 8-9).

Homelife in Korea and Vietnam is very simple. The houses are quite small and plainly furnished (Holt, Note 15). Usually there are many people nearby and the children and adults use the street as a gathering place. The children do not have toys or other simple stimulating items, such as crayons and paper.

Generally, parents neither discipline nor play with their children. Nor do the children have extensive limits placed on them. Early childhood is not a time of restraint. "Children are much loved, but at the same time considered more important for their potential
existence.... Children do what they wish with little attention from adults, for the child is not yet important enough to receive instruction" (Robinson, 1981, p. 9).

This child-rearing philosophy prevails across all socioeconomic levels. Children are, in many cases, missing out on the "dynamic verbal interchange" so crucial to language acquisition.

Children are also encouraged to be quiet and polite. A study by Caudill and Weinstein (1974) showed that Japanese (and Korean) mothers do not encourage infant babbling or verbal interaction to the extent that Western mothers do, but instead have greater bodily contact and "soothe him toward physical quiescence and passivity with regard to his environment" (p. 91). Young children in Korea are carried on their mother's back. Older sisters often take on this responsibility (Holt, Note 15). So the young child is in the middle of an activity, but is not an active participant.

Fedder and Gabaldon (1970) state that:

The child with a true language handicap is the child who has a narrow range of experiences, few concepts, and a small store of symbols--in other words, the child who cannot express himself well in any language, even his native one.... Let's apply this reasoning to the child who must learn a second language. If the child has had wide experience, a good understanding of his own language, and is
fluent in the symbols (words) of his own language, then his problem in learning a new language is comparatively simple ... (p. 172-3).

Yet, it must be kept in mind that all normal children learn their first language at about the same age and go through the same stages of language development in much the same order even though the amount of attention adults pay to the child's language varies greatly with each culture (Macauley, 1980, p. 7). However, the variety, richness, and skill in communication may not develop fully.

One further area which affects the foreign-born child's use of language is the constraints of the society itself. In Korea, as has been mentioned, social relationships are hierarchical and patriarchal. From their early years they learn that individuals are in relatively higher or lower positions (H. C. Kim, 1977). Even brothers and sisters have vertical positions. Thus, the children are socialized to face their society where people are seen as basically unequal, where individual expression of emotion is severely controlled, and where obligations loom larger than law and logic in social relationships.

In fact, the child in Korean society is seldom taught to confront adults with logic and reason. Even in school the Korean child is
not prepared to form sound judgement from available data through reasoning. Korean children are good at memorization ... but their excellence at memory work is often at the expense of development of the ability to reason, to solve problems and to think creatively and independently (H. C. Kim, 1977, p. 17). ... They would consider it rude to challenge their teacher by asking questions.... (p. 16)

These are some of the cultural differences which may have affected the rate of language acquisition and the frustration level of the older children from the in-depth interviews. They have not been socialized to think creatively, and their anxiety over "saving face"--of being correct--does not allow them to acknowledge their mistakes in usage.

**Linguistic Differences**

All internationally adopted children face immediate and difficult communication problems upon their arrival. The problems are magnified for Oriental children because the grammar and phonology are "so drastically different from those of English that there is virtually no affinity between the two languages" (H. C. Kim, 1977, p. 17).
The following excerpt from Kim's article, "Education of the Korean Immigrant Child" (1977), is reprinted here because its examples could not be changed:

The smallest unit of meaning in any language is called a morpheme, and one or more morphemes are found in every word in English. For instance, "book" is a single morpheme, while "books" is two morphemes, "book" plus another unit -s. "See" is a single morpheme, while "sees" is two morphemes, "see" plus another unit -s. This simple principle to be found in English does not apply to Korean, because the Korean language does not observe either agreement in person or agreement in number. For instance:

(A) English
I see a book.
You see a book.
He sees a book.
She sees a book.

(B) Korean
Naeka ch'aekul ponda.
(I book see.)
Neka ch'aekul ponda.
(You book see.)
Kuka ch'aekul ponda.
(He book see.)
Kuyochaka ch'aekul ponda.
(She book see.)

and

(C) English
I see two books.
You see two books.
He sees two books.
She sees two books.

(D) Korean
Naeka ch'aekul ponda.
(I book see.)
Neka ch'aekul ponda.
(You book see.)
Kuka ch'aekul ponda.
(He book see.)
Kuyochaka ch'aekul ponda.
(She book see.)

In the case of (A), the principle of agreement in person was observed; that is, a third person singular pronoun in English requires an -s form of the verb. But in the case of (B), the same principle of agreement was not followed and the morpheme in the word ponda (to see) has not been changed. The principle of agreement in number was observed in the case of (C) to make
"two" agree with the plural form of the noun "book." But in the case of (D), the morpheme in the word ch'aek (book) has not been changed, because there is no principle of agreement in number in the Korean language.

The reader might have noticed the syntactic differences between sentences in Group (A) and those in Group (B). The Korean language does not follow the same syntactical pattern to be found in the English language. The common syntactic sequence in English is Subject plus Verb plus Object, but the Korean language usually observes Subject plus Object plus Verb sequence.

The reader might have noticed another major difference. The English language has the articles, both definite and indefinite, in order to effect particularized or generalized meaning in a given sentence, depending on which article is used. In contrast to English there are no articles, either definite or indefinite, in Korean. When a Korean feels it necessary to generalize his meaning he would use han (one) in place of the indefinite article. When he wants to particularize his meaning he uses either i (this) or ku (that) in place of the definite article. Normally, he omits han, i or ku from his speech because they are usually understood within the context of the spoken words. The English articles present one of the most difficult problems to immigrants in America who are from non-English and non-European language cultures where the articles are not part of their language concepts....

The second major area of problems the Korean immigrant child has with English is its phonological system. No two languages are exactly alike in their consonant or vowel sounds. Some of the English consonant sounds are similar to the Korean consonant phonemes, but there are several English consonant sounds which are not found in Korean. Most of these phonemes are fricatives. There are also two resonant phonemes which tend to confuse the
native speaker of Korean who frequently replaces /l/ with /r/. The native speaker of Korean learning English is highly predisposed to substitute Korean phonemes for English phonemes.

English vowel phonemes are no less confusing and troublesome to the native speaker of Korean than English consonant sounds. Particularly, English vowel sounds as in "but" and as in "caught" tend to confuse many Koreans learning to speak English (p. 17-18).

For Vietnamese children the differences are no less difficult. Most Vietnamese words have only three or four letters, only one word in their language has seven (Ronan, 1977, p. 564). The meaning of each word changes completely with each one of the five tonal qualities given the word. "There are sounds they make behind their teeth and in the back part of their nasal passages that are so natural to them and that make it hard for them to pronounce English properly" (p. 564).

Because Vietnamese words are short, the children tend to pronounce only the first part of a word, e.g., "ki" for "kind". They are also not used to so many consonants coming together, as in "risks" and "it's straightforward." The multi-syllable English words are also a difficult concept. They need to practice syllabication in order to break down long words such as "pediatrician" or "automobile."
These differences in the language structure can account for some of the problems the children have, particularly in phonology. In some cases the children in the study said only part of a word and also left sentences "unfinished." It is also easier to understand the children's difficulties with plurals, subject-verb agreement, and word order.

Nurturing Differences

The last area we will discuss which affects the child's acquisition of language is the mother-child, or nurturing, relationship. Chapter two pointed out the vital importance of a "dynamic verbal interchange" between the care-giving adult and the infant for the normal acquisition of language. The results from this current study indicate, quite unexpectedly, that this interaction may be lacking in the families whose children are eventually placed for adoption.

