

Stress and Coping Among Adoptive Parents

by

Stephanie Hotta Miller

Thesis submitted to the Faculty of the
Virginia Polytechnic Institute and State University
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

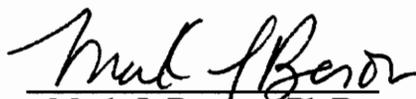
IN

FAMILY AND CHILD DEVELOPMENT

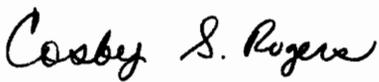
APPROVED:



Gloria W. Bird, Ph.D., Chair



Mark J. Benson, Ph.D.



Cosby S. Rogers, Ph.D.

August 27, 1996

Blacksburg, Virginia

Keywords: Adoption, Adoptive Parents, Stress, Coping Strategies

c.2

LD
5655
V855
1996
M556
c.2

STRESS AND COPING AMONG ADOPTIVE PARENTS

BY

Stephanie Hotta Miller

Gloria W. Bird, Ph.D., Chair

Family and Child Development

(ABSTRACT)

This study examined the joint effects of background factors, chronic strains, psychological resources, and coping responses on emotional stress among 99 adoptive parents who responded to a mailed questionnaire. Factor analysis identified use of three problem-focused coping strategies (planful problem-solving, cognitive reappraisal, confrontive coping) and four emotion-focused coping strategies (accepting responsibility, emphasize positives, wishful thinking, distancing). Multiple regression analysis revealed that parents reporting higher levels of emotional distress were significantly more likely to indicate a pile-up of chronic stressful circumstances related to their status as adoptive parents. More highly stressed parents were also significantly more likely to say that they made greater use of emotion-focused coping strategies, had adopted an older age child, and received less support from family members. These findings support Pearlin's (1989) model of the stress process. Implications for additional research in the area of stress and coping among adoptive parents were discussed.

ACKNOWLEDGMENTS

The successful completion of this thesis would not have been possible without the support from a variety of people. First, I would like to thank Dr. Gloria Bird for her unending support and guidance. Her theoretical and research expertise made this research project a wonderful learning experience. She has repeatedly demonstrated to me excellence in teaching and commitment in her responsibilities as my chair and mentor.

I would also like to thank the other members of my committee, Dr. Mark Benson and Dr. Cosby Rogers, for taking such an enthusiastic interest in my research. Their questions and comments challenged me to go beyond the limits of my knowledge and experience, to consider alternative arguments, and to be proud of the contribution that this project has made to the literature.

There are no words to express my gratitude to my parents, Steven and Mary Hotta, for their financial support and encouragement throughout my graduate training and research.

For his smiling face and his encouraging words, I would like to thank my husband, John Kenneth Miller. I cannot thank him enough for his support and infinite patience and only hope that I can do half as much for him during his dissertation.

TABLE OF CONTENTS

	Page
ABSTRACT.....	ii
ACKNOWLEDGMENTS.....	iii
LIST OF FIGURES.....	v
LIST OF TABLES.....	vi
LIST OF APPENDICES.....	vii
INTRODUCTION.....	1
REVIEW OF LITERATURE.....	4
METHODS.....	9
Procedure and Sample Description.....	9
Measurement.....	9
RESULTS.....	12
Preliminary Analysis.....	12
Multiple Regression Analysis.....	15
SUMMARY AND DISCUSSION.....	16
REFERENCES.....	21
TABLES.....	27
APPENDICES.....	29
VITA.....	73

LIST OF FIGURES

	Page
Figure 1. Distribution of Respondents.....	45

LIST OF TABLES

	Page
Table 1. Correlations, Means, and Standard Deviations for Variables Explaining Stress for Adoptive Parents.....	27
Table 2. Summary of Multiple Regression Analysis for Variables Explaining Stress.....	28
Table 3. Demographic Characteristics of the Research Sample.....	46
Table 4. Family Income, Educational Status, and Employment Status of Respondents.....	47
Table 5. Summary of Factor Analysis of Coping Styles.....	48
Table 6. Means, Modes, and Standard Deviations of Strains Identified by Adoptive Parents.....	49
Table 7. Means, Modes, and Standard Deviations of Psychological Resources.....	50
Table 8. Means, Modes, and Standard Deviations of Coping Strategies.....	51
Table 9. Means, Modes, and Standard Deviations of Stress Outcome.....	52

LIST OF APPENDICES

	Page
APPENDIX A. Literature Review.....	29
APPENDIX B. Methodology.....	41
APPENDIX C. Cover Letter.	53
APPENDIX D. Instrument.....	55
APPENDIX E. Pilot Research.....	65
APPENDIX F. Supplementary References.....	68

INTRODUCTION

Adoptions of non-relative children occur among approximately 2% of American families and are currently on the rise (U.S. Department of Commerce, 1994) as prospective parents increasingly seek to adopt children through licensed agencies and individual facilitators on both a national and international basis (Rosenberg, 1992). With each new decade, new forms of adoption have been initiated (van Gulden & Bartels-Rabb, 1994). Same-race, preferential (parents who are capable of conceiving and giving birth but choose to adopt), older child (age one and older), sibling-group, interracial, special needs, and international adoptions are among the different types of adoptions that occur today.

The profile of adoptive parents is also changing. In the past, most adoptive parents were white, infertile, upper- to middle-class couples. Although this group still comprises the largest number of adoptive parents, a more diverse population of adults is now actively seeking to build families through adoption (van Gulden & Bartels-Rabb, 1994). Among those seeking to adopt are infertile couples (with or without birth children of their own), minority couples, single adults, foster parents, working class, and gay and lesbian couples.

A common theme in the clinical literature is that the experience of adoption is stressful for parents and often results in a variety of maladaptive coping efforts (Hajal & Rosenberg, 1991; LePere, 1987; LeVine & Sallee, 1990). Despite the growing awareness of the role of coping in the successful mediation of stress, investigation of stress and

coping in nonclinical samples of adoptive parents is scant. Much of the recent research and literature on adoption examines psychological adjustment and transitions associated with adoptive parenthood (Brodzinsky & Huffman, 1988; Gjerdingen & Froberg, 1991; Levy-Shiff, Bar & Har-Evan, 1990; Levy-Shiff, Goldshmidt, & Har-Evan, 1991; Sandelowski, Harris, & Holditch-Davis, 1993). A major limitation of this work is the almost exclusive focus on the transition period of adoptive parenthood -- the expectancy period (preadoption waiting period) and a few weeks after the adoption. During transition the parental experience is understandably high. Previous research has also neglected to investigate parental adoption from a theoretical framework that captures the complex interaction of source, mediator, and outcome in the stress process, despite a strong theoretical and empirical foundation for such research.

The present study relies on Pearlin and colleague's (1989; Pearlin, Mullan, Semple, & Skaff, 1990; Pearlin & Schooler, 1978) conceptualization of the stress process as encompassing four domains: background factors; stressors (chronic strains); mediators of stress (psychological resources and coping resources); and stress outcome. More specifically, for this investigation the emotional distress experienced by adoptive parents is hypothesized to be influenced by the antecedent background factors of age of children at adoption and number of children (adopted and non-adopted) living at home. Further, it is expected that parents experiencing a greater number of intense chronic strains and having fewer psychological and coping resources will report higher levels of emotional distress.

Much has been written about the adjustment of adoptive parents and the unique issues that impact upon adoptive family members (Brodzinsky & Huffman, 1988; Levy-Shiff et. al., 1990; Levy-Shiff et. al., 1991). Yet despite the extensive literature on adoption, research on adoptive parenthood has not explored the chronic adoptive strains and coping processes that parents experience in the course of the adoption process. This study examines the joint effects of background factors, chronic strain, psychological resources and coping resources on emotional distress experienced by adoptive parents. The results of this study will be a step toward better understanding the dynamics of stress and coping among adoptive parents, which in turn, can help educators, clinicians, and adoptive parents in identifying what coping strategies help to alleviate stress. Social agencies could also benefit from understanding what factors influence emotional distress in order to best serve the needs of parents and adoptive families. Information from this study will be useful to researchers interested in expanding their investigations to include all members of the adoptive family -- birthparents, adopted persons, and adoptive parents.

REVIEW OF LITERATURE

Child's age at adoption and number of children (adopted and non-adopted) living at home are included in this study as background factors that are expected to influence the stress process among adoptive parents. Research examining the adjustment needs of adoptees and their families indicate that a child's age at adoption can contribute to the stress experienced by adoptive parents. For example, Barth and Berry's (1989) study of children adopted at age three or older found behavior and adjustment problems increased with age at adoption. Another study comparing adoptees and nonadoptees, all in residential treatment, (Grotevant, McRoy, & Jenkins, 1988) also identified the child's age at adoption as a possible contributing factor to the stressfulness of the adoption experience. These and other studies indicate that it is more stressful for adoptive parents to raise children adopted at an older age. Adoptive parents typically report feeling responsible for solving problems that originated in the adopted child's previous placement history (Katz, 1986). The older the child the greater the chance that the adoptee's history will result in additional parental stress.

Adoptive parents are also challenged to react sensitively to the situation of sibling relationships between their children. Children may naturally feel displaced when a new sibling arrives; however, for adopted children these feelings are sometimes intensified (van Gulden & Bartels-Rabb, 1994). If parents conceive after the adoption, it is common for adopted children to feel that they are no longer wanted or needed because they may believe that what their parents really wanted was a biological child (van Gulden &

Bartels-Rabb, 1994). Additionally, if adoptive parents already have a biological child(ren) living at home prior to the adoption, the adopted child may be singled out for a variety of reasons including difference in appearance, problem behavior, and adopted status (Talen & Lehr, 1984). Parents commonly face the task of reducing sibling rivalry and calming adoptees' fears of being displaced. These unique parenting circumstances may increase the stress experienced by adoptive parents.

Life events are identified as primary stressors by Pearlin (1989). Adoption is a major life event that causes a restructuring of the social and economic conditions of family life. The adoption process, then, is productive of secondary stressors, identified as chronic strains -- the more enduring or recurrent problems and conflicts that people face on a daily basis.

Because chronic strains are consistently found to be better explainers of emotional stress than are major life events (Eckenrode, 1984; Nakano, 1991; Pearlin et. al., 1990), the present study considers adoption the major life event (primary stressor) experienced by adoptive parents and examines chronic strains (secondary stressors) as factors influencing their emotional stress.

Chronic strains that have surfaced repeatedly in the adoption literature include concern about being able to bond with the adopted child, pressures of instant parenthood, novelty of roles, and finances (Barth & Berry, 1988; Berry, 1989-90). Additional strains common to adoptive families are the fear that birthparents will reclaim their rights to the adopted child, infertility issues (van Gulden & Bartels-Rabb, 1994), and how and when to

disclose the adoption to the adopted child (Brodzinsky, Singer, & Braff, 1984). Taken together these chronic strains are expected to have a negative influence on stress among adoptive parents.

Psychological resources are also expected to affect parental stress. Pearlin and his colleagues (Pearlin, Lieberman, Menaghan, & Mullan, 1981; Pearlin et al., 1990) identify self-esteem and mastery as psychological resources available to people as they deal with stress. *Self-esteem* refers to the positiveness of one's attitude toward self (Pearlin, 1989), while *mastery* describes the extent to which an individual regards his/her life-chances as being under his/her control (Pearlin & Schooler, 1978).

Although a number of studies have linked self-esteem and mastery to levels of stress (Fleishman, 1984; Folkman, 1984; Folkman, Lazarus, Gruen, & DeLongis, 1986; Terry, 1991; Terry, 1994), there are no known studies examining the effects of psychological resources on stress experienced by adoptive parents.

Coping resources are also identified as influencing the stress process. Coping resources include the actions that people take to reduce stress as well as the social support available during stressful times. The ways in which people deal with situations appraised as stressful may differ; however the purpose of their responses is to regulate emotions or manage the problem that is causing the distress.

Problem-focused coping refers to efforts to manage or alter the demands of specific stressful situations, while *emotion-focused coping* refers to efforts to manage emotional distress rather than the stressful situation itself (Lazarus & Folkman, 1984).

