

Grandparents' Interactions and Support for Families with Non-Biological Adopted
Children

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ABSTRACT

Adoption is an important family structure in The United States. In 2013, more than 1.7 million children were adopted including domestic, International, and foster care adoptions in the U.S. I examine the perceived and received support from grandparents to adoptive families and the impact it has on the families' lives. Qualitative methods in the form of semi-structured open-ended interviews were used to conduct 28 interviews with adoptive parents. My findings reveal that maternal grandmothers were more likely to be supportive and involved in adoptive families compared to other grandparents. Secondly, perceived support was directly mentioned or implied by every adoptive family. Third, single mothers expressed more desire for and instances of grandparent support. Fourth, the majority of grandparents who were initially hesitant or reluctant about adoption were later supportive and accepting of the adopted child(ren). Fifth, most adoptive families received and perceived support. However, some families who did not receive or perceive much support were able to find alternative support systems. Finally, verbal and emotional supports were the most reported forms of support from grandparents to adoptive families. Almost all adoptive families reported some level of emotional and/or verbal support from one or more grandparent. Future research can more thoroughly examine family outcomes from grandparent support. Looking at the other support systems adoptive families use is an additional area of future research.

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I thought I moved to Blacksburg, Virginia in order to “just” get a PhD from Virginia Tech. Instead, I embarked on a six year life-changing journey. The people I met and the community I became a part of at Virginia Tech and Blacksburg touched my life and opened my eyes in so many ways. My time as a Hokie is my cherished memory. Once a Hokie, always a Hokie.

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CHAPTER 1: INTRODUCTION

Grandparents are integral members of the extended family structure. In the instance of adoptive families, grandparents may – or may not- have a bigger impact on adoptive family outcomes. My research examined adoptive parents' perceived and received support from their parents – the non-biological grandparents of their adopted children. My research questions inquired about the significance of the grandparents' perceived and received support for adoptive families from the perspective of the adoptive parent(s). Specifically, I was to investigate how the perceived and received support by grandparents affects adoptive families. Perceived support is defined as support that is implicitly or explicitly offered should the need arise (Haber et al., 2007; Norris and Kaniasty, 1996). That is, grandparents may inform their adult children that if they need assistance or support they are there to help. Received support is the actual occurrence of support given to the adoptive parents.

The significance and importance of my research derives from the existing literature that finds adoptive families may be at higher risk of distress and disharmony (Clark, 1998; DeNigris, 2008; Festinger, 2002; Fishman, 1992; Jones and LaLiberte, 2010; and Kadushin and Seidl, 1971; Palfreman, 2009; and Schmidt and Rosenthal, 1988). The presence or absence of grandparental perceived and received support may impact adoptive families. There may be some dysfunction and conflict within families; however, families are likely to report more positive familial interactions and experiences than negative ones. A resilient family is one that reports strong communication skills and works as a team to sustain a mentally, verbally, and physically healthy family unit.

A thorough review of existing literature reveals a distinct gap in which this research study appropriately fills or expands existing research related to this topic. Significant previous research and exemplars will be discussed in detail in order to demonstrate existing knowledge of the subject matter as well as the gaps this study fills. Limitations to this study, as well as, future directions and research opportunities stemming from this research are discussed at the end of this dissertation.

STATEMENT OF PROBLEM

Adoptive parents may be more likely to encounter stressors and challenges compared to parents with biological children. Handling these stressors and challenges may be eased with the perceived and received support from the parents of the adoptive parents; that is, the non-biological grandparents of the adopted child. How grandparent support impacts the adoptive families is a key research question to my research. Prior to doing research, I proposed that perceived and received support from grandparents will positively influence adoptive families. After analyzing my research data, I found that received and perceived support usually do positively impact adoptive families. However, some adoptive families who do not receive or perceive support were just as resilient as families who did. I now propose that some adoptive families who do not receive enough support from the grandparents find alternative support systems, whether internally in their own family unit or externally in communities, churches, and support groups. I discovered that grandparent support is wanted by all of the adoptive families I interviewed, however, in the absence of grandparent support, adoptive families are able to readjust and find alternative support systems.