The results of this current study were surprising not only to this researcher, but to others in the fields of adoption, child psychiatry (Kim, Note 24), and linguistics (Notes 23, 26, & 28). Therefore, it is considered important to study further the mother-child relationship in developing countries, particularly Korea, and to look at the existing body of empirical research
for explanations for the language delay and disorders of the maternally deprived child.

Orphanages. At the same time, it is important to look at the conditions within an orphanage or reception center which would tend to facilitate (or at least not delay) language development. Maternal deprivation and lack of stimulation and reinforcement of a child's first attempts at language, were named by earlier research as causes for the retarded and delayed speech of institutionalized infants (Brodhead & Irwin, 1946; Provence & Lipton, 1962; Freud & Burlingham, 1944) and of older children (Goldfarb; 1945).

Other studies of non-institutionalized children have shown that social and vocal reward does increase the frequency of babbling (Rheingold, Gerwitz, & Ross, 1959; Todd & Palmer, 1962). Even deaf infants babble longer if they see vocal and social reward, although they cannot hear the sounds (de Villiers & de Villiers, 1979). It has already been stated that all children begin to babble the same sounds regardless of culture and it is through interaction that certain sounds are reinforced. Not until the end of the babbling period does interaction encourage the production of new sounds (de Villiers & de Villiers, 1979).
Orphanage life may allow for more spontaneous babbling by infants and for more peer interaction with language than the cultural customs, referred to previously, which do not encourage infant babbling (Caudill & Weinstein, 1974).

From this researcher's personal experience in visits to Korea, Korean orphanage life has changed considerably in the past ten years. The Korean government closed many poorly maintained orphanages in the early 1970s. Most infants and children waiting for adoption are cared for in "reception centers" run by the in-country agency who works with and is supported by a U.S.-based adoption agency. Consequently, the standards are high (for a developing country), and care is taken to get the children in good physical condition for their flight to America. Also once a child is available for adoption, the agency is anxious to place her or him in the adoptive home as soon as possible, not only for the welfare of the child but also because the numbers of children needing care preclude keeping children institutionalized for too long.

More emphasis has been placed in the past several years on the quality of care. Nurseries have separated infants from other age groups. Generally, each baby has his/her own crib. The rooms are brightly painted with a
painting or pictures on the walls. Brightly designed quilts cover each child. The children are moved around, to play on the warm clean floor (Korean family life is conducted on the floor) and to be propped up in chairs. Some cribs have mobiles and stuffed animals (an American contribution). House mothers are trained and staff the center 24 hours a day. Toddlers have more toys to play with, although not an abundance. Play equipment is on the grounds. The children spend a good deal of their waking hours outside. The older girls (four and above) help with folding laundry, child care, etc. They usually have a television set for cold and rainy days. But, as any Korean child is expected to entertain him/herself within the natural surrounding, so are these children. There is little schooling for school-age children, except in the long-term centers which care for handicapped children. Medical care is provided at the center by local medical staff.

Other agencies prefer to place the children and babies waiting for adoption into foster homes, preferring one-to-one care for minimizing group health hazards to young children and for providing the maternal nurturing lacking in institutional care. The results of this
research have shown that foster care had "no ameliorative effects" and that children in institutional care had less language problems.

There are still orphanages throughout the countryside whose standard of care does not equal that of the reception centers. Few of these children are ever referred for adoption, but remain in care throughout their minority (Forrest, Note 29).

**Home Life.** The quality of care in a reception center still does not account for the variables within the mother-child dyad in a culturally deprived Korean or Vietnamese or South American home. Some of the cultural and communicative values have been discussed in this chapter. Still it is known that children learn language at a similar rate across all cultures (Macaulay, 1981). Cultural and social deprivation can affect the mother-child relationship, but they do not necessarily cause a dysfunctioning of the relationship. Poor relationship can occur across all social levels.

Recent studies have looked at the mother-child interaction in terms of the quality of the interaction. Significant relationships have been found between little or poor interaction and deficiencies in language (Wulbert,
et al., 1967). While there is little evidence to show that the linguistic aspect of the mothers' verbal input is directly related to the child's language skills (Cazden, 1968; Dale, 1972); it might affect both the child's cognitive development and how he or she uses the language.

Studies of the verbal environment of normal children (Adler, 1973; Broen, 1972) indicate that what is essential is a "dynamic verbal interchange." Adler discredits the assumption that the verbal stimulation found in lower-class homes is inferior to that in middle-class homes. There appears to be a great variation of interaction within each class. Wulbert, et al., (1975) later corroborated this when they found language-delayed children across all social levels.

The findings of the present study could indicate that the quality of the mother-child interaction in the early years of a child who is eventually placed for adoption does not provide the necessary interactive ingredients for language competence, regardless of the culture. Since many of the children who do remain at home for a period of time live in emotionally deprived situations, usually with the mother who must bear society's
stigma against her and her illegitimate children (Keane, Note 12), it could quite possibly follow that the mother-child interaction is less than positive.

A Report from Korea

The mothering style of Korean women who place their children for adoption and its effect on the children was probed further during this researcher's trip to Seoul, Korea, in March, 1981. According to a social worker, Yong Sook Kim, who worked for years counseling unwed mothers who were requesting international adoption for their children, these mothers possess many "ambiguous feelings" (Note 27).

The unwed mothers Kim has encountered have known that they will eventually have to give up their children in order for the child to have a normal life. Consequently, she said they have tried not to become too emotionally involved with the child even though they love their children. This same situation occurs with foster mothers who provide short-term care prior to adoption (Han, Note 30). At the same time, the unwed mothers have attempted to "make up" to the children for this loss and try to give the children everything they can.
Kim explained further:

In the case of unmarried mothers, their subconsciousness affects their children strongly and their expectation of their children is too strong. These factors affect the children's personality negatively.

They tend to spoil their children (because they feel pity on their children). So these children do not know how to compromise with others. They have a high dependency on their mothers and they develop little sense of independence. On the other hand they show strong rebellious attitudes in their adolescent period.

Feelings (masochistic feeling, hostility toward men) of the unmarried mothers get communicated to their children and these affect the children's emotional development. They lack in stability, and their attitudes are changeable. There is a lack of consistency. Overprotection, or sometimes lack of parental protection, makes the probability of becoming a problem child high.

Kim also confirmed that approximately 40% of the children who have come to her for adoption have had language problems. She stated that they were also experiencing a general, over-all developmental delay in the social, emotional, and physical areas. The language problems, she felt, stemmed from problems in the family environment, such as, a "deficient family, parent's indifference or neglect, and when the child's environment gives them bad influences."
The children's language problems, in Kim's judgement, seem to be more related to their verbal expression than to linguistic development. "In most cases," she said, "they use strong expressions (drastic) and their ability of self expression (self assertion) is weak. This seems to be due to their lack of love. They are negative and they do not talk much" (Note 27).

The problems of these families stem from various factors: the mother's "sense of betrayal by men, self-hatred, and conflicts"; her "anxiety over the future for herself and for her child"; the children's education problems which are caused "by the absence of the father"; economical problems, and the indifference of society.

The educational background of the mothers who place their children for adoption appears to be a significant factor in the child's language ability. It should be noted here that educational background also determines social status (Robinson, 1981, p. 22). Kim says that:

The children's linguistic development and their verbal expression are dependent on the unmarried mothers' education and social background. Children adopt the language and behaviors of those who are around them.
The differences between these family environments and the family environment of the children who did not appear to have language delays seems to be related to the unmarried mother's remaining in a normal family (as opposed to living on her own). Kim reports that children from a family-centered situation do not seem to exhibit the language problems. The mother's "educational background makes a lot of difference, i.e., the family's school education."