Confrontive coping and planful problem-solving were two problem-focused coping strategies identified by Lazarus and Folkman (1984). Examples of emotion-focused coping strategies include avoiding thinking about the problem, distancing oneself from what makes one feel distressed, and hoping that a miracle would happen (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

The stress-buffering effects of social support have been emphasized in earlier research (Beehr, King, & King, 1990; Carver, Scheir, & Weintraub, 1989; Pearlin et. al., 1990; Ruhlman & Wolchik, 1988). These studies conclude that having the support of family and of a peer group of people experiencing a similar problem is important to alleviating stress. Van-Gulden and Bartels-Rabb (1994) also indicated that venting out frustrations and anxieties and seeking information and guidance from family and peer support groups are ways to alleviate emotional distress.

Finding support, expressing feelings about the adoption experience, and taking control of some things while letting go of others have been mentioned as stress reducers in the adoption literature. However, specific coping strategies used by adoptive parents have not been identified. The present study will report on what coping strategies used by adoptive parents help to alleviate stress.

Emotional distress has been used as the outcome measure of the stress process in previous studies (Folkman et. al., 1986; Gjerdingen & Froberg, 1991; Ruhlman & Wolchick, 1988; Veit & Ware, 1983). In these studies, somatic and physical symptoms such as anxiety, depression, affect, and emotionality have been found to correlate highly

with emotional distress. Research in the area of adoptive parenthood has measured dimensions of self-concept, depression, and quality of marital relations as outcome measures of psychological adjustment (Levy-Shiff et. al., 1990; Levy-Shiff et. al. 1991). Despite the abundance of literature on adoption, emotional distress as the outcome measure of the stress process has not been investigated among adoptive parents. Therefore, emotional distress, as measured by stress indicators of positive affect, emotional ties, anxiety, and depression is the stress outcome investigated in this study. The overall goal is to determine the joint effects of background factors, chronic strains, and coping resources on emotional distress among adoptive parents.

METHODS

Procedure and Sample Description

A packet of forty questionnaires, each with individual cover letters explaining the study, was mailed to support group coordinators in fifteen states. Support group coordinators were identified from the *Adoptive Parent Support Groups* section of Adoptive Families Magazine (1994), and agreed to take responsibility for displaying the questionnaire and explaining the project during adoptive parent support group meetings. This study utilizes data from the 89 female and 10 male adoptive parents who responded to the survey.

The average age of the participating adoptive parents was 45 years, with a range from 33 years to 53 years. Eighty-two percent of respondents reported being married with an average annual family income of \$60,000 to \$69,999. Ninety six percent of adoptive parent participants were Caucasian, 4% were Asian; 41% of the adoptees were Asian, 8% Caucasian, 4% Hispanic, and 2% Black.

Measurement

Respondents provided information on their child's age at adoption and the number of children (adopted and non-adopted) living at home. Other demographic questions (i.e., age, education level, income level) were also asked for the purpose of sample description (See Appendix D).

Chronic strains faced by adoptive parents were assessed by twenty items formulated from a pilot study (Appendix E) and a review of literature indicating stressful

situations commonly experienced by adoptive parents (Barth & Berry, 1988; Berry, 1989-90; Brodzinsky et al., 1984; Brodzinsky & Schechter, 1990; Hajal & Rosenberg, 1991; LePere, 1987; LeVine & Sallee, 1990; van Gulden & Bartels-Rabb, 1994). Respondents were asked to read the list of situations common to adoptive parents and indicate the extent to which each situation, circumstance, or experience was stressful for them on a 7-point response scale ranging from (1) not at all to (7) extremely. Examples of chronic strain items are “paying adoption costs (application fees, lawyers, agencies, etc.)”, “deciding when, what, and how to tell my adopted child of his/her adoption”, “fearing that the birthparent will reclaim rights to my child”, and “having my adopted child display symptoms of distress”. Chronbach’s alpha for the scale was .81.

Self-esteem was assessed by Rosenberg's (1965) Self-Esteem Scale. The self-esteem scale has a reproducibility index of .93, an item scalability of .73, and a test-retest reliability of .85 (Rosenberg, 1965). This interval-level measure includes 10 items, with equal numbers of direct- and reverse-scored items. Responses were given on a Likert-type scale ranging from (1) strongly disagree to (7) strongly agree.

Mastery was assessed by a scale developed by Pearlin (Pearlin & Schooler, 1978). Responses were given to the 7 item measure on a Likert-type scale ranging from (1) strongly disagree to (7) strongly agree. Examples of mastery items are “what happens to me in the future mostly depends on me” and “I can do just about anything I really set my mind to do”. The factor loadings of the construct categorized as *mastery* within Pearlin and Schooler's (1978) Psychological Resource Questionnaire has ranged from .47 to .76.

The Ways of Coping Checklist (Lazarus & Folkman, 1984) assessed coping strategies used by the respondents. Coping items were scaled so that (1) indicated that the respondent had never used the coping strategy to (7) indicated that the coping strategy had been used very often. The reliability estimates for the coping strategies identified by factor analysis of the Ways of Coping Scale ranged from .66 to .79 (Folkman, Lazarus, Dunkel-Schetter et al., 1986). Chronbach's alphas ranged from .64 to .78.

Emotional distress was assessed using the Mental Health Inventory (MHI) (Veit & Ware, 1983). Four subscales from the MHI were used: anxiety (10 items), depression (5 items), positive affect (11 items), and emotional ties (3 items). The reliability estimates for the subscales of anxiety, depression, positive affect, and emotional ties ranged from .81 to .92, and the overall mental health index was .96 (Veit & Ware, 1983). Out of the 38 original items that were used to assess emotional distress, 9 items that were categorized as "behavioral" were omitted due to their clinical orientation. On a 7-point response scale ranging from (1) never to (7) very often, respondents were asked how often they have experienced each item during the past month. Chronbach's alpha was .93.

RESULTS

Results indicated that 53% of adoptive parents had two adopted children living at home; 36% had one; and 9% reported having birth children in addition to at least one adopted child. Sixty-seven percent of the adoptions occurred internationally, with a greater percentage of adoptions of girls (58.2%) than of boys (41.8%). Approximately 28% of adoptions were open -- the adoptive parents received information about birthparent(s) and /or have contact with the birthparent(s). Seventy two percent of adoptions were closed -- information about birthparent(s) are sealed or unavailable to the adoptive parents and children. The age at adoption of the adoptees ranged from less than one month to 10 years, with an average of 1 year and 7 months. The majority of the children were adopted from foster homes.

Preliminary Analysis

First, responses to the 44 coping items were factor analyzed using principal factoring with iteration to reduce and organize the data. This method of analysis extracts the number of factors with eigenvalues greater than or equal to 1.0. A varimax technique was used to rotate the axis orthogonally. The seven factors derived from the factor analysis are described as coping strategies. These seven coping strategies include three problem-focused coping styles (planful problem-solving, cognitive reappraisal, confrontive coping) and four emotion-focused coping styles (accepting responsibility, emphasize positives, wishful thinking, distancing). Five of the items that loaded negatively or were under .45 were deleted from the final analysis.

Planful problem-solving describes deliberate problem-focused efforts to modify the situation (e.g., “made a plan of action and followed it”, “just concentrated on what I had to do next”, “came up with a couple of different solutions to the problem”).

Accepting responsibility acknowledges ownership of the problem (e.g., “realized that I brought the problem on myself”) with aspects of behavioral self-blame (e.g., “criticized or lectured myself”) and themes of trying to make things right (e.g., “apologized or did something to make up”, “made a promise to myself that things would be different next time”).

Emphasize positives describes emotion-focused efforts to regulate one’s own feelings and to create positive meanings or positive outlook (e.g., “looked for the silver lining”, “tried to keep my feelings from interfering with other things too much”).

Cognitive reappraisal is identified in this study as problem-focused coping because this coping style includes strategies that are directed at motivational or cognitive changes in efforts to manage the problem (e.g., “went over in my mind what I would do or say”) (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964, as cited in Lazarus and Folkman, 1984).

Confrontive coping describes aggressive efforts to change the stressful situation (e.g., “stood my ground and fought for what I wanted”, “tried to get the person responsible to change his or her mind”).

Wishful thinking describes emotion-focused coping that includes “fantasies or wishes about how things might turn out”, “wishing that the situation would go away or somehow be over with”, and “hope that a miracle would happen”.

Distancing is similar to wishful thinking however these strategies incorporate aspects of detachment and avoidance (e.g., “went along with fate”, “avoided being with

people in general”). For purposes of analysis, strategies were further collapsed into two coping categories -- problem-focused coping and emotion-focused coping. Similar strategies have been identified in numerous other studies (Aldwin & Revenson, 1987; Folkman & Lazarus, 1985; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985).

Next, a correlational matrix was generated and examined for signs of multicollinearity. Because no correlation among the independent variables was higher than .52, multicollinearity was not a concern. Finally, simultaneous multiple regression analysis was conducted to determine the joint effect of the nine independent variables on emotional distress.

Means, standard deviations, and Pearson correlations for variables are shown in Table 1. Pearson correlation coefficients were calculated to identify the strength of association between all variables.

Insert Table 1 about here

Multiple Regression Analysis

Table 2 presents the results of the simultaneous multiple regression analysis for the nine variables explaining adoptive parent emotional distress: adoptee's age at adoption, number of children living at home, chronic strain, self-esteem, mastery, family support, peer support, problem-focused coping, and emotion-focused coping. Fifty-two percent of the variation in stress was explained by the combination of independent variables ($p = .0001$). Regression analysis revealed that chronic strain had the greatest influence on adoptive parent stress ($\beta = .377, p = .0001$). Emotion-focused coping ($\beta = .269, p = .002$), adoptee's age at adoption ($\beta = .268, p = .002$), and family support ($\beta = -.177, p = .03$) were also significantly associated with parental stress levels.

Insert Table 2 about here

SUMMARY AND DISCUSSION

On the whole, adoptive parents in this sample, are experiencing moderate levels of emotional distress (mean = 3.06), which suggests that many are coping effectively with the adoptive strains they encounter. These findings may be a reflection of the nature of the sample. The 89 adoptive mothers and 10 adoptive fathers who participated in the study were members of their local adoptive parent support group. This suggests that these adoptive parents are already accessing social support services and are networking as a means of coping with the chronic strains associated with raising adopted children.

Results support Pearlin's (1989) model of the stress process. Specifically, background factors, stressors (chronic strains), and mediators (psychological resources and coping resources) are significantly related to the stress outcomes of adoptive parents. Findings indicate that parents reporting higher levels of emotional stress tended to experience significantly more intense chronic strain, make greater use of emotion-focused coping strategies, adopt older children, and experience less family support.

When adoptive parents experience chronic strain from multiple sources it seems to wear down their emotional reserves. Cumulative strain has been reported by other adoption researchers (Berry, 1989-90) as psychologically stressful for adoptive parents. Adoptive strains that were rated as highly stressful by the parents in this study were "having my adopted child display symptoms of emotional distress", "being evaluated by adoption agency workers", "not being able to experience full term pregnancy", and "paying adoption costs". Higher ratings of these adoptive strains supports previous

studies and adoption literature which also identifies issues of infertility, finances, evaluation process, and adjustment of adoptees as major factors in the experience of stress and anxiety (Berry, 1989-90; Brodzinsky & Huffman, 1988; DiGuilio, 1987; Hoffmann-Riem, 1986; Levy-Shiff, et al., 1991; Melina, 1986).

Emotion-focused coping emerged as the second most important contributor to parental distress. By and large, adoptive parents who reported heavier reliance on emotion-focused coping strategies experienced significantly higher distress. In other studies, emotion-focused coping strategies have also been associated with increased emotional distress (Aldwin & Revenson, 1987; Folkman, Lazarus, Gruen et al., 1986; Terry, 1991, 1994), although such coping is defined as efforts to control or minimize emotional distress.

Intense emotions typically arise in the adoption process and adoptive parents actively search for ways to address and reduce their emotional responses (van Gulden & Bartels-Rabb, 1994). Theoretically, once these intense emotions are calmed and adoptive parents feel they have regained control, the stressful situation can then be reassessed with clearer ideas of how to alleviate stress using more problem-focused approaches.