CHAPTER 2: LITERATURE REVIEW

ADOPTION OVERVIEW

The literature on adoption is not as robust as one may expect. The concept of adoption has been in existence for centuries; however, academic literature has failed to thoroughly examine all aspects. Zamostny et al. (2003) make a call for the “stimulation of research” on adoption after a thorough review of history and trends. Additionally, the research that I propose on grandparent support for non-biologically adopted children has not been examined. In this literature review, I will discuss the context of adoption, the stigmas associated with it, why people seek out adoption, at-risk factors, perceived and received social support, and relevant literature on grandparent-family relations.

Bachrach et al. (1991) found that adoption was closely associated with the desire to have children and the inability or difficulty to have biological children. In-vitro fertilization (IVF) helps some infertile couples achieve biological parenthood. For others, even the most rigorous scientific treatments do not produce biological offspring. Williams (1992) found that women often felt pressured to “keep trying” and exhaust all infertility treatments before resorting to adoption. The social and medical pressure to keep trying for a biological child indicates a deeper issue that is occurring: the emphasis that having a biological child is perceived as being superior to having a non-biological child (Fisher, 2003). Is adopting not as good as having one of your own? Fisher (2003) finds that a stigma against adoption still exists, but is less common than 30 years ago. Additionally, of the women who seek infertility treatment only a small percent of those pursue adoption even if fertility treatments fail to work. A study by Miall (1996),

however, found that adoptive parents were less likely to consider adoption a “second best” to having a biological child compared to medical clinicians. That is, clinicians were more likely to have a “second best” attitude towards adoption compared to adoptive parents. Even though the number of non-biological adoptions has declined and the stigma for adoptive parent status exists, the number of children needing adoption remains high. Proctor (2004) states that “families continue to be threatened by economic hardship, interpersonal violence, and injury to children so severe as to result in out-of-home placement.” Adoption of non-biological children is crucial for the well-being of our society and, of course, the adoptees.

Social response to adoption was examined by Miall (1987). She found that infertile women who adopted were more likely to experience a negative social response. Specifically, the status of adoptive mother was viewed as a “discreditable attribute.” The study also revealed that the adoptive mothers perceived society to judge the quality of their mother-child relation based on biological characteristics rather than parent-child bonding and loving. Society was more likely to specify biological ties as being the primary bonds of love; therefore, adoption was second best to biological children. Additionally, the genetics and background of an adopted child are often unknown so adoption is perceived as higher risk.

Literature suggests that stigmas about adoption exist not only in mainstream society, but are latently present in scholarship as well. “The stigmatized social position of adoptive families has shaped not only current public opinion about adoption, but adoption research and practice as well” (Wegar, 2000). The lack of scholarship on adoption points to a stigmatized notion of its inferiority to topics such as biological family

processes. Mainstream media perpetuates some of the stereotypes about adoption. Fisher (2003) analyzed the content on adoption and the representation of it in 21 college textbooks and 16 readers. Not only was little attention paid to adoption, but when it was discussed adoption was often portrayed as a “second best” option for families experiencing infertility. Contrary, Fein (1998) argues that the stigma and secrecy around adoptions is not as prevalent as it once was. Fein’s article was published in the New York Times as a news article and her methods were questionable as she only interviewed a handful of adoptive families and examined shaky statistics. Overall, I argue that the stigma of adoption has not completely lifted. Certainly, the stigma has lessened over the years as society is increasingly educated. However, not all stigmas surrounding adoption have lessened. The stigma that adopted children must have something wrong with them or come from bad circumstances persists (Goldman and Ryan, 2010).

For infertile couples and those wishing to give a homeless child a loving family, adoption may seem like the obvious, “charitable” choice to create a family. However, D’Amato (2007) discusses the “myths and fantasies” associated with adoption to reveal the hard facts about what actually happens before, during, and after adoption. Her work disenchant the fantasies that an infertile couple will find a lonely child who then runs into their arms calling them mom and dad. Although many couples would love to have a “happily ever after” with an adoption it is often not the case. While many adoptions are successful and families learn to restructure themselves with a new member there are many hardships and disappointments along the way. The new family formation process takes time and many challenges and stressors are presented to them especially at the