Kim has found, however, that the children who come from their mothers are more advanced in their physical and verbal development than the children who come from institutions. Still the children with mothers are behind the normal physical development of Korean children who live in a normal family environment. She says that, in most cases, it takes about two months for the child from an unwed mother to catch up to normal physical development.

The institutional children show a limited verbal expression, for example:

... They hardly use other personal nouns except "teacher" and "mother." Since they learn language through their peers, they do not know how to talk up toward the grown ups. (Emphasis mine, refer to Chapter I for discussion on societal structure.)
When a child is placed from an institution, Kim says, they tend to be quiet in the beginning, nodding their head or saying only yes or no, and then begin to be more expressive as they adapt to their new surroundings.

[Note: The mothers Kim counseled were relinquishing their children to the care of Holt/Korea who then placed the children in foster homes until adoption. Holt/Korea does not use a large reception center for the temporary care as does Korea Social Services. The children coming from institutions are generally coming from local orphanages throughout Korea. The quality of care cannot be judged by this author, with the exception of observations in visiting several such orphanages. In those cases, the care was sufficient to maintain physical health, but not to stimulate emotional and cognitive growth.]

When asked at what age does the separation appear to be most critical to the child, Kim responded that there is no special problem in the case of the newborns.

But from the time the children can recognize their mothers, they get affected directly and indirectly. Therefore, preparation for separation is important. The most difficult age is three to six years old.

Another Korean social worker affiliated with a U.S.
adoption agency, Hyun Sook Han, agrees with Kim (Note 30). She has found that children placed at the age of two also have a lot of problems after placement. They have just started to talk in their native language; and "when they get here, they completely stop talking." They are "really blocked" for a while before they become familiar with the sounds of English and begin to talk again.

Han has also found that the older the child is at adoption the worse are the language problems. "Many children have problems for a lifetime," especially if they arrive after the age of 10 or 12 years. She has also observed that the children who retain and continue to speak some Korean have very "weak English." Han suggested a reminder to parents that Korean children are not so articulate as American children the same age. This results from the cultural style of adult speech to young children. Korean parents speak very simple words and sentences to their children which "is why the children do not have much vocabulary." Han was aware of definite language delay in institutionalized children but not in children remaining with their birth mothers. However, she could see how maternal deprivation could affect the children and knew that many mothers are so busy "surviving" that they may not spend time talking with their children.
When asked to compare the emotional conditions of children from families with those from orphanages, Kim has found that:

There is greater damage when the child is brought in by his or her mother than when an institution child is brought in. Their initial reaction is a strong resistance, and in severe cases, children lose weight, get depressed and go through emotional instability. At the same time, they feel proud that they have mothers, and on the other hand, their hostility against their parents is strong.

When these children are placed in the new environment, comparing to the institutional children, they take longer in their adjustment... and take it harder. (Their images of their mothers stay with them long.)

Kim concluded that generally speaking, the problems of a child of two or more years stem from the fact that:

They have gone through several separations. Mother → foster home or institution → adoptive home. Each time they get separated and have to adjust to a new environment, they get hurt. The adults have to be sensitive to these facts and accept the children with understanding and love.

Although this report deals exclusively with Korean children, the societal pressures on unwed mothers and on orphaned children are very similar in the other countries which place children internationally (Chapter I).
Therefore, this information can be generalized to the children from other countries. This report is also significant because it verifies the fact that many of these adopted children were experiencing delayed language, for whatever reason, in their first language. These children can then be expected to experience delays in their second language (Crandall, Note 28). It is important for the future linguistic, cognitive, and educational development of the internationally adopted child that his or her new parents be aware of these prior conditions and of the possible effects on their child. Not all children will experience problems, but enough do to warrant special alertness of the part of parents, teachers and adoption agencies.
CHAPTER VI

LEARNING ENGLISH AS A SECOND LANGUAGE

As soon as the child arrives in the United States, the process of learning English begins. For most children, this entails a total immersion in the new language, and in a new culture also. From the moment of arrival, the new parents are also involved in the language-learning process—as participants and as trainers. Most parents slip naturally into the "motherese" of first language interaction. But many new parents of older children are uncertain of how to go about the training process.

"Should I talk to him like I do a young child—with single words? Or should I start right out speaking to him at his age level? Won't he feel put down if I start to 'baby talk' to him?" This chapter is designed to help the parents and educators understand the child's active role in learning a second language and how they can best provide interaction.

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Similarities in First and Second Language Acquisition

In order for children to learn a second language, they have to

... figure out how the sound system of the new language is organized, how units of meaning are organized into words, by what principles these words are put together to form sentences, how these sentences can be used appropriately in given settings, and in what ways meaning can be conveyed in the new language and culture. (Fillmore, 1976, p. 634)

This sounds very similar to the task of the first language learners--to develop communicative competence. Usually second language learners have a head start on this task, because they already possess the ability to sort out, produce, and remember signals (Lindfors, 1980).

Yet, there is an important difference between the child's acquisition of a second language and that of an adult's. The child is still in the process of acquiring the basics of human communication through language, along with the specifics of the language or languages spoken around him (Di Pietro, 1971). The adult on the other hand has already acquired the basics of human communication as well as one or more languages.

Another difference in second language learning between children and adults is that children find
pronunciation easier and, up to the age of 12, usually learn quite quickly to speak accent-free, which is probably linked to the maturation of the brain (Macaulay, 1981). It is also quite possible that children bring to the second language learning task some of the natural ability which enabled them to acquire the first language without explicit teaching.

This possibility and the knowledge gained from research into the process of first language acquisition quite naturally led to research comparing the processes of first and second language acquisition. Researchers (Dulay & Burt, 1974 a, b, c; Milon, 1974) have identified general similarities in sequence of acquisition by children learning English as a first language and children learning English as a second language, and also between children of different backgrounds (Spanish and Chinese) learning English as a second language. The evidence does not suggest that the sequence process follows the same sequence of stages of a child's first language acquisition, but it does suggest a similarity between the processes.
Some of the similarities are: (1) children move into a second language with shorter utterances (one- and two-word) heavy on content and then move on to longer utterances (Lindfors, 1980); (2) there is the familiar overgeneralization—the early regularizing of exceptional forms (run, runned); (3) there is the over-extension of terms in the initial stages by using a word to denote many other items in a category (ball, for anything round); and (4) children refine these generalizations over time just as they do in the first language. "It seems that in a natural interactive environment children are using the language acquisition processes and strategies which served them so well in learning the first language" (Lindfors, 1980, p. 404).

Other studies have found that surface differences in the first language are predictive of how well the child will acquire English as a second language (Crandall, Note 28); but on the deeper level children acquire the second language at a fairly consistent rate regardless of the mother tongue. Recent research in Sweden on Finnish children has led to a new hypothesis that there may be an interdependence between first and second language acquisition and that children can only acquire the second language to the degree they have acquired their native tongue (Crandall, Note 28). This seems likely with younger
children who can only acquire the second language to the extent that their language strategies and processes have progressed. But they do continue to develop to full mature speakers.

This point leads quite naturally to the question whether children also carry into the second language the faulty processes and strategies that were acquired, for whatever reason, in the first language. No research has come to light on this subject.

**Fillmore's Research on Second Language Acquisition**

Fillmore (1976), however, has done an intensive study of five Spanish monolingual children, five to seven years old, acquiring English as a second language, which illustrates the similarities to first language acquisition as well as the unique role of the child. Since this is considered the most thoughtful and thorough study to date (Lindfors, 1980, p. 405), and since it agrees with the author's observations, Fillmore's information will be used in this study.