The process of adoption involves an enormous amount of paperwork, bureaucracy, and legal battles that may add to feelings of powerlessness over the ability to control the events of the adoption process. Often times adoptive parents feel emotionally drained from the amount of time involved in the adoption process -- from the evaluation of adoption agency workers to the waiting period of adoption (van Gulden & Bartels-

Rabb, 1994). Terry (1994) suggests that efforts to reduce the associated levels of anxiety by relying on emotion-focused coping strategies are most likely to occur when the stressful situation engenders perceptions of threat and vulnerability. These findings may also be a reflection on the nature of the sample -- ninety percent of the respondents in this study were mothers. Many of the adoptive mothers from this study rated the experience of not being able to experience full term pregnancy as highly stressful, suggesting that they had little power over their life circumstance of not being able to bear children. It is possible that more highly distressed adoptive parents are entangled in situations that are chronic and somewhat immune to problem-focused tactics. The emotion-focused coping strategy of wishful thinking includes aspects of having fantasies or wishes about how things might turn out, wishing that the situation would go away, prayer, and hoping for a miracle. Distancing describes efforts toward detachment and avoidance by avoiding being with people, going along with fate, and turning to work or substitute activity. Wishful thinking and distancing as ways of coping have been previously related to negative psychological outcomes (Aldwin & Revenson, 1987; Bowman & Stern, 1995).

Adoptee's age at adoption was also found to make a significant contribution parental distress. Literature on adoption consistently indicates that it is more stressful for adoptive parents to raise children adopted at an older age (Brodzinsky & Schechter, 1990; Reitz & Watson, 1992; Melina, 1986; van Gulden & Bartels-Rabb, 1994). The placement of an older child into an adoptive home is very different from an infant placement. The older child adoptee already has lived in at least one other family. And if his/her nurturing

experience has been inadequate, intermittent, or traumatically interrupted, then adoptive parents often report needing to deal with major problems that have their origins in the adopted child's previous placement history (Katz, 1986). Some of those problems have been identified as instant parenthood of a child at a later developmental stage, effects of prior learning (Berry, 1989-90), and lack of attachment (Reitz & Watson, 1992). For adoptive parents of older children, the issue of attachment is especially significant (Rosenberg, 1992). Attachment, the psychological process that enables people to make connections and to have emotional significance for each other, is part of the normal developmental course for all people. Parents who adopt infants have an opportunity to help their children learn how to make attachments; parents who adopt older children face different challenges of developing safe and comfortable relationships with their children. Normal, expected developmental stages toward independence and autonomy may increase the anxiety in adoptive parents who experience separation as rejection (Rosenberg, 1992).

Family support emerged as an additional significant explainer of parental distress. Overwhelmingly, previous research indicates that social support is an important resource in coping with stress (Aldwin & Revenson, 1987; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Pearlin, 1989, Pearlin et al., 1990; Terry, 1994). Support from members of the immediate and extended family can be critical to adoptive parents' emotional well-being (Levy-Shiff et. al., 1991; Melina, 1986).

Caution should be observed in generalizing these results to other populations of adoptive parents. This sample of adoptive parents was predominantly married, female, Caucasian, and middle- to upper-class. Although the research adds to knowledge about the stress and coping process of adoptive parents and demonstrates further support of Pearlin's (1989) model of stress, future research should include more representative samples of adoptive parents -- single parents, ethnic minorities, working class, and gay and lesbian couples. Expansion of this research to such populations could provide valuable contextual insight into the complexities of the adoptive stress process.

REFERENCES

Adoptive Parent Support Groups. (1994, May/June). Adoptive Families Magazine, 27(3), 40-43.

Aldwin, C.M., & Revenson, T.A. (1987). Does coping help? A reexamination of the relation between coping and mental health. Journal of Personality and Social Psychology, 53, 337-348.

Barth, R.P., & Berry, M. (1988). Adoption and disruption: Rates, risks, and responses. New York: Aldine de Gruyter.

Barth, R.P., & Berry, M. (1989). Behavior problems of children adopted when older. Children and Youth Services Review, 11, 221-238.

Beehr, T.A., King, L.A., & King, D.W. (1990). Social support and occupational stress: Talking to supervisors. Journal of Vocational Behavior, 36, 61-81.

Berry, M. (1989-90). Stress and coping among older child adoptive families. Social Sciences Review, 1, 71-93.

Bowman, G.D., & Stern, M. (1995). Adjustment to occupational stress: The relationship of perceived control to effectiveness of coping strategies. Journal of Counseling Psychology, 42, 294-303.

Brodzinsky, D.M., & Huffman, L. (1988). Transition to adoptive parenthood. Marriage and Family Review, 12, 267-286.

Brodzinsky, D.M., & Schechter, M.D. (1990). The psychology of adoption. New York: Oxford University Press.

Brodzinsky, D.M., Singer, L.M., & Braff, A.M. (1984). Children's understanding of adoption. Child Development, 55, 869-878.

Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 54, 267-283.

DiGiulio, J.F. (1987, November). Assuming the adoptive parent role. Social Casework: The Journal of Contemporary Social Work, 561-566.

Eckenrode, J. (1984). Impact of chronic and acute stressors on daily reports of mood. Journal of Personality and Social Psychology, 46, 907-918.

Fleishman, J.A. (1984). Personality characteristics and coping patterns. Journal of Health and Social Behavior, 25, 229-244.

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. Journal of Personality and Social Psychology, 46, 839-852.

Folkman, S., & Lazarus, R.S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. Journal of Personality and Social Psychology, 48, 150-170.

Folkman, S., Lazarus, R.S., Gruen, R.J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. Journal of Personality and Social Psychology, 50, 571-579.

Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R.J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. Journal of Personality and Social Psychology, 50, 992-1003.

Gjerdingen, D.K., & Froberg, D. (1991). Predictors of health in new mothers. Social Science and Medicine, 33, 1399-1407.

Grotevant, H., McRoy, R., & Jenkins, V. (1988). Emotionally disturbed, adopted adolescents: Early patterns of family adaptation. Family Process, 27, 439-457.

Hajal, F., & Rosenberg, E. (1991). The family life cycle in adoptive families. American Journal of Orthopsychiatry, 61, 78-85.

Hoffmann-Riem, C. (1986). Adoptive parenting and the norm of family emotionality. Qualitative Sociology, 9, 162-178.

Kahn, J.P., Wolfe, D.M., Quinn, R.P., Snoek, J.D., & Rosenthal, R.A. (1964). Organizational stress: Studies in role conflict and ambiguity. New York: Wiley.

Katz, L. (1986). Parental stress and factors for success in older-child adoption. Child Welfare, 65, 569-578.

Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Guilford.

LePere, D. (1987). Vulnerability to crisis during the life cycle of the adoptive family. Journal of Social Work and Human Sexuality, 61, 73-85.

LeVine, E.S., & Sallee, A.L. (1990). Critical phases among adoptees and their families: Implication for therapy. Child and Adolescent Social Work, 7, 217-233.

Levy-Shiff, R., Bar, O., & Har-Even, D. (1990). Psychological adjustment of adoptive parents-to-be. American Journal of Orthopsychiatry, 60, 258-267.

Levy-Shiff, R., Goldshmidt, I., & Har-Even, D. (1991). Transition to parenthood in adoptive families. Developmental Psychology, 27, 131-140.

Melina, L.R. (1986). Raising adopted children: A manual for adoptive parents. New York: Harper & Row.

Nakano, K. (1991). The role of coping strategies on psychological and physical well-being. Japanese Psychological Research, 33(4), 160-167.

Pearlin, L.I., & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 2-21.

Pearlin, L.I. (1989). The sociological study of stress. Journal of Health and Social Behavior, 30, 241-256.

Pearling, L.I., Lieberman, M.A., Menaghan, E.G., & Mullan, J.T. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.

Pearlin, L.I., Mullan, J.T., Semple, S.J., & Skaff, M.M. (1990). Caregiving and the stress process: An overview of concepts and their measures. The Gerontologist, 30 (5), 583-594.

Reitz, M., & Watson, K. (1992). Adoption and the family system. New York: Guilford.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University.

Rosenberg, E.B. (1992). The adoption life cycle. New York: Free Press.

Ruehlman, L.S., & Wolchik, S.A. (1988). Personal goals and interpersonal support and hindrance as factors in psychological distress and well-being. Journal of Personality and Social Psychology, 55, 293-301.

Sandelowski, M., Harris, B.G., & Holditch-Davis, D. (1993). "Somewhere out there": Parental claiming in the preadoption waiting period. Journal of Contemporary Ethnography, 21, 464-486.

Talen, M.R., & Lehr, M.L. (1984). A structural and developmental analysis of symptomatic adopted children and their families. Journal of Marital and Family Therapy, 10, 381-391.

Terry, D.J. (1991). Coping resources and situational appraisals as predictors of coping behavior. Personality and Individual Differences, 12, 1031-1047.

Terry, D.J. (1994). Determinants of coping: The role of stable and situational factors. Journal of Personality and Social Psychology, 66, 895-910.

U.S. Department of Commerce (1994). Statistical abstract of the U.S. (No.78-79, pp. 65-66). Washington, DC: Bureau of the Consensus.

van Gulden, H., & Bartels-Rabb, L.M. (1994). Real parents, real children: Parenting the adopted child. New York: Crossroads.

Veit, C.T., & Ware, J.E. (1983). The structure of psychological distress and well-being in general populations. Journal of Consulting and Clinical Psychology, 51, 730-742.

Vitaliano, P., Russo, J., Carr, J., Maiuro, R., & Becker, J. (1985). The Ways of Coping checklist: Revision and psychometric properties. Multivariate Behavioral Research, 20, 3-26.

Table 1
Correlations, Means, and Standard Deviations for Stress Variables

Variables	1	2	3	4	5	6	7	8	9	10
1. Age at Adoption	--									
2. Number of Children	-.23*	--								
3. Adoptive Strains	.28*	-.07	--							
4. Self-esteem	-.31**	.12	-.27*	--						
5. Mastery	.25*	.13	.14	.28*	--					
6. Family Support	-.07	-.07	-.48***	.14	.06	--				
7. Adoptive Support Services	-.02	-.15	.01	.08	.13	.03	--			
8. Problem-focused Coping	.35**	-.38***	.24*	.05	.18	.13	.12	--		
9. Emotion-focused Coping	.12	-.23*	.17	.04	-.07	.02	.04	.52***	--	
10. Emotional Distress	.61***	.28*	.36**	-.40***	-.04	-.33**	-.03	-.10	.43***	--
Mean	12.73	2.08	3.06	6.00	5.63	5.98	8.28	3.56	3.89	2.91
<u>SD</u>	27.77	1.17	.78	.73	.99	1.33	3.71	1.01	.70	.94

*p ≤ .05, **p ≤ .001, ***p ≤ .0001

Table 2
Summary of Multiple Regression Analysis for Variables Explaining Emotional Distress
(N=99)

Variable	<i>B</i>	<i>SE B</i>	β
Age at Adoption	.009	.003	.268**
Number of Children	.058	.064	.072
Adoptive Strains	.452	.110	.377***
Self-Esteem	-.162	.110	-.127
Mastery	-.097	.082	-.100
Family Support	-.125	.059	-.177*
Adoptive Support Services	-.005	.018	-.018
Problem-focused Coping	.029	.090	.031
Emotion-focused Coping	.363	.115	.269**

Note. $F(9,89) = 12.60^{***}$; R -squared = .56 ; Adjusted R -squared = .52

* $p < .05$, ** $p < .01$, *** $p < .0001$

APPENDIX A
LITERATURE REVIEW

LITERATURE REVIEW

The purpose of this review is to more fully describe the literature relevant to the study. It begins with a description of Pearlin's (1989) model of the stress process which is the theoretical basis for this study. Research and literature relevant to the theoretical model and to the variables pertinent to the stress process of adoptive parents will be presented.

Theoretical Rationale

Sociologist Leonard Pearlin's (1989) conceptualization of the stress process is the theoretical foundation of this research. From this perspective, the stress process encompasses four domains: background and context of stress; stressors (chronic strains); mediators of stress (psychological resources and coping responses); and stress outcome. This study aims to examine the joint effects of background factors, chronic strains, psychological resources (self-esteem and mastery), coping resources on the emotional distress of adoptive parents.

The Background and Contexts of the Stress Process

Pearlin (1989) emphasizes that the structural contexts of people's lives - social and economic backgrounds - are fundamental to the understanding the stress process. Information about the levels of stress experienced by people who are exposed to similar

social and economic backgrounds, and who come from similar situational circumstances are essential elements in the sociological inquiry of the stress process.