beginning. Adoption as a family form is an “institution in transition” (March and Miall, 2000) that requires time, patience, and social support if a resilient family unit is to be created. Rees and Selwyn (2009) found that most of the birth mothers and biological fathers of the adopted children had experienced troublesome lives prior to giving up their children for adoption. Eighty-six percent had “violent adult relations,” substance abuse was prominent, mental illness was common, and learning difficulties were also widespread among biological parents. The majority of non-infant adopters experienced challenging first years, yet reported rewarding experiences that made the struggles worthwhile. These challenging first years can be particularly attributed to what Rees and Selwyn (2009) proposed along with other factors including family adjustment. During their first year post adoption, adoptive parents were more likely to experience depression, anxiety, and marital problems than before adoption (ibid). Adopted older children were more likely to have learning difficulties, behavioral issues, and emotional instability. The findings by Goldman and Ryan, 2010 – that adoption stigma still exists, even if in lesser forms – can be partially accounted for by these common adoptive family challenges.

Adoption agencies do their best to appropriately match parents’ strengths to children’s needs (Ward, 1997; Valdez and McNamara, 1994). Some adopted children require extra care because they have physical or mental special needs (Kramer and Houston, 1998), have a history of abuse and neglect (Groza and Ryan, 2002; Nalavany et al., 2008), or are jaded by the foster care system where they have been shuffled from one home to another without the establishment of permanency (Akin, 2011). Older-child adoptions are more likely to result in a longer adjustment period and more

dysfunction in the adoptive family initially (Ward, 1997; Verissimo and Salvaterra, 2006). Young children are faced with the challenge of processing emotional reactions to the adoption process, settling into a new family, forming a new self-identity in relation to the new family, and finding closure on why they were given up for adoption by their biological parents. Brodzinsky et al. (1984) studied how adopted children gradually learned and understood what adoption was and how it affected their lives. Adoptive parents who were upfront with their adoptive children from on the onset of adoption had stronger trust relationships compared to parents who tried to conceal the child's adopted identity for as long as possible.

The quality of attachment between an adopted child and the adoptive parent(s) develops faster and stronger in relation to the child's age with younger being associated with more positive effects of attachment (Verissimo and Salvaterra, 2006). The younger a child is at adoption the more likely the parent-child relation will be created quickly and be stronger compared to an older child adoption. Creating a trust-relationship and love bond between the adopted child and the parents takes time and is discouraging at times. Some adopted children, even very young children, struggle with self-identity issues. Kirschner and Nagel (1988) found that adopted children with behavioral issues were likely to daydream about their biological parents – who they are, where they are, what they look like, why they gave them up for adoption, etc. Attachment of adopted children of their new non-biological relatives can be difficult for many reasons. March (2000) suggests that because adoptees do not see a physical resemblance of themselves in their non-biological relatives they experience a harder time creating a family tie with them. She suggests that one's sense of self-authenticity through physical

resemblance of others is related to the level of positive outcomes in attachment between adoptees and their non-biological family members.

Levy-Shiff et al. (1991) and Berry and Barth (1996) found that adoptive parents had more positive expectations and reported more satisfying experiences in their transition to parenthood compared to biological parents. The expectations of each set of parents were a determining factor that correlated to having a satisfying experience. Their research found that adoptive parents were more prepared for potential child behavioral, mental, and emotional issues. Biological parents were less likely to prepare themselves for a challenging parenthood compared to adoptive parents. Additionally, they cited adoptive parents being more likely to seek social support from agencies, support groups, and family members. Perhaps having an adopted child made it more acceptable for a parent to seek outside help or assistance from an external family member.

PERCEIVED AND RECEIVED SUPPORT

Perceived and received support from friends and family is correlated to positive outcomes of less depression and anxiety, higher self-esteem, and fewer physical symptoms (Langford et al., 1996; Ross et al., 1999). Perceived social support is defined as a “person’s generalized cognitive appraisal of being supported rather than a reflection of enacted behaviors per se” (Ross et al., 1999). This is distinctly different from offered support. Kessler and McLeod (1985) defined perceived support as the “perception that one’s network is ready to provide aid and assistance if needed.”