**The Child's Role**

The child's role in second language acquisition is different from his/her role in acquiring the first. As an infant, the child's task was to be able to interact
with other human beings through the communication process. The child's personality and general abilities influence the interaction, but basically the responsibility rests with the adult (Lindfors, 1980). In the second language environment, the child bears the responsibility for the interaction. The child is an active member in interaction. Personality, self esteem, social ability, and cultural attitudes affect the second language learner's willingness to interact (Lindfors, 1980; Kim & Noh, 1980, Note 22). The child's own learning style also affects the outcome (Fillmore, 1976). These styles range from speaking English immediately to waiting until they have a full grasp on the vocabulary and grammar.

**Stages of Acquisition**

Fillmore has identified three stages (overlapping) in second language acquisition which seem to motivate the child's learning strategies. First, the child establishes social relationships. These are more "interactional" than "informational" (p. 659) and rely on fixed phrases (e.g., "You know what?" "Guess What!" "This is mine," "Stupid"). The child also relies heavily on non-verbal communication and on learning key words which are important to daily living.
In the second stage, the child attempts to communicate messages and content. This entails creating novel sentences, moving away from the intact phrases and useful 'words of the first stage. During this stage, there was more mixing of languages as the child attempts to get the message across. This corresponds in processes to the one- and two-word utterances of early language, except that the second language learner has a greater capacity for combining words.

In the third stage, the learner works on refining the messages, incorporating grammatical devices that made his/her speech more "native-like." This also corresponds to the first language learner's correctness over time. It is at this stage that more errors are made as over-generalizations, etc. are applied to the new language.

Cognitive and Social Strategies

Fillmore describes five cognitive strategies and three social strategies which her second language learners seemed to be using. The cognitive strategies are:

1. "Assume that what people are saying is directly relevant to the situation at hand, or to what they or you are experiencing. Metastrategy: guess" (p. 634). This works at home and in school if the child is an active participant in the situation, rather than an
observer. Fillmore considers this a crucial point in the classroom: "Because they paid attention to contextual clues, the children were able to function as if they understood what was going on in the classroom long before they understood the language used in it" (p. 637).

2. "Get some expressions you understand and start talking" (p. 639). Fillmore maintains that this strategy is crucial to acquiring the second language. It enables the child to interact verbally, and it provides the basic formulas for building language.

3. "Look for recurring parts in the formulas you know" (p. 644). Her example is the "freeing" of "how" from the original expression "How do you do dese?" (p. 647-648). The child progressed from "How do you do dese" + object, to "How do you" + verb + object, to "How did you" + verb + "it", to "How do (did, does)" + verb + object to "How" which was used in sentences like "How I make it?" or "How I put the number?"

4. "Make the most of what you've got" (p. 649). This allows for inappropriate sprinkling of expressions throughout their sentences, i.e., "whatsa matter," "O.K.," "already," which help's the child sound fluent.
5. "Work on big things, save the details for later" (p. 655). The refinements of the grammar and phonology come later when the child begins to understand the rules of the language.

Her three social strategies relate to and influence the cognitive strategies:

1. "Join a group and act as if you understand what's going on" (p. 667).

2. "Give the impression--with a few well-chosen words--that you can speak the language" (p. 669).

3. "Count on your friends for help" (p. 688).

This third strategy again points to a difference in first and second language acquisition with regards to the role of the mother-child interaction. In first language learning, the mother is constantly working to sustain and encourage interaction. In the second language, the child has more responsibility for initiating and sustaining the interaction (Lindfors, 1980). The situation is somewhat different in an adoptive home because the family language is the second language, and the mother and other family members are encouraging the interaction. Seldom, in the case of children past the toddler stage, is
the interaction so intense as it is in first language learning, however.

The Partner's Role

Fillmore's study also reflected the role of the partner in the second language learning situation. For the children in the study, and for most of the adopted children, the partners were usually peers. The peers in the study modified their language much as mothers do in first language acquisition. Fillmore and Lindfors (1980) found that adults and peers alike, by altering their speech, provide the ideal learning model.

Specifically, their altered speech includes all the elements of "motherese" which encourage the development of early language. These elements bear repeating in this context: Their sentences were syntactically simple, though well formed and natural. They used a lot of repetition and paraphrase. The vocabulary was limited and was in context. They used a lot of nonverbals--facial expressions, demonstrations, pointing, touch--to reinforce their point and to get and hold the child's attention. They alerted the child to pay attention by starting a conversation with "Look," "Hey," etc. (Lindfors, 1980, p. 416).
As the child's speech became more complex, the adult's and other children's speech also became more complex--always beyond the learner's group, yet usable and within his/her capabilities. When they corrected the learner it was for context and correctness of fact--not for form. This last item is very prevalent in mother's speech to young children. Mothers (or adults) tend to correct errors in fact, for example, "He be doggie," will be corrected if it's a horse, but not for the misuse of the verb "be." As the children get older, mothers add grammatical corrections, but there seems to be limited success for this corrective method (de Villiers & de Villiers, 1979, p. 109). Adults also expand and rephrase the child's speech, to verify the meaning and to provide a correct example of the sentence.

**Interactive Environment**

What the learning environment of Fillmore's study did **not** include was formal language instruction. Fillmore (p. 723) and Lindfors (p. 417) strongly urge that second language learning be in a social, interactive environment, a model of the first language learning environment. Many current bilingual and second language programs emphasize the audiolingual approach of drilling for correctness of form and usage with the idea that the forms will become habit. Studies of first language
acquisition show that "young children communicate first, and then, over time, always in the context of meaningful interaction, move toward adult-like form" (Lindfors, 1980, p. 417).

Lindfors concludes:

Thus some of the aspects of the environment which seem to promote children's acquisition of an additional language include the provision of a natural language sample which is tailored and responsive to the learner; meaningfully contextualized language rather than drills; ample opportunity for the learner to actively participate in and initiate a variety of interaction situations; freedom to try out the language--to experiment with it and in it--in interactions focused on meanings rather than form" (p. 417).

Individual Differences

In Fillmore's study (1976) there were individual variations of the acquisition rate among the children. Personality and attitude toward learning English seemed to make a difference. This pointed out that the general sequence and strategies of learning of the group were similar, but there was a difference in the rate of learning.

Other influences in the rate can come from "interference," when the grammar and phonology of the first language continue to be used while making the transition to the second. Interference can be predicted to a certain extent from a comparison of the two languages
in a process called contrastive analysis. Chapter V looked at some of the linguistic differences in Korean and Vietnamese which interfere with a child's second language learning. Not every error made by the language learner can be attributed to the contrast between the languages, but it can help the child's parents and teachers understand the process the child must go through in shedding the old and learning the new (Di Pietro, 1971, p. 7-9).

In addition to the child's personality and attitude and the "interference" of the first language patterns, we have discussed many other factors which can account for individual differences in a child's second language acquisition. Many of these factors can also be significant determinants in how well the child acquires the first language. As we observed during the in-depth interviews, none of the children who were old enough to talk when they were adopted were able to speak their native language fluently. This was also supported by this researcher's observations and by those of a social worker for an international adoption agency (Han, Note 30). These problems continue to influence second language acquisition.
Most of the children in the study were speaking age-appropriately by the end of one year. This time span reflects the experiences of the Spanish children in Fillmore's study. As parents and educators become more aware of the strategies the child uses to learn English, they will be better prepared to understand the errors and irregularities which occur and to help the learning process.
CHAPTER VII

SUGGESTIONS FOR ENCOURAGING THE ACQUISITION OF NORMAL ENGLISH BY INTERNATIONALLY ADOPTED CHILDREN

Most of the children, in this and previous studies, have learned to speak English and use it well. But that fact is very little comfort to the family whose internationally adopted child is having difficulty learning and using English. For some of the children who eventually learn to speak normal English, the struggle to reach that level of competence has been considerable.