Child's age at adoption and the number of children (adopted and non-adopted) living at home are the essential elements included in this study as contextual variables that are expected to influence emotional distress among adoptive parents.

Child's Age at Adoption

Past studies concerning the adjustment needs of adoptees and their families indicate that the child's age at adoption is a contributing factor to stress among adoptive parents (Barth & Berry, 1989; Grotevant, McRoy, & Jenkins, 1988). For example, Barth and Berry's (1989) study of 85 children adopted at age three or older found higher rates of aggression and hyperactivity on the Achenbach Child Behavior Checklist, when compared to national norms. Behavior and adjustment problems increased with the age of the child at adoption. In another study of 50 adoptees and 50 nonadoptees, all in residential treatment, Grotevant and his colleagues (Grotevant et al., 1988) found the child's age at adoption was a possible contributing factor that contributed to the stressfulness of the adoption experience.

Adopted and Non-Adopted Child(ren) Living at Home

Children naturally feel displaced when a new sibling arrives; however, for adopted children these feelings are sometimes intensified. Likewise, how a child reacts to an adopted sibling depends on the age of the adopted child and his/her age relative to the other children in the family (Melina, 1986). If the adoptive parents conceive after the

adoption, it is especially common for adopted children to feel that they are no longer wanted or needed because of their belief that what their parents really wanted was a biologically related child (van Gulden & Bartels-Rabb, 1994). Melina (1986) writes that adoptive parents who are not sure they can control the behavior of the adopted child may try to increase control in an area where they know they have it -- the behavior of the children who have already been in the family. Thus, adoptive parents may feel additional stress from handling the complexity of mingling non-adopted and adopted children.

Additionally, if adoptive parents already have biological child(ren) living at home prior to the adoption, the adopted child may be singled out for a variety of reasons including difference in appearance, problem behavior, and adopted status (Talen & Lehr, 1994). The number of children living at home, age differences between siblings, and gender can further complicate the sibling relationship. Parents commonly face the task of reducing sibling rivalry; however, the situation of having an adopted child included into the pre-existing non-adopted sibling group creates an unusual circumstance that may increase the stress experienced by the adoptive parents.

Chronic Strains of Adoptive Parents

Pearlin (1989) identifies two types of stressors - life events and chronic strains. *Life events* are those significant events that restructures the social and economic conditions of family life. Pearlin (1989) describes life events as primary stressors that are productive of secondary stressors, which he refers to as chronic strains. *Chronic strains* are the relatively enduring problems, conflicts, and threats that people face on a daily

basis (Pearlin & Schooler, 1978). It is important to note that primary stressors are not necessarily a more potent source of stress than secondary stressors; primary stressors are only identified as such because they occur first in the stress process.

Eckenrode (1984) reported that chronic strains are better explainers of emotional stress than are major life events. From diaries kept for 28 consecutive days of 96 women, Eckenrode (1984) compared the relative influence of major life events, chronic stressors, and minor daily stressors on daily reports of mood. The most important determinant of mean levels of daily mood was daily stressors, while life events and chronic stressors had indirect effects on mood. The present study considers adoption as a major life event (primary stressor) and focuses on chronic strains (secondary stressor) to assess emotional distress experienced by adoptive parents.

Adoptive Chronic Strains

Strains that have surfaced repeatedly in the adoption literature include effects of prior learning, instant parenthood, novelty of roles, and finances (Barth & Berry, 1988; Berry, 1989-90). Additional strains common to adoptive families are permanency or the fear that birthparents will reclaim their rights to the adopted child, infertility issues, preadoption waiting period (van Gulden & Bartels-Rabb, 1994), and disclosure of adoption to the adopted child (Brodzinsky, Singer, & Braff, 1984). Grotevant and his colleagues (1994) interviewed 109 adoptive parents and their child(ren) and found that the sense of permanence in the relationship with their child(ren) and the fear that the birthmother might try to reclaim her child were sources of ongoing strain for some

parents. The decision to adopt and the adoption process in itself are major sources of stress. Despite the innumerable stressors with which adoptive parents commonly cope, there has been no empirical studies that investigate the strains that are most often experienced by adoptive parents, and of those, which has greater impact on emotional stress.

Mediators of Stress

Psychological Resources - Self-Esteem and Mastery

Pearlin and Schooler (1978) define psychological resources as the personality characteristics that individuals draw upon to help withstand situations that are viewed as threatening to them. Pearlin, Mullan, Semple, and Skaff (1990) identify self-esteem and mastery as psychological resources in the coping process. *Self-esteem* refers to the positiveness of one's attitude toward self (Pearlin, 1989), while *mastery* refers to the extent to which an individual regards his/her life-chances as being under his/her control (Pearlin & Schooler, 1978).

Using a 5-year longitudinal data collected from 1,106 men and women, Pearlin and his colleagues (Pearlin, Lieberman, Menaghan, & Mullan, 1981) found that under conditions of enduring hardships and other life strains, self-concepts may be damaged and those with damaged self-concepts are more likely to suffer symptoms of depression. In another study, Pearlin and Schooler (1978) interviewed 2,300 people representative of the urbanized area of Chicago to investigate what potential life strains they experienced, to identify the coping repertoires used, and to measure their level of emotional stress.

Pearlin and Schooler found that the psychological resources of self-esteem and mastery were effective in coping.

Folkman, Lazarus, Gruen, and DeLongis (1986) interviewed 85 married couples with at least one child at home and found that in stressful situations, parents reporting higher self-esteem tended to handle stress more efficaciously. This suggests that someone with high levels of self-esteem is likely to predispose a person to feelings of confidence in the ability to overcome problems (Fleishman, 1984). Folkman (1984) views control beliefs, the extent to which people feel confident of their powers of mastery over the environment, as cognitive mediators of a stressful situation and its adaptational outcome. Beliefs of internal control may reduce the likelihood of an appraisal of threat or harm.

Terry's (1991) study on the effects of personal coping resources and dimensions of self on coping strategies used by 138 first year psychology students found that internal control beliefs, self-esteem, and judgments of self-efficacy had buffering effects on coping. In a later longitudinal study of 243 first year psychology students, Terry's (1994) empirical finding suggests that self-esteem, internal control beliefs, and neuroticism are stable influences on coping behavior.

Although self-esteem and mastery have been cited in many literature as resources that can serve as formidable barriers to the stressful consequences of chronic strains, there are no known studies examining the effects of psychological resources on emotional stress experienced by adoptive parents. Beliefs in oneself and in one's ability to

overcome difficulties are important buffers against stress. The present study will investigate the effects of self-esteem and the sense of mastery on emotional distress among adoptive parents.

Coping Resources

Coping responses are actions that people take to reduce stress (Lazarus & Folkman, 1984; Pearlin & Schooler, 1978). The ways in which people deal with situations that are appraised as stressful may differ; however the purpose of their responses is to regulate emotions or manage the problem that is causing the distress (Lazarus & Folkman, 1984). One of the more widely recognized distinctions of coping is problem-focused and emotion-focused coping.

Problem-Focused and Emotion-Focused Coping

Problem-focused coping refers to efforts to manage or alter the demands of specific stressful situations, while *emotion-focused coping* refers to efforts to manage emotional distress rather than the stressful situation (Lazarus & Folkman, 1984). Confrontive coping and planful problem-solving were two common problem-focused coping strategies identified by Lazarus and Folkman (1984). Examples of emotion-focused coping strategies include avoiding thinking about the problem, distancing oneself from what makes one feel distressed, and hoping that a miracle would happen (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

Coping efforts change on the basis of perceived effectiveness of previous coping efforts and appraisals of stressful situations. Folkman and Lazarus (1985) studied 189

college students through three stages of a college examination (Time 1: 2 days before the midterm; Time 2: 5 days after the midterm; and Time 3: 2 days before the marks were returned), and found that appraisals of stressful situations changed over time as did the styles of coping strategies implemented. At Time 1, when appraisals of threat and challenge were prevalent, most students engaged in some form of problem-focused coping. There was a marked decrease in the use of problem-focused coping as well as an increase in forms of emotion-focused coping from Time 1 to Time 2. At Time 3, when harm and benefit appraisals were present, students sought different types of social support, which incorporate both styles of coping. Both problem-focused and emotion-focused coping may be equally effective in reducing stress.

Some studies have examined the relation of coping strategies to psychological and physical well-being. For example, Mitchell, Cronkite, and Moos (1983) indicated that problem-focused coping decreases emotional distress, whereas emotion-focused coping increases it. In another study, Vitaliano, Maiuro, Russo, and Becker (1987) reported that problem-focused coping was negatively related to depression, and wishful thinking, or emotion-focused coping, was positively related to depression. Aldwin and Revenson (1987) also reported from their findings that emotion-focused coping strategies appeared to increase emotional distress. They do, however, argue against simplistic interpretations of the relation between coping and psychological well-being. It is important not to identify a particular style of coping to outcome of well-being without reference to the context in which it is used.

Finding support, expressing feelings about the adoption experience, and taking control of some things while letting go of others have been mentioned as stress reducers in the adoption literature. However, specific coping strategies used by adoptive parents have not been identified. The present study will report on what coping strategies are used by adoptive parents and of those, which help to alleviate stress.

Social Support

There is extensive literature on the role of social support as mediators to the stress and coping process (Carver, Scheier, & Weintraub, 1989; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Pearlin, 1989; Pearlin, et al., 1990; Terry, 1994). Carver and his colleagues (1989) assessed the coping responses among a sample of 156 undergraduates and found that seeking of social support for both emotional and instrumental reasons were frequent coping responses. Carver and his colleagues' (1989) study is consistent with earlier studies. Susan Folkman and her colleagues (1986) interviewed 76 married couples and reported from their findings that seeking social support was one problem-focused strategy to alleviate stressful encounters. Terry (1994) also reported from her study of 243 undergraduates that support mobilization, efforts to obtain instrumental and emotional support, emerged as a coping strategy that relied on social support networks.

Coping refers to individuals' actions and perceptions; while social support incorporates social network and the structure of people's social attachments (Pearlin, 1989). Levy-Shiff, Goldshmidt, and Har-Even (1991) reported from a study of 104 first-time adoptive parent couples that social support was an important predictor of family

adjustment and helped to ameliorate stress. In this study, family support will be considered the major aspect of social support. Aspects of social networks are also explored within the investigation of adoptive strains. Peer support will be identified from the number of participation in support groups and/or educational classes that adoptive parents report.

Emotional Distress

Emotional distress has been used as the outcome measure of the stress process in previous studies. Gjerdingen and Froberg's (1991) study was conducted to explore the variables that predict mother's mental health and well-being. They surveyed 108 first-time adoptive mothers and identified mental health and well-being by measuring the three indicators of distress from Veit and Ware's (1983) Mental Health Inventory (MHI) -- anxiety, depression, and positive affect. Ruehlman and Wolchick (1988) also used the MHI and reported that scores on the MHI have been found to be related to stressful life events, history of emotional difficulties, physical illness, and life satisfaction. Natako (1991) studied coping and well-being in 103 male and 104 female undergraduates and used depression, anxiety and psychosomatic symptoms as indicators of distress. In all these studies, somatic and physical symptoms such as anxiety, depression, affect, and emotionality have been found to correlate highly with emotional distress.

Levy-Shiff and her colleagues (1990; 1991) asked 52 couples who were first-time adoptive parents and 52 couples first-time biological parents to complete questionnaires to measure the psychological adjustment of adoptive parenthood. Dimensions of self-

concept, depression, and quality of marital relations were measured as stress outcomes. Despite the abundance of literature on adoption, emotional distress as the outcome measure of the stress process has not been investigated among adoptive parents. Therefore, emotional distress, as measured by the stress indicators of positive affect, emotional ties, anxiety, and depression, is the stress outcome investigated in this study. The overall goal is to determine the joint effects of background factors, chronic strains, and coping resources on emotional distress among adoptive parents.

APPENDIX B
METHODOLOGY

METHODOLOGY

This appendix more fully describes the pilot study, sampling, and data collection procedures, and data analysis utilized in the study.

Pilot Study

In January 1995, a pilot survey was posted on the already existing 'Adoptive Parents' bulletin board of *America On-Line*, one of the most common access servers to the Internet in the United States (See Appendix E). The purpose of this pilot was to compile a list of the sources of stress experienced by adoptive parents throughout the adoption process. Within a two-month period, fourteen adoptive parents from *America On-Line* responded to the survey. The responses from the pilot research contributed to the construction of Part I of the questionnaire used for the actual study (See Appendix D).