INFORMAL SUPPORT

As previously discussed in the preceding section, children with special needs and older child adoptions may create more challenges for the adoptive parent. Social support has been positively linked to alleviating some familial disorder. Kramer and Houston (1998) state that, "The stability of adoptions involving children with special needs is likely to be enhanced when families perceive that they are receiving support." They also report that adoptive families who receive both formal and informal support had positive outcomes as a family unit. Formal support was defined as support provided by the adoption agencies and government funded institutions, while informal support was provided by family members and friends. Miall, 1996 states that, "Social support may serve as a buffering mechanism between stress and health for individuals, while a lack of social support may exacerbate problems associated with this alternate family form." Reinhardt et al. (2006) likewise found a "positive association between perceived support availability and well-being." In fact, they propose that perceived support can have more positive outcomes than actual received support. Haber et al. (2007) found that only perceived support has been regarded as consistently linked to health and more positive well-being.

THEORIES, HYPOTHESES, AND IMPORTANCE

This research is significant and important for the expansion of the family studies field. The significance of the absence or existence of those types of support is examined from the adoptive parent's perspective. Adoptive families are at a higher risk of stress and familial tension (Clark, 1998; DeNigris, 2008; Festinger, 2002; Fishman, 1992; Jones and LaLiberte, 2010; and Kadushin and Seidl, 1971; Palfreman, 2009; and Schmidt and Rosenthal, 1988). Therefore, does the perceived and received support or

absence of support from grandparents help negate or exacerbate adoptive family adjustment and resilience?

I extend the family theories presented by Pilisuk and Parks (1983). Their definitions of social support are extendable into the definitions I use in my research. Pilisuk and Parks define social support as "a set of exchanges which provide the individual with material and physical assistance, social contact, and emotional sharing, as well as the sense that one is the continuing object of concern by others" (p. 137). They discuss extended family members as "kin" and "kinship." They found that kin – extended family, particularly grandparents – were the strongest form of social support for the nuclear family. "The continuity and vitality of the nuclear and the immediate extended family remains the single most important social factor in continuity of supportive relationships" (147). Their overall theory proposes that family support systems are imperative for creating and sustaining a healthy nuclear family. My research theory similarly, but more narrowly, examines the grandparent perceived and received support that impacts adoptive families. Pilisuk and Parks published their material in 1983 so this research takes into account the modern changes in family structure, grandparent identity, technological advances in transportation and communication between families.

While Pilisuk and Parks make several acknowledgements that extended family support is the most significant social support system for families, they did not go into great detail about that relationship or the types of support. In one instance, they state, "the social supports brought about through association with the family unit as a whole appear to be critical to the family system well-being" (p. 141). In another example, they

state that "the presence of familial ties as buffers against health breakdown suggests that a small, densely interconnected network of intimate ties remains critical to individual well-being" (146). Their research is limited to the extent that they recognize the extent and importance of extended family support, but do not expand their theory into great depth.

Pilisuk and Parks consider several types of support systems that impact nuclear families. Their list of primary and back-up sources for different supportive systems are the nuclear family, extended family, neighbors, friends, work, schools, mutual help associations, neutral helpers, hired service workers, professional helpers, and agencies. (151). My research builds on their support system by closely examining a particular subset of extended family members – grandparents – and further classifying the types of perceived and received support. The primary types of support are financial, verbal and emotional, physical support, time resources, and spiritual supports. I narrow my research to a particular family type – the adoptive family. I combine the examination of grandparent support and the adoptive family to examine a unique family structure.

I extend Pilisuk and Parks' theoretical model as a foundation for my research. Their theory examines different types of social support for families, including external families members. I build on their theories of social support by narrowing my research to examine specifically the perceived and received support by grandparents to adoptive families. Grandparents are listed as a form of social support for families, but Pilisuk and Parks did not investigate the particulars of grandparent support, and particularly not the relationship of grandparent support to adoptive families. Pilisuk and Parks acknowledge that "contact with grandparents is apparently a factor in the child's development of pro-

social behavior" (p. 141). They briefly discuss the importance of kinship especially kinship that spans several generations, referencing grandparents and grandchildren relationships. They claim that, "one form of mutual help grouping is the intentional extended family, a voluntary linkage typically spanning generations of several nuclear families. It is designed to provide many of the supportive needs which the kin-based extended family has served" (148). While extended family members, including grandparents, provide essential and vital support to the nuclear family, there may still exist support deficiency that is fulfilled through other support systems. My research looks at grandparent support while acknowledging that there are other forms of support that are vital to adoptive families.