The inability to communicate in English—to understand and be understood—can affect the child's learning and social development.

A lack of English proficiency has far-reaching tangible and intangible results.... Children with a lack of English skills find it affects academic learning and performance in school as well as relationships with teachers and peers. On the intangible side, English deficiency affects the self esteem.... (B. C. Kim, 1976, p. 41)

A child who continues to manifest language problems which curtail higher learning processes and the adjustment and acceptance into the new culture needs help. It is always easier to know what a child doesn't know than it is
to know why a child doesn't know. Professional help should be sought to assist parents in determining the presence of true language problems and then which factors—mental, physical, emotional, cultural, linguistic, or nurturing—may be accounting for the problems. This information will then assist the parent, teacher, therapist, and other school personnel in establishing a plan for the child.

The following suggestions have been prepared from established research and practice and the personal experiences and observations of the author and other adoptive parents:

**For Parents**

1. Arrange to have the child talk with an adult who speaks the child's native language within two weeks after the child arrives.

   This applies to any child who should have begun to talk in his/her native language. The early time period is very important because the child quickly begins to lose the native language. Some international adoption agencies have a social worker who does this (Han, Note 30). The worker is then able to assess the child's vocabulary, mental ability, and the effects of institutionalization or maternal deprivation. In addition, the worker can
learn more about the child's early life and the reasons for adoption which may have affected the child's learning background.

The adult can be a friend, neighbor, etc. and does not have to be a professional in child development. It is very important to inform the adult about why you wish to have the child's speech assessed and why he/she needs to be honest in the reporting. Parents have reported that often the native speaker does not want to upset the new parent or to assess the child as having problems.

If your child appears to be linguistically delayed, do not panic and assume problems. But it is important to recognize that the child may need extra time and extra help to learn and internalize the "rules" of the new language. As we have said before, the first language ability is an indicator of second language ability.

2. Slow down and simplify your speech. Use "motherese," even with older children.

This means simple two- and three-word sentences, a higher-pitched voice, repetition, correct grammar, simple and regular constructions, pointing and touching, questions to signal turn talking, and lots of patience.
With older children, it is difficult to remember that they need this simplified speech for a long period of time. The children will pick up a few phrases which will give the appearance of their knowing more than they do. Most parents and children naturally fall into this pattern of "motherese." They continue to modify their speech as their newly adopted child becomes more proficient so that their English is slightly more advanced than the child's.

3. Talk about things in context. Use concrete, seeable, touchable referents.

Mothers of young children talk about things, activities, etc., in the child's immediate environment. This will also help the adopted child develop the relationship between the language and the surroundings and facilitates the development of vocabulary.

4. Learn more about the language acquisition process.

Children across all cultures acquire the internal rules of the first language at about the same time regardless of the language being spoken. Children learn the simple regularities of the language before they learn the irregularities. For example, they learn to add ed to form the past tense of verbs. They then apply that rule to all verbs before they learn the irregular verbs.
("runned" before "ran"). The same processes occur in second language learning. The booklet, *Early Recognition of Speech, Hearing and Language Disorders in Children Under Six Years of Age*, by L. Terango, lists the normal language developmental milestones that occur from one month of age to six years. It serves as a handy guide for parents in determining at which age level your child is functioning. It is important to remember, though, that maturation is not an automatic process. Not all children begin asking questions at exactly 24 months. But it can serve as a framework for comparing and understanding the child's level of competence or to see why he/she is making a particular type of error.

5. Be aware of the social and cultural applications of the child's first language.

The social use of the language varies with each culture. In a hierarchal, paternalistic society, such as most Asian societies, people are seen as basically unequal; and individual expression is curtailed. The children are not taught to reason or to solve problems. They have learned to accept the authority of those above them. The emphasis on "saving face"—of being correct—does not allow them to acknowledge their mistakes.
Young children are allowed considerable freedom and are not disciplined in the same manner as Western children. Their parents use simplified infant speech with them, consequently their verbal expression and vocabulary is much less sophisticated than American children. This suggests that adoptive parents will need to keep their expectations at a reduced level.

6. Be aware of the contrasts between the child's first language and English.

For Asian children this is a tremendous problem because the grammar and phonology are so drastically different from English that there are hardly any similarities between the two languages. The Korean language, for instance, does not agree in person or in number--there is no difference between "I see a book" and "He sees two books." It is spoken "I book see" and "He book see." The placement of subject, verb, and object are also different, as shown in the above sentences. In addition, the English language use of a, an, and the is one of the most difficult concepts for speakers of non-Latin-based languages to acquire. Articles do not exist in the Korean language.

Problems also arise because of the differences in the phonological systems of the contrasting languages.
Children tend to substitute the first-learned pronunciation for the English pronunciation. Parents seem better able to understand and accept this problem area than the area of structure and grammar.

Large libraries, particularly college libraries, have books and articles on the contrastive analysis of the child's first language and English. Again, language differences will not always cause long-lasting problems, and they are not the reason for all errors the child makes. But, awareness of the differences can help a parent know which areas may cause problems and how to explain the differences to the child.

7. Help your child learn to "listen."

All of the children whose families participated in the in-depth interviews were linguistically undisciplined. They much preferred to say words their own way. They had difficulty repeating words or a series of words. Their auditory discrimination process was underdeveloped. It is not enough that children listen to sounds. They must be able to discern fine differences in order to reproduce speech sounds correctly.

Look at your child when speaking. Be sure you have his/her attention. Keep instructions simple, giving only one at a time, rather than a strong of instructions
or commands. "Go upstairs, put your shoes away, get your bath, brush your teeth, be sure to clean up, and call me when you're done" can cause a great deal of confusion for the child with auditory problems.

Most of these children are easily distracted by noise and activity, which also cause problems in school. Try to provide a quiet place for learning tasks. Be aware of the classroom situation in this regard also.

8. Provide lots of opportunities for your child to have peer interaction.

The child who is learning a second language is an active participant in the learning process. Social interaction facilitates this process. Peers are especially adept at adjusting their speech to accommodate the new child, and their play and conversations deal mostly in the present. The new child is then able to guess at the context of the conversation and become part of the group much more quickly, which in turn facilitates language learning.

9. If your child has not developed age-appropriate language after one and a half to two years in your home, seek professional help.

First, and foremost, it is very important to find out why a child's language is not progressing. You, the
parent, and the teacher, therapist, counselor, and pediatrician may be able to tell what the child does not know. But only through specialized professional testing will you know why. This type of diagnostic testing should be done by a pediatric neurologist, or a speech and hearing medical specialist. Once a correct diagnosis is made, corrective therapy can be instituted.

Equally important is the need to act promptly if you suspect your child's language, no matter what the age, is not progressing normally. For the child's sake, it is better to err on the side of getting an accurate diagnosis of no organic problem, than on the side of waiting to see if the child outgrows the problem. Nearly every parent who has written or called me or has participated in the research has urged that other parents not make the same mistake he or she did in waiting for the child "to get older," or to "make the cultural adjustment," or to "catch up," and on and on. Many have been given this advice by the school personnel, by the child's doctor, by the speech therapist, etc., most of whom have had no experience teaching English to internationally adopted children.