Sample and Procedure

Data were collected from questionnaires completed by 99 adoptive parents (89 mothers and 10 fathers) recruited from adoptive parent support groups throughout the United States. A more complete profile of demographic information is presented in Tables 3 and 4.

Initial telephone calls were made to fifteen adoptive parent support group coordinators from their respective states (California, Colorado, Connecticut, Florida, Illinois, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New York, North Carolina, Pennsylvania, Texas, and Washington) listed in the *Adoptive Parent Support Groups* section of *Adoptive Families Magazine* (1994).

The five-part instrument was developed from the pilot research, literature review, and from already existing measures: Part I from pilot study and literature review; Part II from Lazarus and Folkman's (1984) *Ways of Coping Checklist*; Part III from Veit and Ware's (1983) *Mental Health Inventory*; Part IV from Rosenberg's (1965) *Self-Esteem Scale* and Pearlin and Schooler's (1978) *Psychological Resource Questionnaire*; Part V from literature review and general demographic information (See Appendix D).

The questionnaire consisted of three 8" x 12" sheets of paper folded and stapled in the middle to form a ten-page booklet. The graphic illustration for the cover included the project title, *Stress and Coping of Adoptive Parents*, and the study sponsor, Department of Family and Child Development, Virginia Polytechnic Institute and State University, to establish legitimacy of sponsorship for the study. The last page of the questionnaire included Subject's Permission which served as the participant's written Informed Consent.

A cover letter was developed asking recipients to provide information which would help identify components of the stress and coping process common to adoptive parents (See Appendix C). Many of the elements of Informed Consent and the reward of gaining better understanding of the sources of stress experienced by adoptive parents and what coping strategies are used to reduce stress are emphasized in the letter.

A packet containing forty questionnaires with cover letter and pre-stamped and addressed return envelope for each questionnaire were mailed to each of the fifteen support group coordinators who indicated consent to displaying the cover letter,

questionnaire, and return envelope on the center table at one of the adoptive parent support group meetings. Forty questionnaires were mailed directly to the fifteen coordinators who requested that up to forty questionnaire packets be mailed to them. Ninety nine of the total 600 questionnaires that were mailed were returned. There was no accurate number of support group meetings that were held where the questionnaires were made available to the adoptive parents who attended those meetings.

Responses to the questionnaire items were coded and entered into a WordPerfect program on a computer disc. All analyses were calculated using the Statistical Analysis System (SAS) (Helwig & Council, 1984).

Data Analysis

The distribution of respondents are illustrated in Figure 1. Tables 5-9 provide additional summary data for major variables included in the study. Seven coping strategies were derived using factor analysis -- varimax with orthogonal rotation. These seven coping strategies and their factor loadings are shown in Table 5. Means, modes, and standard deviations of chronic strains rated by the respondents on a 7-point scale of stressfulness experienced are presented in Table 6. Means, modes, and standard deviations of the psychological resources of mastery and self-esteem are provided in Table 7. A listing of the modified version of *the Ways of Coping Checklist* (Lazarus & Folkman, 1984) are presented in Table 8 with the means, modes, and standard deviations of each coping strategy. Means, modes, and standard deviations of stress outcome are presented in Table 9.

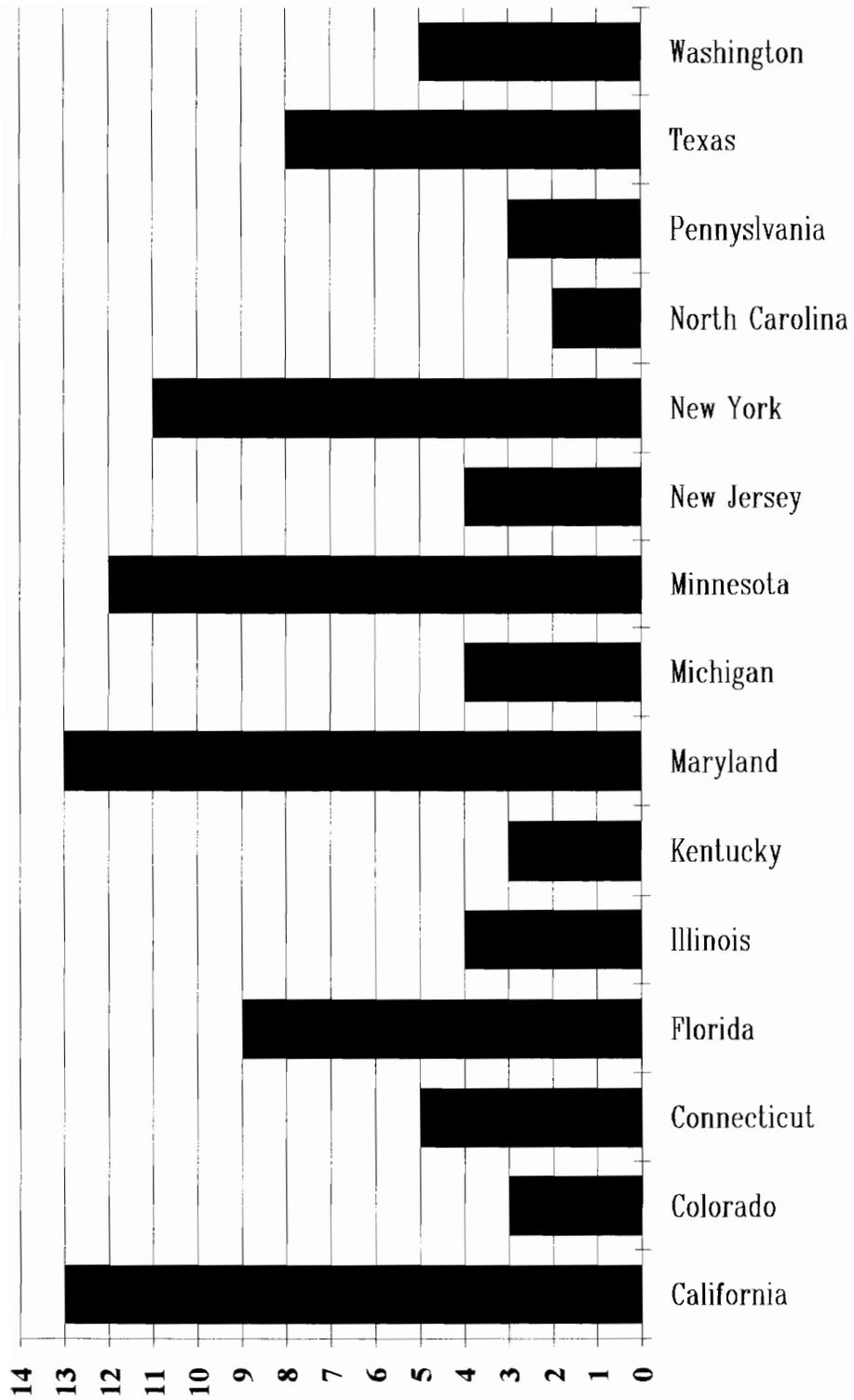


Figure 1: Distribution of Respondents

Table 3
Demographic Characteristics of the Sample (N = 99)

Demographic Category		Demographic Category	
Age		Number of Adopted Children	
Mean	45 years	One	36 (36%)
Range	(33 yrs - 53 yrs)	Two	52 (53%)
		Three	9 (9%)
		Four	1 (1%)
Gender		Five	0 (0%)
Female	89 (90%)	Six	1 (1%)
Male	10 (10%)		
Marital Status		Number of Non- Adopted Children	
Single (never married)	3 (3%)	Zero	87 (87%)
Single (separated or divorced)	6 (6%)	One	2 (2%)
Married (first marriage)	81 (82%)	Two	5 (5%)
Remarried	9 (9%)	Three	3 (3%)
		Four	2 (2%)
Race of Adoptive Parents		Adoptions (Domestic/International)	
Caucasian	93 (96%)	Domestic (within the U.S.)	32 (33%)
Asian-Pacific	6 (4%)	International (outside the U.S.)	68 (67%)
Race of Adoptees			
<u>Boys</u>			
Black	3 (2%)		
Caucasian	14 (8%)		
Asian-Pacific	40 (23%)		
Hispanic	1 (< 1%)		
Other (Romanian)	16 (9%)		
<u>Girls</u>			
Black	3 (2%)		
Caucasian	15 (8%)		
Asian-Pacific	72 (41%)		
Hispanic	7 (4%)		
Other (Romanian)	6 (4%)		

Table 4

Family Income, Educational Status, and Employment Status of Respondents (N = 99)

Demographic Category		Demographic Category	
Mother's Highest Level of Education		Father's Highest Level of Education	
High school	3 (3%)	High school	0 (0%)
Vocational	9 (10%)	Vocational	5 (5%)
Some College	34 (34%)	Some College	21 (27%)
Bachelors	33 (33%)	Bachelors	38 (41%)
Masters	13 (13%)	Masters	20 (20%)
Doctoral	7 (7%)	Doctoral	7 (7%)
Mother's Employment Status		Father's Employment Status	
Employed Full-time	38 (38%)	Employed Full-time	79 (87%)
Employed Part-time	35 (35%)	Employed Part-time	4 (5%)
Not employed	25 (25%)	Not employed	3 (3%)
Retired	0 (0%)	Retired	0 (0%)
Self-employed	2 (2%)	Self-employed	4 (5%)
Family Income			
20,000 - 29,999	2 (2%)		
30,000 - 39,999	12 (13%)		
40,000 - 49,999	13 (14%)		
50,000 - 59,999	12 (13%)		
60,000 - 69,999	20 (21%)		
70,000 - 79,999	10 (10%)		
80,000 - 89,999	12 (13%)		
90,000 - 99,999	9 (9%)		
100,000 or more	6 (6%)		

Table 5
Summary of Factor Analysis of Coping Styles (N=99)

Coping Styles	Factor Loading	Coping Styles	Factor Loading
<i>Style 1: Planful Problem-Solving</i>		<i>Style 4: Cognitive Reappraisal</i>	
Talked to someone about how I was feeling.	.72	Went over in my mind what I would do or say.	.78
Asked a relative or friend I respected for advice.	.61	Thought about how a person I admire would handle this situation and used that as a model.	.73
Made a plan of action and followed it.	.61	Changed something so things would turn out all right.	.61
Came up with a couple of different solutions to the problem.	.59	Tried not to burn my bridges, but leave things open somewhat.	.49
Talked with someone to find out more about the situation.	.54	<i>Style 5: Confrontive Coping</i>	
Just concentrated on what I had to do next -- the next step.	.53	Expressed anger to the person(s) who caused the problem.	.78
Drew on my past experiences; I was in a similar situation before.	.46	Did something which I didn't think would work, but at least I was doing something.	.76
<i>Style 2: Accepting Responsibility</i>		Took a big chance or did something risky.	.81
Criticized or lectured myself.	.77	Tried to get the person responsible to change his or her mind.	.66
Refused to believe that it had happened.	.63	I knew what had to be done, so I doubled my efforts to make things work.	.64
Apologized or did something to make up.	.56	Let my feelings out somehow.	.58
Realized that I brought the problem on myself.	.52	Stood my ground and fought for what I wanted.	.49
Made a promise to myself that things would be different next time.	.51	<i>Style 6: Wishful Thinking</i>	
<i>Style 3: Emphasize Positives</i>		Wished that the situation would go away or somehow be over with.	.86
Felt time would make a difference - the only thing to do was wait.	.77	Had fantasies or wishes about how things might turn out.	.66
Tried to keep my feelings from interfering with other things too much.	.75	Hoped a miracle would happen.	.60
Went on as if nothing had happened.	.68	Prayed.	.48
Looked for the silver lining; tried to look on the bright side of things.	.64	<i>Style 7: Distancing</i>	
Waited to see what would happen before doing anything.	.63	Avoided being with people in general.	.72
Accepted sympathy and understanding from someone.	.51	Took it out on other people.	.66
		Went along with fate: sometimes I just have bad luck.	.63
		Tried to keep my feelings to myself.	.62
		Kept others from knowing how bad things were.	.47
		Turned to work or substitute activity to take my mind off things.	.47

Table 6
Means, Mode, and Standard Deviations of Strains Identified by Adoptive Parents
 (N=99) *

Adoptive Strains	Mean	Mode	SD
Paying for the medical procedures.	3.23	2	1.47
Needing to have sex at scheduled times.	4.69	5	1.16
Not being able to experience a full term pregnancy.	4.74	6	1.88
Having no biological connection to my child.	2.81	2	1.31
Paying adoption costs (application fees, lawyers, agencies, etc.	4.83	5	1.76
Being evaluated by adoption agency workers.	4.69	6	1.51
Feeling a lack of support from the community regarding the adoption.	2.62	1	1.40
Feeling a lack of support from my employer regarding the adoption.	2.07	1	1.51
Feeling a lack of support from family regarding the adoption.	2.61	1	1.94
Feeling a lack of support from my friends regarding the adoption.	1.86	1	1.03
Deciding whom, what, and when to tell others about the adoption.	2.89	3	1.51
Deciding when, what, and how to tell my adopted child of his/her adoption.	2.78	2	1.42
Explaining to my adopted child about his/her status in the family.	2.07	1	1.06
Worrying about not being able to bond with my adopted child.	2.52	1	1.69
Wondering if I will be the type of parent my adopted child needs.	3.41	2	1.70
Fearing that the birthparent(s) will reclaim rights to my child.	2.75	1	1.77
Fearing that my adopted child may reject me as a parent.	3.35	2	1.59
Not having the opportunity to nurture my adopted child from the early pregnancy period until I adopted him/her.	2.97	1	1.99
Having my adopted child display symptoms of emotional distress.	4.72	7	1.91
Having to explain physical differences between me and my adopted child.	2.83	4	1.18
Explaining to my non-adopted child(ren) about his/her status in the family.	1.77	1	.83

* Note: Results from a 7-point scale ranging from (1) not at all stressful to (7) extremely stressful.