I distinctively chose to examine adoptive families rather than biologically composed nuclear families because adoptive families experience a unique life transition that may create more familial stress. Pilisuk and Parks recognize that life transitions are an important consideration when looking at family support systems: "life transition and disruptive life circumstances [may] tax the resources of the typical kin network" (144). Adoptive families provide a distinct family unit that is rich in familial relationship construction.

Pilisuk and Parks make a similar observation as I do in my research. Extended family support is a primary source of support for nuclear families; however, it may not always be present or sufficient for the needs of the family. According to them, "The nuclear and extended family remains a psychological base of enduring social support for most individuals. It is not available or suitable as a complete source for most individuals and is virtually absent as a source for a smaller number" (153). I found that

although grandparents were often reported as being a positive, significant source of perceived and received support for adoptive families, they were not their only form of support. In the absence of grandparent support, adoptive families relied on other social support systems that I did not investigate at length. Each unique social support system is a potential, rich research venture.

CHAPTER 3: METHODS

The research methods used for this study were qualitative research methods. The fundamental discipline, epistemological standpoints, and practices of qualitative methods for this research were heavily dependent on the works of Bailey (2007), Denzin and Lincoln (2000), Schwandt (2000), and Tedlock (2000). Bailey (2007) is a foundational piece of literature in the field of qualitative research methods. In her book, Bailey describes step-by-step processes of linking research question, methods, and data gathering together that are imbedded in this research study. Emerson et al. (1995) and Borland (1991) was the primary literature supportive of my fieldnotes, transcribing, and final document write-up processes. Emerson et al. (1995) offer excellent advice and know-how for both new and experienced ethnographers. Their recommendations on transcribing and note-taking are especially valued in this research study and are discussed in detail in another section. Tedlock (2000) discusses the importance of representation which I also discuss in more detail from the perspective of my research in a later section of this dissertation. One of my primary goals as a researcher is to accurately represent the voices and experiences of my participants.

Semi-structured open-ended questions were asked during the face-to-face interviews. The interview structure and procedures, including the use of technology, were influenced by the works of Cuadraz et al. (1999), Fontana and Frey (2000), McLaren (1991), Schaffer (2006), and Weiss (1995). The methods for data management, coding, and interpretation of the data are influenced from the works of Kelle (2000), Potter (2004), and Ryan and Bernard (2000).

Ethical and moral protocols were carefully considered from the literature by Christians (2000), Clifford (1983), Fine (1993), and Whyte (1958). Christians (2000) discusses the occasional conflict of interest when research is funded and the influence of interest group agendas. Fine (1993) deliberates the “ten lies of ethnography” and warns researchers to be wary of falling into ethical dilemmas. Fine et al. (2000) investigates the audience’s influence over qualitative research. That is, a researcher has a social responsibility to make sure they are fairly representing their participants rather than allowing their research to be influenced by interest groups or political authorities. With research freedoms and the power to represent others, I acted as a

Qualitative research methods enabled me to focus on the actual familial symbolic interaction and processes. Fine et al. (2000) state that qualitative researchers not only seek to study human behavior, but the meaning and significance behind such behavior as well. I not only wanted to know the why and how behind my research question but the significance and impact of support for adoptive family outcomes.

PARTICIPANTS

Adoptive parents were interviewed for this dissertation. The adoptive parents’ awareness and discernment of received and perceived grandparental support is the most crucial aspect of this research. Interviewing grandparents would add insight into the types of support they believe they offer the family; however, parental perception regardless of grandparent intentions is the most significant data for the purpose of this study. Parental perception is considered more important because perception of one's life is reality. Even if grandparents believe they offer and provide support for adoptive

parents the primary consideration is whether the parents perceive and report receiving that support.