Promptness is important also because generally the younger a child is, the more easily he or she will acquire the second language. This applies also to the effects of
remedial therapy. Poor language over an extended period of time is an inhibitor to social interaction and to the child's developing a positive self-concept.

10. Be an advocate for your child.

Again, this is the message sent by nearly all the respondents: "Hang in there and insist on help for your child." Of all the suggestions this may be the most difficult. Many school systems and other helping professionals would prefer to postpone dealing with the child's language, and thus learning, problems. They present a formidable array of explanations for their inaction. Parents, in turn, must present formidable tenacity in order to secure needed services for their child.

For Teachers

1. Provide an interactive learning environment for the newly adopted child.

Including the child in the classroom activities broadens the child's experiential learning. The child who is acquiring English as a second language will learn much more quickly if he/she is able to fit the new words and sounds to the context of the situation. They will soon appear to function normally in the scheduled events of the class without using much language. This builds the child's
self-esteem and encourages learning. Assigning the child a classroom "buddy" can assist the transition both for the new child and the English speaking students.

2. Be aware of the second language learning strategies used by children.

An excellent reference on this subject is provided by J. W. Lindfors in *Children's Language and Learning*.

3. Be aware of the cultural differences in learning and in language usage.

Cultural and social differences can account for differences in the child's behavior. For Asian children, the discipline of life begins with school. The child is taught to respect authority; consequently, the child is more encouraged by approval of the teacher than of peers. Because of the reliance in authority, the child has not developed skills in reasoning, logic, and problem solving. The child has also been taught to be concerned with the happiness of others. Often these children get "lost" in a classroom because they will be quiet and unassuming. They need to be encouraged and trained to take part in group learning situations.
The National Clearinghouse for Bilingual Education, Rosslyn, Virginia, is a valuable resource for information on culture and language, and for educational materials. (Note 31).

4. Provide extra help with learning tasks.

The child will need extra instruction in the alphabet, reading, social studies, math word problems, etc. The child has a lot of catching up to do, even if only in learning the American culture. If the child has not been in school in his/her native country, then the child will need to learn "how to learn." Even if the child has had prior schooling, the child will enter a period of academic retardation during the acquisition of English as a second language. The extra instruction in basic academic skills is necessary.

Another problem occurs in this area. Older children sometimes start school by being placed in kindergarten or first grade because of their lack of language. As they grow and develop physically, the decision is often made to move them ahead a grade or more to be closer to their peers by age. This nearly always results in learning gaps and a compounding of problems. In these cases, a child will need considerable additional help to cover the skipped material. Even a normal American student has
trouble when reentering a class after a week or more absence. Skipping grades creates a severe deficit.

5. Be aware of the individual personality of the child.

The child's personality will affect the rate of English acquisition. The more socially open a child is, the more quickly he/she will learn the language. Quieter, more tentative children may take longer. The important point is that their strategies for acquiring a second language are the same, just the rates are different.

There is a tendency among educators to make an assumption that the child is a slow learner when the child does not quickly begin to use English. One mother had a friend, who spoke the child's language, volunteer as an interpreter for the child during language arts and social studies each day. The teacher and the other students were amazed that the child was so smart when he was able to communicate through his interpreter.

6. Help the child develop a sense of dignity in his/her own uniqueness.

This can be done by providing information on the child's native country to the class. Adoptive parents are often willing to help with this type of program. Films and books are available through consulates and tourist bureaus, as well as other sources.
Adoption as a way of joining a family is a curiosity for most children, especially when it is transracial and transcultural adoption. Current textbooks contain very few references to adoption. Adoptive parents are an excellent resource. An "Adoption Builds Families" curriculum was developed in 1980 by the Social Science Education Consortium to supplement current textbooks (Note 32).

7. Focus on the second language learner's meaning rather than the form.

This entails the belief that the child will learn the forms of English. It is sometimes difficult for teachers to ignore the mistakes and concentrate on the meaning. This focus does the most to encourage the continuous experimentation with and use of English, especially for Asian children who have been taught at an early age to "save face" and not make mistakes. It is helpful to remember here that the first language is acquired in an interactive, supportive atmosphere, one which focuses on meaning, not form, and in which only mistakes in facts are corrected.
For Adoption Agencies

1. Provide more accurate information on the child's background.

   This is important for understanding the child's social, emotional, physical, educational, and linguistic development. As this study has shown, where and how the child spent his/her first year of life is significant in the development of language. It is the key to the child's functioning in the adoptive home, not to mention its importance in establishing cultural roots as the child becomes an adult.

2. Provide cultural and linguistic information to the adoptive parents.

   This helps to prepare the parents, as well as provides reference for the behavior of the child. Parental knowledge of the methods of child-rearing which the child may have been exposed to will help to eliminate early confusion, especially for parents of toddlers and preschoolers.

3. Provide a social worker who can interview the child in his/her native language.

   The importance of this procedure has already been explained. Social workers would be the interviewers of choice because they understand the children's backgrounds
and the adoption process. They are better skilled in asking the necessary questions and piecing the answers together. They are in a position to reassure the child and explain what is happening. They understand the milestones in child development and can assess the child's level of functioning mentally, socially, and linguistically.

It is important that they report honestly to the new adoptive parents and do not attempt to reassure them falsely. This will only prolong needed therapy.

A description of a culture is always a composite of a variety of behaviors and characteristics. Not all individuals from a given culture will exhibit the same behaviors or characteristics. We must go beyond the cultural patterns and see the uniqueness of the individual.

This description of the language problems of internationally adopted children is a composite of behaviors and characteristics. Not all the children from the same culture, or with the same behaviors or characteristics, will have problems with language. Parents, teachers, adoption agencies, and researchers, must go beyond the generalities to look at the unique language performance and competence of each child.
Yet, there is strength in numbers; and the generalities of the language problems have too long been ignored. Many of the internationally adopted children need help to develop normal language. Language is the key to communication. Communication is the key to the enduring relationships parents seek to give their children. Language problems cannot be ignored. Collective awareness of the characteristics of language problems will help to develop the unique potential of each child.
Appendix A

Partial Bibliography of Empirical Research on Adjustment of Internationally Adopted Children


Sokoloff, B. Z., M.D. *The adjustment of adopted Vietnamese children in the U.S.* Suite 100, 7301 Medical Center Drive, Canoga Park, California (In preparation).

Appendix B

Questionnaire for the Research on the Acquisition of English by Internationally Adopted Children

I have internationally adopted children who have experienced difficulty in learning and using the English language. Since I have not been able to find a systematic source of information on this subject, I am working on an honors paper for my BA degree and am doing research to pull together data on the extent of language/speech problems among internationally adopted children. The results of this research will be combined with previous research and literature and will be made available to adoption agencies along with recommendations on how to deal with these problems. Your cooperation in completing this survey is greatly appreciated.

Anne Forrest, 219 Stone Crop Rd., Wilmington, DE 19810 (302) 475-8351

A. Your age ______ Sex ______ Single ______ Years Married ______

B. Please list each child in your family giving age in years and whether entered family by birth (B), adoption (A), or foster care (F).