Table 7

Means, Modes, and Standard Deviations of Psychological Resources (N=99) *

Psychological Resources	Mean	Mode	SD
<i>Mastery</i>			
I have little control over the things that happen to me	2.55	2	1.43
There is really no way I can solve some of the problems I have	2.71	2	1.39
There is little I can do to change many of the important things in my life	2.26	2	1.08
I often feel helpless in dealing with the problems of life	2.36	3	1.02
Sometimes I feel that I'm being pushed around in life	2.53	2	1.26
What happens to me in the future mostly depends on me	5.57	6	1.17
I can do just about anything I really set my mind to do	5.69	6	1.06
<i>Self-esteem</i>			
I feel that I have a number of good qualities	6.36	7	.78
I feel that I'm a person of worth, at least on an equal plane with others	6.17	7	.82
I am able to do things as well as most other people	6.00	6	1.04
I take a positive attitude toward myself	5.86	6	.91
On the whole, I am satisfied with myself	5.60	6	1.11
All in all, I am inclined to feel that I am a failure	1.82	1	1.04
I feel I do not have much to be proud of	1.58	1	.86
I wish I could have more respect for myself	2.95	1	2.06
I certainly feel useless at times	2.33	1	1.59
At times I think I am no good at all	1.64	1	1.20

* Note: Results from a 7-point scale ranging from (1) Strongly Disagree to (7) Strongly Agree.

Table 8
Means, Modes, and Standard Deviations of Coping Strategies (N=99) *

Coping Strategies	Mean	Mode	SD
Just concentrated on what I had to do next -- the next step.	5.39	5	1.30
Turned to work or a substitute activity to take my mind off things.	4.45	7	1.92
Felt that time would make a difference -- the only thing to do was wait.	4.28	5	1.75
Did something which I didn't think would work, but at least I was doing something.	2.82	1	1.81
Tried to get the person responsible to change his or her mind.	2.41	1	1.65
Talked to someone to find out more about the situation.	5.15	7	1.98
Criticized or lectured myself.	2.19	1	1.52
Tried not to burn my bridges, but leave things open somewhat.	4.05	2	2.18
Hoped a miracle would happen.	4.25	7	2.16
Went along with fate; sometimes I just have bad luck.	2.29	1	1.64
Went on as if nothing had happened.	2.19	2	1.17
Tried to keep my feelings to myself.	3.30	4	1.35
Looked for the silver lining; tried to look on the bright side of things.	4.93	6	1.42
Expressed anger to the person(s) who caused the problem.	2.50	2	1.53
Accepted sympathy and understanding from someone.	5.10	5	1.50
Tried to forget the whole thing.	1.72	1	1.11
Waited to see what would happen before doing anything.	3.25	2	1.53
Apologized or did something to make up.	2.62	1	1.85
Made a plan of action and followed it.	5.19	7	1.66
Let my feelings out somehow.	4.91	6	1.47
Realized I brought the problem on myself.	2.30	1	1.53
Talked to someone about how I was feeling.	5.26	5	1.37
Got away from it for a while; tried to rest or take a vacation.	3.62	4	1.98
Took a big chance or did something very risky.	2.01	1	1.28
Tried not to act too hastily or follow my first hunch.	3.54	2	1.63
Changed something so things would turn out all right.	3.66	4	1.71
Avoided being with people in general.	1.95	1	1.47
Didn't let it get to me, refused to think too much about it.	3.78	4	1.63
Asked a relative or friend I respected for advice.	4.57	6	1.75
Kept others from knowing how bad things were.	3.14	4	1.50
Made light of the situation; refused to get too serious about it.	3.01	1	1.71
Stood my ground and fought for what I wanted.	5.18	5	1.49
Took it out on other people.	2.48	2	1.49
Drew on my past experiences; I was in a similar situation before.	2.85	1	2.09
I knew what had to be done, so I doubled my efforts to make things work.	4.39	5	1.75
Refused to believe that it had happened.	1.87	1	1.22
Made a promise to myself that things would be different next time.	2.75	1	1.81
Came up with a couple of different solutions to the problem.	4.05	1	2.10
Tried to keep my feeling from interfering with other things too much.	4.18	4	1.45
Wished that the situation would go away or somehow be over with.	3.47	4	1.86
Had fantasies or wishes about how things might turn out.	5.19	7	1.75
Prayed.	5.57	7	2.07
Went over in my mind what I would say or do.	5.95	7	1.00
Thought about how a person I admire would handle this situation and used that as a model.	3.04	1	1.91

* Note: Results from a 7-point scale ranging from (1) never to (7) very often.

Table 9
Means, Modes, and Standard Deviations of Stress Outcome (N=99) *

Mental Health Well-Being	Mean	Mode	SD
<i>Positive Affect</i>			
That the future looks hopeful and promising	6.03	6	.92
That daily life has been full of interesting things	5.41	6	1.18
Relaxed and free of tension	3.36	3	1.34
That you generally enjoy the things you do	5.43	7	1.50
Calm and peaceful	4.27	4	1.31
That living has been a wonderful adventure	5.56	5	1.34
That living has been a wonderful adventure	5.56	5	1.34
Cheerful and light-hearted	5.10	4	1.16
Happy	5.48	6	1.14
That you expected to have an interesting day when you got up in the morning	5.44	6	1.25
Happy, satisfied or pleased with your personal life	5.40	5	1.03
Fresh and rested when you woke up	4.35	5	1.72
<i>Emotional Ties</i>			
Lonely	2.38	1	1.64
Loved and wanted	5.73	7	1.32
That love relationships were satisfying	5.28	5	1.40
<i>Anxiety</i>			
That you were a very nervous person	3.37	4	1.59
Tense or "high-strung"	3.92	4	6.61
Able to relax without difficulty	4.41	4	1.46
Restless, fidgety, or impatient	3.08	3	1.54
That you had difficulty trying to calm down	2.87	2	1.53
That you felt rattled, upset, or flustered	3.20	3	1.53
That your hands shook while you tried to do something	1.55	1	.94
Nervous or jumpy when faced with excitement or unexpected situations	3.33	2	1.72
Bothered by nervousness	2.23	2	1.53
Anxious or worried	2.97	2	1.64
<i>Depressed</i>			
Downhearted and blue	2.56	2	1.44
Moody, or brooding about things	2.80	3	1.29
In very low spirits	2.63	2	1.46
Depressed	2.32	1	1.33
That you were under any strain, stress, or pressure	4.96	5	1.34

* Note: Results from a 7-point scale ranging from (1) never to (7) very often.

APPENDIX C
COVER LETTER

VIRGINIA TECH

**Department of Family and
Child Development**

College of Human Resources
Blacksburg, Virginia 24061-0416
(703)231-4794 or (703)231-4795
Fax: (703)231-7012

Dear Adoptive Parent,

Adoptions of non-relative children occur among approximately 2.1% of American families each year. As more and more people choose to build families by adopting children, they are especially interested in the special challenges of the adoption process and how to manage them. Most of the books and articles written about adoption mention its rewards, but also note that adoption can be stressful.

As an adoptee myself, adopted at the age of 7 years, I can say that my own adoption experience has been filled with challenges and rewards, as well as some stress. I also know that the experience of stress is common in all adoptive families. Yet, there is little research-based information about which coping strategies work best to reduce stress in adoptive families. The purpose of this study is to identify the sources of stress for adoptive parents and determine how they manage to reduce stress in their lives.

You are among a small sample of adoptive parents being asked to assist with this research. Your responses will provide an important contribution to the study of stress and coping in adoptive families. One possible difficulty in completing the survey might be in identifying sources of stress experienced throughout the adoption process which might trigger unpleasant memories. However, there are certainly many benefits to completing the survey which include gaining better understanding of the sources of stress experienced as adoptive parents throughout the adoption process and identifying what coping strategies are used to reduce stress.

Although the survey deals with the your personal behaviors, beliefs, and attitudes, it does not request highly personal or sensitive information. You may look over the survey and choose not to complete the questions. If you do wish to become part of our study, however, you may be assured of confidentiality. The time (approximately 30 minutes) that you take to complete the survey will be greatly appreciated. Do not write your name on the survey. We want your responses to be completely anonymous. Please complete the survey independently and return it **promptly** in the return envelope enclosed.

I will be most happy to answer any questions you may have. Please feel free to write or call at your convenience. You may call me, Dr. Gloria Bird (703-231-4791), or Dr. Ernest Stout (703-231-9359).

Respectfully,

Stephanie H. Hotta
Project Director
Department of Family and Child Development
344 Wallace Hall
Virginia Tech
Blacksburg, VA 24061-0416
(703)552-6172

Virginia Polytechnic Institute and State University

APPENDIX D
INSTRUMENT

Part I

Below are listed situations that are common to adoptive families. Please indicate the extent to which each situation, circumstance, and/or experience has been stressful for you. (Circle number)

Some parents adopt after many attempts to have a child of their own. If this was true for you, begin with item 1*. If not, skip to item 5.**

	<u>How stressful?</u>						
	Not at all Stressful						Extremely Stressful
1.* Paying for the medical procedures	1	2	3	4	5	6	7
2. Needing to have sex at scheduled times	1	2	3	4	5	6	7
3. Not being able to experience a full term pregnancy	1	2	3	4	5	6	7
4. Having no biological connection to my child	1	2	3	4	5	6	7

Items 5 to 11 relate to the adoption process (after the decision to adopt has been made and the preadoption waiting period).

5.** Paying adoption costs (application fees, lawyers, agencies, etc.)	1	2	3	4	5	6	7
6. Being evaluated by adoption agency workers.	1	2	3	4	5	6	7
7. Feeling a lack of support from the community regarding the adoption	1	2	3	4	5	6	7
8. Feeling a lack of support from my employer regarding the adoption	1	2	3	4	5	6	7
9. Feeling a lack of support from family regarding the adoption	1	2	3	4	5	6	7
10. Feeling a lack of support from my friends regarding the adoption	1	2	3	4	5	6	7
11. Deciding whom, what, and when to tell others about the adoption	1	2	3	4	5	6	7

Items 12 to 19 relate to postadoption (after the adoption has taken place).

12. Deciding when, what, and how to tell my adopted child of his/her adoption	1	2	3	4	5	6	7
13. Explaining to my adopted child about his/her status in the family	1	2	3	4	5	6	7
14. Worrying about not being able to bond with my adopted child	1	2	3	4	5	6	7
15. Wondering if I will be the type of parent my adopted child needs	1	2	3	4	5	6	7
16. Fearing that the birthparent(s) will reclaim rights to my child	1	2	3	4	5	6	7
17. Fearing that my adopted child may reject me as a parent	1	2	3	4	5	6	7
18. Not having the opportunity to nurture my adopted child from the early pregnancy period until I adopted him/her	1	2	3	4	5	6	7
19. Having my adopted child display symptoms of emotional distress	1	2	3	4	5	6	7
20. Having to explain physical differences between me and my adopted child	1	2	3	4	5	6	7

Some parents have non-adopted child(ren) living at home with adopted child(ren). If this is true for you, please respond to item 21*. If not, skip to item 22**.