Example: 12 1/2 years old adopted = 12 1/2 A

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**PLEASE ANSWER THE FOLLOWING QUESTIONS FOR EACH ADOPTED CHILD.**

**ATTACH ADDITIONAL SURVEYS IF YOU HAVE MORE THAN 2 ADOPTED CHILDREN.**

<table>
<thead>
<tr>
<th>BACKGROUND</th>
<th>CHILD 1</th>
<th>CHILD 2</th>
</tr>
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<tbody>
<tr>
<td>1. Birth Date Mo./Yr.</td>
<td></td>
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<tr>
<td>2. Date of Arrival in U.S. Mo./Yr.</td>
<td></td>
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<tr>
<td>3. Sex</td>
<td></td>
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<tr>
<td>4. Country of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Agency or orphanage who provided primary care in that country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Agency who placed child for adoption</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EARLY EXPERIENCE**

(Please answer to the best of your knowledge about the child's first 6 months of life.)

7. Did Child live:
   A. With birth parent(s)
   B. In orphanage or group home
   C. In foster home
   D. Other (specify)

8. Was the child able to form a one-to-one or mother-child relationship?

9. Did the child appear to receive early infant stimulation?

10. At what age did child leave birth parents?

11. Where did child go then?

**LANGUAGE/SPEECH DIFFICULTIES**

12. Has child had language/speech problem?
<table>
<thead>
<tr>
<th>13. Types of problems (check all that apply):</th>
<th>CHILD 1</th>
<th>CHILD 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Stuttering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Grammar (inappropriate tenses, failure to pluralize, incorrect/incomplete sentence structure, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Inability to recall correct word(s)</td>
<td></td>
<td></td>
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<tr>
<td>D. Pronunciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Does not attend (listen) to spoken words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Hearing loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Incorrect use of words</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Were problems noticeable at time of placement?

15. How old was the child when you became aware of language/speech problems?

16. Was child fluent in native language?

17. Did child learn English readily?


SCHOOLING

19. Child's present grade in school

20. Type of program (regular, specialized, remedial, etc)

21. Can child read at a grade-appropriate level?

22. Are there other learning problems. If so, describe.

23. Is child considered to have behavior problems in school?

GENERAL HEALTH CONCERNS

24. Does child have physical handicap(s)
   A. Describe
   B. Is handicap congenital
   C. If not, at what age did it occur

25. Has child been tested by:
   A. Speech/hearing pathologist
   B. Neurologist
   C. Pediatrician
   D. Psychologist
   E. Other (specify)

26. What was diagnosis?

27. What remedial help or therapy has child received and where was it given?

28. Has therapy made improvements?

29. Please use this space for any general comments.

Thank you very much for your cooperation.
Would you be willing to participate in a more detailed questionnaire later this school year?  

Yes  No  

If so, please give complete name and address:  
Name ___________________________________________  
Address ___________________________________________  
________________________ Telephone: ( )  

If you complete more than one survey, please fold together and check here. □
Appendix C

Frequency Table for Research Questionnaire

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency B</th>
<th>Mean C</th>
<th>Standard Deviation</th>
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<tbody>
<tr>
<td>Children In Family</td>
<td>1-3; 2-18; 3-11; 4-11; 5-7; 6-10; 7-7; 8-6; 10-1; 12-2</td>
<td>3.05</td>
<td>1.75</td>
</tr>
<tr>
<td>Children Adopted</td>
<td>1-9; 2-29; 3-15; 4-12; 5-2; 6-5; 8-4</td>
<td>4.5</td>
<td>2.48</td>
</tr>
</tbody>
</table>

1. 1 yrs.-1; 2 yrs.-1; 3 yrs.-4; 4 yrs.-3 b; 5 yrs.-7; 6 yrs.-9; 7 yrs.-4; 8 yrs.-1 b; 9 yrs.-9; 10 yrs.-7; 11 yrs.-8; 12 yrs.-1; 13 yrs.-1; 14 yrs.-2; 15 yrs.-5; 16 yrs.-2; 19 yrs.-1 | 8.5    | 3.73               |

2. 1 yrs.-12; 2 yrs.-9; 3 yrs.-8; 4 yrs.-10; 5 yrs.-11; 6 yrs.-9; 7 yrs.-5; 8 yrs.-3 b; 9 yrs.-4; 10 yrs.-1; 15 yrs.-2 | 4.66   | 2.99               |

3. Female - 42 Male - 34 |

4. Korea-43; Vietnam-17; Canada-5; South America-7; India-1; Other-2; U.S.-Amerasian-1 |

5. Holt/Korea-10; Korea Social Service-23; Eastern Child Welfare-4; Other-40 |

6. Holt/U.S.-10; Welcome House-31; Dillon-3; Other-32 |

7A. Don't know-1; No-27; Yes-48 |

7B. Don't know-1; No-49; Yes-26 |

7C. Don't know-1; No-65; Yes-10 |

7D. Don't know-1; No-65; Yes-10 |

8. Unknown-21; None-12; Some-3; Yes-40 |

9. Unknown-15; None-14; Some-5; Yes-42 |

10. 1) few days-18; 2) few weeks-7; 3) few months-3; 4) 1st year-3; 5) 2nd year-5; 6) 3rd year-4; 7) 4th and 5th years-10; 8) 6 or older-14; 9) unknown-12 | 5.158  | 3.11               |

11. Foster home-9; Orphanage-52; U.S.-12; Unknown-3 |

A Question Number
B Code ) Answer - Number of Responses
C Mean computed for ordinal level data
Appendix C Continued

Frequency Table for Research Questionnaire

| 12. | 0) None-35; 1) Some-16; 2) Definitely-25; | 1.87 | .88 |
| 13A. | 0) None-70; 1) Some-3; 2) Definitely-3 | .12 | .43 |
| 13B. | 0) None-51; 1) Some-3; 2) Definitely-22 | .62 | .91 |
| 13C. | 0) None-61; 1) Some-3; 2) Definitely-12 | .35 | .74 |
| 13D. | 0) None-51; 1) Some-3; 2) Definitely-22 | .63 | .94 |
| 13E. | 0) None-67; 1) Some-0; 2) Definitely-9 | .24 | .07 |
| 13F. | 0) None-68; 1) Some-0; 2) Definitely-8 | .21 | .62 |
| 13G. | 0) None-60; 1) Some-0; 2) Definitely-16 | .42 | .82 |
| 13H. | None-36; 1-17; 2-4; 3-6; 4-5; 5-7; 6-1 | 1.36 | 1.77 |
| 14. | Not relevant-40; No-32; Yes-4 |
| 15. | 0) Not relevant-45; 1) At placement-4; 2) 2 yrs. Old-2; 3) 3 yrs.-3; 4) 4 yrs.-4; 5) 5 yrs.-7; 6) 6 yrs.-3; 7) 7 yrs.-2; 8) 8 yrs.-1; 9) over 8 yrs.-5 | 2.013 | 2.93 |
| 16. | Not relevant-14; No-25; Seemed to be-7; Yes-30 |
| 17. | Not relevant-2; No-12; Seemed to be-8; Yes-54 |
| 18. | 6 mos. after arrival-42; 1 yr. after arrival-13; longer-9; still does not-12 |
| 19. | 0) Not in school-5; 1) preschool-6; 2) kindergarten-7; 3) 1st grade-9; 4) 2nd grade-10; 5) 3rd grade-10; 6) 4th grade-9; 7) 5th grade-7; 8) 6th grade-2; 9) 7th grade-1; 10) 8th grade-3; 11) 9th grade-4; 12) 10th grade-2; 16) college-1 | 4.99 | 3.34 |
| 20. | Not in school-5; special ed-3; remedial-3; tutor-3; regular-58; gifted-4 |
| 21. | Not relevant-11; No-15; Barely-3; Some-4; Yes-31; Above grade level-12 |
| 22. | Not relevant-8; No-56; Some-6; Definitely-6 |
| 23. | Not in school-5; No-63; Yes-3 |
### Appendix C Continued

**Frequency Table for Research Questionnaire**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24A.</td>
<td>None-63; Slight-4; Major-9</td>
<td></td>
</tr>
<tr>
<td>24B.</td>
<td>Not relevant-63; No-5; Yes-8</td>
<td></td>
</tr>
<tr>
<td>24C.</td>
<td>1 yrs.-72; 3 yrs.-1; 4 yrs.-1; 7 yrs.-1</td>
<td></td>
</tr>
<tr>
<td>25A.</td>
<td>No-44; Yes-32</td>
<td></td>
</tr>
<tr>
<td>25B.</td>
<td>No-71; Yes-5</td>
<td></td>
</tr>
<tr>
<td>25C.</td>
<td>No-34; Yes-42</td>
<td></td>
</tr>
<tr>
<td>25D.</td>
<td>No-62; Yes-14</td>
<td></td>
</tr>
<tr>
<td>25E.</td>
<td>No-61; Yes-15</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Not relevant-19; No-27; Yes-30</td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>No-1; Some-5; Yes-24</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D

In-Depth Interview Questions for Adoptive Parents of Children with Language Problems

A. FAMILY BACKGROUND

1. Age
2. Education (years of school)
3. Religion
4. Ethnic Background
5. Occupation
6. Socioeconomic Class
7. Years Married
8. Other Children (Ages, Sex, Birth or adopted)
9. Why did you adopt a foreign-born child?
10. What changes have happened in your family since your child arrived? (Other children, moves, job, separation, etc.)
11. Have you undergone either family or individual counseling since child's arrival?

B. CHILD'S BACKGROUND

1. Country of birth
2. Full or mixed parentage
3. Legitimate or illegitimate birth
4. Length of time with birth parent--(Mother or Father?)
5. Other sibling(s)
6. Extended family
7. Abandoned or placed in care
8. Agency who gave care
9. Type of care
10. Length of care
11. Early history: a. development b. other point on writeup c. diseases d. abilities
12. Age at arrival
13. Condition on arrival - ht., wt., etc.
14. Physical development since arrival: Ht. Wt. Eating

C. BEHAVIOR IMMEDIATELY AFTER ARRIVAL

1. Relationship with mother/father/siblings/others
2. Was child willing to be held? Hugged? Kissed?
3. Was child able to be comforted?
4. Type of crying? (Mournful, fearful, angry, insistent, etc.)
5. Was child fearful?
6. How did child exhibit fear?
7. What was curiosity level?
8. Describe child's activity level or attention span.
9. How did child show anger?

152
C. Continued
10. Did the child become attached to inanimate object?
11. Did the child become attached to animate object?
12. How did the child communicate? Verbal Non-Verbal
   Eye Contact
13. Compared to other American children you knew at the time,
    was your child functioning at about the same level as
    an American child the same age? Above? Below?
    How - (What points do you remember?)
14. After the first month how did you feel about your new
    child? Mother: Father:

D. DEVELOPMENT DURING FIRST YEAR AND SUBSEQUENT YEARS
   1. Physical Development
      a. Growth
      b. Eating habits
      c. Medical
      d. Were there any emotional or physical problems for
         which you sought help?
      e. Was the child ever diagnosed as having minimal brain
         dysfunction, hyperactivity, fine motor or perceptual
         dysfunction, etc.?
   2. Behavior
      a. Describe the changes
      b. How did child handle frustration?
      c. How did child handle solitary play?
      d. How did child handle group play?
      e. How did child handle discipline?
      f. Did attention span change?
      g. How did child's activities and behavior compare to peers?
      h. What abilities/ strengths developed?
      i. What weak areas did you notice?
      j. How did bedtimes go?
   3. Attachment
      a. How did attachment develop with parents?
      b. How did attachment develop with sibling?
      c. How did attachment develop with extended family?
      d. How did attachment develop with peers?
      e. How did attachment develop with others?
      f. Did you see any changes in this area? What?
      g. How did child exhibit fear?
      h. How did child exhibit anger?
      i. Did child seem to be comfortable in family?
      j. Was there a point in time or an incident which told
         you the child finally felt at home or was really
         a part of the family?
E. **EARLY COMMUNICATION**
1. How long did your child use his/her native language?
2. First English --- How was it structured (1 word, 2 word, sentences?)
3. How did your child learn English?
4. Was speaking or singing easier to learn?
5. Able to duplicate sounds and words easily?
6. Did you have any way to assess the child's ability to speak his/her native language?
7. How did you teach your child English?
8. How did you communicate?

F. **GROWTH AND DEVELOPMENT OF LANGUAGE**
1. When did child start using sentences?
2. Are they grammatically correct?
3. Did child use semantically correct words?
4. Does child have an age-appropriate vocabulary?
5. Does child have a varied vocabulary?
6. Is your child able to retain the names for things?
7. When do you feel the child reached normal age-appropriate usage?
8. Does the child make grammatical errors such as:
   a. verb tenses
   b. plurals
   c. subject verb agreement
   d. prepositions
   e. possession
   f. word order
9. How often do you assist or correct the child's grammar?
10. Or help with the right word?
11. Does your child listen to the spoken word?
12. Can he or she repeat a sentence? Sentences?
13. Can he or she follow instructions?
14. What is the rate of speech during normal conversation? When excited?
15. How old was the child when you became aware of language problems?
16. What did you do then?
17. Have you ever discussed these problems with:
   a. Pediatrician  b. Other adoptive parents
   c. Teacher  d. Speech therapist  e. Other
F. Continued

18. What were the recommendations?

19. What were the explanations for the problems?

20. What was/is the most frustrating or annoying language problem or mistake?

21. Are there problems or mistakes you can accept?

22. Do people think your child has an accent?

23. Do people have a hard/easy time understanding your child?

24. When your child makes a language mistake, how do you help him/her learn the correct usage? Does this work?

25. What has helped the most to correct the problems?

26. Have the speech problems affected:
   a. reading  b. writing  c. other school work
   d. social relationships  e. family relationships

27. How has the child been treated in school: by teacher? by peers?

28. Was there a point or a significant event which you can connect with sudden improvement or with a realization that the problems were subsiding?

29. How does your child communicate nonverbally?
   Body language/Facial Expression/Eye Contact/Touch

30. Has the child received speech therapy? What kind? How long? Results?

G. GENERAL COMMENTS

1. What has been the most rewarding aspect of adopting this child?

2. What has been the most frustrating aspect of adopting this child?

3. What is the child's most endearing quality?

4. What is the child's most annoying quality?

5. What does the child do that really turns you off?

6. What does the child do that makes you really angry?

7. What does the child do that makes you really frustrated?

8. What are the times when you love him/her the most?

9. Have you ever regretted your decision to adopt?

10. Do you feel the child might have been placed more appropriately in another family?

11. Can you recall the point or event when you realized that this child was really yours—a part of the family? When you realized that your child saw him/herself as part of your family?
H. FURTHER THOUGHTS ON CHILD'S BACKGROUND

1. What did the child remember from the past initially? Over time?
2. Was that any different from the original information you'd been given?
3. Do you feel the original information was correct?
4. Can you make any assumptions about the child's background that are different from or enlarge upon the original information?
5. Looking back, do you think the child was emotionally loved and cared for?
6. Do you consider your child to be: warm and loving/affectionate/friendly/outgoing/extroverted/distant/cold/remote/attached/unattached/introverted
7. Is your family important to the child?
8. How does your child handle separations now?
9. How has that changed?
10. Do you have any communication with family in child's country?
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