21.* Explaining to my non-adopted child(ren) about his/her status in the family	1	2	3	4	5	6	7
22.** Other sources of stress not mentioned above (please specify and rate).	1	2	3	4	5	6	7
_____	1	2	3	4	5	6	7

Part II

Now, think about the adoption process that you went through and your current adoption experiences. Circle a number to indicate how often you used each strategy to help manage or cope with the stresses of the adoption experience.

	<u>Never</u>							<u>Very Often</u>
1. Just concentrated on what I had to do next -- the next step	1	2	3	4	5	6	7	
2. Turned to work or a substitute activity to take my mind off things	1	2	3	4	5	6	7	
3. Felt that time would make a difference -- the only thing to do was wait.	1	2	3	4	5	6	7	
4. Did something which I didn't think would work, but at least I was doing something	1	2	3	4	5	6	7	
5. Tried to get the person responsible to change his or her mind	1	2	3	4	5	6	7	
6. Talked to someone to find out more about the situation	1	2	3	4	5	6	7	
7. Criticized or lectured myself	1	2	3	4	5	6	7	
8. Tried not to burn my bridges, but leave things open somewhat	1	2	3	4	5	6	7	
9. Hoped a miracle would happen	1	2	3	4	5	6	7	
10. Went along with fate; sometimes I just have bad luck	1	2	3	4	5	6	7	
11. Went on as if nothing had happened.	1	2	3	4	5	6	7	
12. Tried to keep my feelings to myself	1	2	3	4	5	6	7	
13. Looked for the silver lining; tried to look on the bright side of things	1	2	3	4	5	6	7	
14. Expressed anger to the person(s) who caused the problem	1	2	3	4	5	6	7	
15. Accepted sympathy and understanding from someone	1	2	3	4	5	6	7	
16. Tried to forget the whole thing	1	2	3	4	5	6	7	
17. Waited to see what would happen before doing anything	1	2	3	4	5	6	7	
18. Apologized or did something to make up	1	2	3	4	5	6	7	
19. Made a plan of action and followed it	1	2	3	4	5	6	7	
20. Let my feelings out somehow	1	2	3	4	5	6	7	
21. Realized I brought the problem on myself	1	2	3	4	5	6	7	
22. Talked to someone about how I was feeling	1	2	3	4	5	6	7	
23. Got away from it for a while; tried to rest or take a vacation	1	2	3	4	5	6	7	
24. Took a big chance or did something very risky	1	2	3	4	5	6	7	
25. Tried not to act too hastily or follow my first hunch	1	2	3	4	5	6	7	
26. Changed something so things would turn out all right	1	2	3	4	5	6	7	
27. Avoided being with people in general	1	2	3	4	5	6	7	
28. Didn't let it get to me, refused to think too much about it	1	2	3	4	5	6	7	
29. Asked a relative or friend I respected for advice	1	2	3	4	5	6	7	

PART II continued

	<u>Never</u>						<u>Very Often</u>
30. Kept others from knowing how bad things were	1	2	3	4	5	6	7
31. Made light of the situation; refused to get too serious about it	1	2	3	4	5	6	7
32. Stood my ground and fought for what I wanted	1	2	3	4	5	6	7
33. Took it out on other people	1	2	3	4	5	6	7
34. Drew on my past experiences; I was in a similar situation before	1	2	3	4	5	6	7
35. I knew what had to be done, so I doubled my efforts to make things work	1	2	3	4	5	6	7
36. Refused to believe that it had happened	1	2	3	4	5	6	7
37. Made a promise to myself that things would be different next time	1	2	3	4	5	6	7
38. Came up with a couple of different solutions to the problem	1	2	3	4	5	6	7
39. Tried to keep my feeling from interfering with other things too much	1	2	3	4	5	6	7
40. Wished that the situation would go away or somehow be over with	1	2	3	4	5	6	7
41. Had fantasies or wishes about how things might turn out	1	2	3	4	5	6	7
42. Prayed	1	2	3	4	5	6	7
43. Went over in my mind what I would say or do	1	2	3	4	5	6	7
44. Thought about how a person I admire would handle this situation and used that as a model	1	2	3	4	5	6	7

Part III

The following feelings are commonly experienced by people as they cope with the ups and downs of everyday life. How often during the past month, have you felt: (Circle number)

	<u>Never</u>						<u>Very Often</u>
1. That the future looks hopeful and promising	1	2	3	4	5	6	7
2. Lonely	1	2	3	4	5	6	7
3. That daily life has been full of interesting things	1	2	3	4	5	6	7
4. Relaxed and free of tension	1	2	3	4	5	6	7
5. That you generally enjoy the things you do	1	2	3	4	5	6	7
6. Loved and wanted	1	2	3	4	5	6	7
7. That you were a very nervous person	1	2	3	4	5	6	7
8. Tense or "high-strung"	1	2	3	4	5	6	7
9. Calm and peaceful	1	2	3	4	5	6	7
10. Downhearted and blue	1	2	3	4	5	6	7
11. Able to relax without difficulty.	1	2	3	4	5	6	7
12. That love relationships were satisfying	1	2	3	4	5	6	7
13. That living has been a wonderful adventure	1	2	3	4	5	6	7
14. Restless, fidgety, or impatient.	1	2	3	4	5	6	7
15. Moody, or brooding about things	1	2	3	4	5	6	7
16. Cheerful and light-hearted	1	2	3	4	5	6	7
17. Happy	1	2	3	4	5	6	7
18. In very low spirits	1	2	3	4	5	6	7
19. That you had difficulty trying to calm down	1	2	3	4	5	6	7
20. That you felt rattled, upset, or flustered	1	2	3	4	5	6	7
21. That your hands shook while you tried to do something.	1	2	3	4	5	6	7
22. That you expected to have an interesting day when you got up in the morning	1	2	3	4	5	6	7
23. Nervous or jumpy when faced with excitement or unexpected situations	1	2	3	4	5	6	7
24. Happy, satisfied or pleased with your personal life	1	2	3	4	5	6	7
25. Depressed	1	2	3	4	5	6	7
26. Bothered by nervousness	1	2	3	4	5	6	7
27. Anxious or worried	1	2	3	4	5	6	7
28. Fresh and rested when you woke up.	1	2	3	4	5	6	7
29. That you were under any strain, stress, or pressure	1	2	3	4	5	6	7

Part IV

The following is a list of statements concerning self-perception . Please circle the number that best describes your feelings about each statement below. (Circle number)

	Strongly Disagree							Strongly Agree
1. I have little control over the things that happen to me	1	2	3	4	5	6	7	
2. There is really no way I can solve some of the problems I have	1	2	3	4	5	6	7	
3. There is little I can do to change many of the important things in my life	1	2	3	4	5	6	7	
4. I often feel helpless in dealing with the problems of life	1	2	3	4	5	6	7	
5. Sometimes I feel that I'm being pushed around in life	1	2	3	4	5	6	7	
6. What happens to me in the future mostly depends on me	1	2	3	4	5	6	7	
7. I can do just about anything I really set my mind to do	1	2	3	4	5	6	7	
8. I feel that I have a number of good qualities	1	2	3	4	5	6	7	
9. I feel that I'm a person of worth, at least on an equal plane with others	1	2	3	4	5	6	7	
10. I am able to do things as well as most other people	1	2	3	4	5	6	7	
11. I take a positive attitude toward myself	1	2	3	4	5	6	7	
12. On the whole, I am satisfied with myself	1	2	3	4	5	6	7	
13. All in all, I am inclined to feel that I am a failure	1	2	3	4	5	6	7	
14. I feel I do not have much to be proud of	1	2	3	4	5	6	7	
15. I wish I could have more respect for myself	1	2	3	4	5	6	7	
16. I certainly feel useless at times	1	2	3	4	5	6	7	
17. At times I think I am no good at all	1	2	3	4	5	6	7	

Part V

Finally, I would like to request some general information needed to help interpret the results of the study.

1. What is your sex? (Circle number)

- 1 Female
- 2 Male

2. What year were you born? _____
(year)

3. Which of the following best describes your racial or ethnic identification? (Circle number)

- 1 Black
- 2 White (Caucasian)
- 3 Asian-Pacific
- 4 Hispanic/Latino
- 5 Other (specify) _____

And, if married, that of your partner

- 1 Black
- 2 White (Caucasian)
- 3 Asian-Pacific
- 4 Hispanic/Latino
- 5 Other (specify) _____

4. What is your marital status? (Circle number)

- 1 Single (have never been married)
- 2 Single (am separated or divorced)
- 3 Married (first marriage)
- 4 Remarried
- 5 Widowed
- 6 Other (specify) _____

5. What is the highest level of education you have completed? (Circle number)

- 1 Some high school
- 2 High school degree or G.E.D.
- 3 Vocational/technical training school
- 4 Some college
- 5 Bachelor's degree
- 6 Master's degree
- 7 Doctoral degree
- 8 Other (specify) _____

And, if married, that of your partner

- 1 Some high school
- 2 High school degree or G.E.D.
- 3 Vocational/technical training school
- 4 Some college
- 5 Bachelor's degree
- 6 Master's degree
- 7 Doctoral degree
- 8 Other (specify) _____

6. What is your employment status? (Circle number)

- 1 Employed full time (more than 35 hours/week)
- 2 Employed part-time (less than 35 hours/week)
- 3 Not employed outside the home
- 4 Retired
- 5 Other (specify) _____

And, if married, that of your partner

- 1 Employed full time
- 2 Employed part-time
- 3 Not employed outside the home
- 4 Retired
- 5 Other (specify) _____

What is your occupation:

What is your partner's occupation:

7. What is your approximate family income? (Circle number)

- | | |
|-----------------------|-----------------------|
| 1 Less than \$20,000 | 6 \$60,000 - \$69,999 |
| 2 \$20,000 - \$29,999 | 7 \$70,000 - \$79,999 |
| 3 \$30,000 - \$39,999 | 8 \$80,000 - \$89,999 |
| 4 \$40,000 - \$49,999 | 9 \$90,000 - \$99,999 |
| 5 \$50,000 - \$59,999 | 10 \$100,000 or more |

8. How many **adopted** children do you have? _____
(number)

9. What is the race or ethnic identification of your adopted child(ren)? (Circle number for each of your adopted children)

Boy 1
1 Black
2 White (Caucasian)
3 Asian-Pacific
4 Hispanic/Latino
5 Other (specify) _____

Boy 2
1 Black
2 White (Caucasian)
3 Asian-Pacific
4 Hispanic/Latino
5 Other (specify) _____

Boy 3
1 Black
2 White (Caucasian)
3 Asian-Pacific
4 Hispanic/Latino
5 Other (specify) _____

Girl 1
1 Black
2 White (Caucasian)
3 Asian-Pacific
4 Hispanic/Latino
5 Other (specify) _____

Girl 2
1 Black
2 White (Caucasian)
3 Asian-Pacific
4 Hispanic/Latino
5 Other (specify) _____

Girl 3
1 Black
2 White (Caucasian)
3 Asian-Pacific
4 Hispanic/Latino
5 Other (specify) _____

10. What were the age(s) of your **adopted** child(ren) at age of adoption? And, indicate current age(s)

Boy 1 _____ (age at adoption) _____ (current age)

Girl 1 _____ (age at adoption) _____ (current age)

Boy 2 _____ (age at adoption) _____ (current age)

Girl 2 _____ (age at adoption) _____ (current age)

Boy 3 _____ (age at adoption) _____ (current age)

Girl 3 _____ (age at adoption) _____ (current age)

11. Please indicate where your adopted child(ren) lived prior to adoption. (You may circle more than one)

Boy 1
1 Relative's home
2 Foster home
3 Group home
4 Psychiatric hospital
5 Other placement _____

Boy 2
1 Relative's home
2 Foster home
3 Group home
4 Psychiatric hospital
5 Other placement _____

Boy 3
1 Relative's home
2 Foster home
3 Group home
4 Psychiatric hospital
5 Other placement _____

Girl 1
1 Relative's home
2 Foster home
3 Group home
4 Psychiatric hospital
5 Other placement _____

Girl 2
1 Relative's home
2 Foster home
3 Group home
4 Psychiatric hospital
5 Other placement _____

Girl 3
1 Relative's home
2 Foster home
3 Group home
4 Psychiatric hospital
5 Other placement _____

12. How many **birth** children do you have living at home? _____

13. What are the current age(s) of **birth** child(ren) living at home?

BOY(S) _____
age age age age

GIRL(S) _____
age age age age

14. Adoptions occur through licensed agencies and individual facilitators on both a domestic (within the United States) and international (outside of the United States) basis. Please indicate which situation is true for you for each adoption. (Circle number)

<u>Boy 1</u>	<u>Boy 2</u>	<u>Boy 3</u>	<u>Girl 1</u>	<u>Girl 2</u>	<u>Girl 3</u>
1 Domestic					
2 International					

15. Twenty years ago, adoptions that occurred were primarily closed adoptions (unknown birthparent(s) information and/or sealed information). Today, more adoptive parents seek open adoptions (know birthparent(s) information and/or have contact with birthparent(s)). Please indicate which form of adoption you sought for each adoption. (Circle number)

<u>Boy 1</u>	<u>Boy 2</u>	<u>Boy 3</u>
1 Open	1 Open	1 Open
2 Closed	2 Closed	2 Closed
<u>Girl 1</u>	<u>Girl 2</u>	<u>Girl 3</u>
1 Open	1 Open	1 Open
2 Closed	2 Closed	2 Closed

16. Circle a number to indicate to what extent your family was supportive of your decision to adopt.

<u>Not at all</u>	<u>Extremely</u>
<u>Supportive</u>	<u>Supportive</u>
1	7
2	6
3	5
4	4
5	3
6	2
7	1

17. Circle YES or NO to indicate which of the following resource(s) were readily available to you. Then, circle numbers to indicate which you used.

	<u>Was Available to Me</u>	<u>I Attended</u>
Organized support groups for adoptive families/parents.....	YES NO.....	1x 2x 3x Many x
Pre-placement counseling and/or education classes.....	YES NO.....	1x 2x 3x Many x
Post-placement counseling and/or education classes.....	YES NO.....	1x 2x 3x Many x
Other Resources not listed above:		
.....	YES NO.....	1x 2x 3x Many x
.....	YES NO.....	1x 2x 3x Many x

SUBJECT'S PERMISSION

I have read the letter from Stephanie Hotta and understand the conditions of this project. I know I can call her, Dr. Bird, or Dr. Stout and have any questions I may have answered. I hereby give my voluntary consent for my responses to be included in this project.

(place an X in the box if you agree).

I understand that I could have withdrawn from this project at any time. Should I have further questions about this research or its conduct, I will contact:

Investigator: Stephanie H. Hotta

Phone: (703)552-6172

Faculty Advisor: Gloria W. Bird, Ph.D.

Phone: (703)231-4791

Chair, IRB Research Division: Ernest R. Stout, Ph.D.

Phone: (703)231-9359

The time you took to complete this booklet is very much appreciated. Results of this study will be available upon request.

If there is anything else you would like to tell me about the sources of stress in your life or the strategies you use to cope with adoptive parenthood, please use the space provided below. Or, if there are any comments you wish to make that you think may help me in future efforts to understand adoptive parenthood, write them here or on a separate note. Thank you.

APPENDIX E
PILOT RESEARCH

Dear Adoptive Parent,

I am a graduate student doing a pilot study on the stress and coping process of adoptive parents and would like hear your experience of the adoption process. Your participation will involve sharing what sources of stress you have experienced throughout the different stages of the adoption process (from fertility issues to pre-adoption period, and finally, to post-adoption). Your responses will help me to compile a list of the sources of stress experienced by adoptive parents. I thank you in advance for your significant contribution to the study. Please e-mail any questions, comments, and responses to me through AOL at Kumo1@aol.com. THANK YOU.

Selected E-mailed responses from *America-On-line*:

Pre-adoption:

Inability to conceive and coming to terms with the infertility.
Feelings of inadequacy after learning we were both infertile.
Trying to find information on adoption.
Working with my spouse so he would be more involved and supportive.
Determining if we would be good parents.

Waiting to adopt:

Doing the actual process of homestudy.
Insensitive agency personnel.
Waiting.
Worrying about finances.
My sister being pregnant at the same time we were waiting to adopt.
Uncertainty and lack of control.
Thinking my mother might feel differently toward my sister's children than toward mine.
Having several potential adoption programs fall through.
Seemingly endless paperwork.

Post-adoption:

Hurtful comments of others about adoption.
Helping child understand adoption.
Worrying how child will react to the news that he is adopted.
Worrying about rejection from adopted child.
Dealing with child's reports that other kids tease him because he was adopted.
Insensitivity of others due to ignorance.

APPENDIX E

SUPPLEMENTARY REFERENCES

SUPPLEMENTARY REFERENCES

Adoptive Parent Support Groups. (1994, May / June). Adoptive Families Magazine, 27(3), 40-43.

Aldwin, C.M., & Revenson, T.A. (1987). Does coping help? A reexamination of the relation between coping and mental health. Journal of Personality and Social Psychology, 53, 337-348.

Barth, R.P., & Berry, M. (1989). Behavior problems of children adopted when older. Children and Youth Services Review, 11, 221-238.

Berry, M. (1989-90). Stress and coping among older child adoptive families. Social Sciences Review, 1, 71-93.

Brodzinsky, D.M., Singer, L.M., & Braff, A.M. (1984). Children's understanding of adoption. Child Development, 55, 869-878.

Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267-283.

Eckenrode, J. (1984). Impact of chronic and acute stressors on daily reports of mood. Journal of Personality and Social Psychology, 46, 907-918.

Fleishman, J.A. (1984). Personality characteristics and coping patterns. Journal of Health and Social Behavior, 25, 229-244.

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. Journal of Personality and Social Psychology, 46, 839-852.

Folkman, S., & Lazarus, R. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. Journal of Personality and Social Psychology, 48, 150-170.

Folkman, S., Lazarus, R.S., Gruen, R.J., & DeLongis, A. (1986). Appraisal, coping, health status, and psychological symptoms. Journal of Personality and Social Psychology, 50, 571-579.

Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R.J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. Journal of Personality and Social Psychology, 50, 992-1003.

Gjerdingen, D.K., & Froberg, D. (1991). Predictors of health in new mothers. Social Science and Medicine, 33, 1399-1407.

Grotevant, H., McRoy, R., & Jenkins, V. (1988). Emotionally disturbed, adopted adolescents: Early patterns of family adaptation. Family Process, 27, 439-457.

Helwig, J.T., & Council, K.A. (Eds.). (1984). SAS user's guide. Raleigh NC: SAS Institute.

Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Guilford.

Levy-Shiff, R., Bar, O., & Har-Even, D. (1990). Psychological adjustment of adoptive parents-to-be. American Journal of Orthopsychiatry, 60, 258-267.

Levy-Shiff, R., Goldshmidt, I., & Har-Even, D. (1991). Transition to parenthood in adoptive families. Developmental Psychology, 27, 131-140.

- Melina, L.R. (1986). Raising adopted children: A manual for adoptive parents. New York: Harper & Row.
- Mitchell, R.E., Cronkite, R.C., & Moos, R.H. (1983). Stress, coping, and depression among married couples. Journal of Abnormal Psychology, 92, 433-448.
- Natako, K. (1991). The role of coping strategies on psychological and physical well-being. Japanese Psychological Research, 33(4), 160-167.
- Pearlin, L.I., & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 2-21.
- Pearlin, L.I. (1989). The sociological study of stress. Journal of Health and Social Behavior, 30, 241-256.
- Pearling, L.I., Lieberman, M.A., Menaghan, E.G., & Mullan, J.T. (1981). The stress process. Journal of Health and Social Behavior, 22, 337-356.
- Pearlin, L.I., Mullan, J.T., Semple, S.J., & Skaff, M.M. (1990). Caregiving and the stress process: An overview of concepts and their measures. The Gerontologist, 30 (5), 583-594.
- Ruehlman, L.S., & Wolchik, S.A. (1988) Personal goals and interpersonal support and hindrance as factors in psychological distress and well-being. Journal of Personality and Social Psychology, 55, 293-301.
- Talen, M.R., & Lehr, M.L. (1984). A structural and developmental analysis of symptomatic adopted children and their families. Journal of Marital and Family Therapy, 10, 381-391.

Terry, D.J. (1991). Coping resources and situational appraisals as predictors of coping behavior. Personality and Individual Differences, 21, 1031-10447.

Terry, D.J. (1994). Determinants of coping: The role of stable and situational factors. Journal of Personality and Social Psychology, 66, 895-910.

van Gulden, H., & Bartels-Rabb, L.M. (1994). Real parents, real children: Parenting the adopted child. New York: Crossroads.

Veit, C.T., & Ware, J.E. (1983). The structure of psychological distress and well-being in general populations. Journal of Consulting and Clinical Psychology, 51, 730-742.

Vitaliano, P.P., Maiuro, R.D., Russo, J., & Becker, J. (1987). Raw versus relative scores in the assessment of coping strategies. Journal of Behavioral Medicine, 10, 1-18.

VITA

Stephanie Hotta Miller

EDUCATION:

Master of Science, December 1996
Virginia Polytechnic Institute and State University, Blacksburg, VA
Department of Family and Child Development
Major: Family Studies
Thesis: *Stress and Coping Among Adoptive Parents*

Post Graduate Practicum, September 1995 - June 1996
University of Calgary, Calgary, Alberta, CANADA
Department of Psychiatry, Faculty of Medicine
Family Therapy Program
Director: Karl Tomm, M.D.

Bachelor of Science, May 1990
Virginia Polytechnic Institute and State University, Blacksburg, VA
Department of Psychology
Major: Psychology

EXPERIENCE:

Family Therapy Intern, Family Therapy Program
Department of Psychiatry, Calgary, Canada
• Individual, Couple, and Family Therapy
(September 1995 - June 1996)

Community Therapist, Eastside Walk-In Family Centre
Calgary, Canada
• Provided single session brief systemic therapy
• Volunteered professional therapy time of 8 - 12 hours per month
(February 1996 - June 1996)

Family Assessment Unit Preceptor, University of Calgary Medical
School, Foothills Hospital, Calgary, Canada
• Taught second-year medical students about systems theory and
systemic therapy
(February 1996 - March 1996)

Co-Instructor, West Virginia Graduate College,
Beckley, WV
Graduate Counseling 732, *Adult and Family Development and
Transition*
• Lectured on systems theory and family life cycle development
(September 1994 - December 1994)

Mental Health Counselor, Threshold Services, Inc.
Kensington, MD

- Provided direct counseling services, crisis intervention counseling
- Developed rehabilitation plan with clients, maintained client's file, and served as an agency liaison
(October 1990 - August 1993)

ACTIVITIES,
CONFERENCES,
& CONTINUED
EDUCATION

Graduate Student Research Fellowship Award, April 1995
Recipient of award sponsored by the Family and Human Development Section of the American Association of Family and Consumer Sciences (AAFCS) on thesis research: *The Effects of Appraisal, Coping, and Family Variables on Stress Outcome of Adoptive Parents.*

Presenter, Northwest Council on Family Relations Conference
Seattle, Washington
The Use of Internet Resources as a Research Medium for Studying Families
(June 27 - 30, 1996)

Presenter, AAFCS Annual Meeting
New Orleans, Louisiana
The Effects of Appraisal, Coping, and Family Variables on Stress Outcome of Adoptive Parents
(June 23 - 25, 1995)

Presenter, Southeastern Symposium on Child and Family Development
Athens, Georgia
Brief Solution-Focused Therapy for Adoptive Families
(April 22, 1995)

Presenter, Southeastern Council on Family Relations
Atlanta, Georgia
Issues Involved in Raising Adopted Children
(February 25, 1995)

PUBLICATIONS

Miller, S.H., & Meszaros, P.S. (1996). Study of national incoming supply and demand for Family and Consumer Sciences Teachers and Extension educators. *Journal of Family and Consumer Sciences*, **88** (1), 51 -54.