Data was gathered through 60-90 minute long, one-on-one interviews with 29 adoptive parents. Only one parent was asked to interview from each family unit; however, seven families decided to have both parents present for the interview. In the event of one parent representing the family unit, the mother and father determined who would represent the family. I interviewed 20 mothers, 2 fathers, 1 same-sex male couple, and 6 heterosexual couples. These participants represent 28 family units made up of 5 single mothers, 22 heterosexual married couples, and 1 same-sex union between two fathers. The interviews were digitally recorded with a handheld device and later transcribed by myself using a foot pedal and ExpressScribe. Ethics and confidentiality of records followed the strict requirements of the Virginia Tech Institutional Review Board (IRB) protocol.

Participants were gathered by advertising through the Virginia Tech Graduate School Listserve and by petitioning churches located in a 100-mile radius of Blacksburg, VA and the Northern Virginia region. I also advertised on an online adoption support group. Word of mouth was a very successful advertisement tool. I received one participant from the VT Graduate School Listserve; 5 families responded through church advertisements; 9 families replied to my online advertisements; and 14 families contacted me after hearing of my research through word of mouth.

The 28 family units represent a total of 85 children: 53 adopted children and 32 biological children. I will only discuss the demographics of the adopted children. 17 of the children were White, 7 biracial, 10 African American, 13 Asian – including children

from China and South Korea, 5 were Hispanic – representing Guatemala, Mexico, and Bolivia, and 1 was Native American. Of the 53 adopted children, 36 were non-White. The parents' represented a more skewed ethnic proportion. 49 self-reported themselves and their partner, if existing, as White, 2 were African American, 2 were Asian, and 1 was Hispanic.

Parental marital status was as follows: 3 never-married, 2 divorced and single, and 23 married. I interviewed 20 mothers, 2 fathers, 1 same-sex male couple, and 5 heterosexual couples. These partners, either separately or in couples, represented the 28 family units. Of the 53 adopted children, 30 were males and 23 were females. The average age was 7-1/2 years old. I also collected the ages of all the adoptive parents, even if they were not present for the interview. 13 adoptive parents were classified as “young” between the ages of 20-29 years old. 20 parents were grouped as “middle-aged” between 30-39 years old. The couples aged 40-49 year olds had 10 adoptive parents accounted for. Finally, there were 11 adoptive parents who were “very aged” at 50+ years of age. Their ages were collected at the time of the interview and not at the time of adoption.

Reasons for adoption were specified as five primary categories: “No partner” 2, “Infertility due to Age” 3, “Infertility due to Biological/Medical Issues” 11, “Compassion” 12, and “Same-sex partnership” 1. Infertility was the number one reason parents decided to adopt. Compassion adoptions refers to parents who felt a “calling,” encountered a child who needed a home, felt that there were too many children in the world without a home, among other reasons. The parents were able to have biological children, but chose to adopt out of compassion for the child(ren).

13 of the 53 adopted children were reported to have special needs. Some children only had one medical condition, while some had multiple conditions. Three children were entirely wheelchair bound from either muscular dystrophy or spina bifida. Two parents reported that a child had ADHD or ADD. One child had a liver disorder and virus that made him more susceptible to illness. A few parents reported birth trauma and long stays in the NICU that were life-threatening and frightening. Two infants required a tracheotomy for a couple months. One adoptive parent reported that her son had alcohol spectrum disorder and severe developmental delays indicating that his birth mother had drank a great deal of alcohol. The birth mother also admitted to doing cocaine while pregnant, so the developmental delays could have been caused in part from substance abuse. Only one parent described detachment issues and had sought professional guidance in dealing with her child's behavior. Several children had autism and mental and physical developmental delays. The majority of the children were very healthy and active.

The 28 families also represented 87 living grandparents: 26 were maternal grandmothers, 26 maternal grandfathers, 19 paternal grandmothers, and 16 paternal grandfathers. I inquired about the proximity of grandparents to the residence of the adoptive family. The closest proximal relationship was a maternal grandmother actually living with her adult never-married daughter and three adopted grandchildren. The furthest proximal location was a family living in Virginia and maternal grandparents were in Peru. Maternal grandparents were more likely to live in closer proximity to their adult daughter compared to paternal grandparents and their adult sons. Maternal grandmothers were the most likely to be involved in the lives of the adoptive family,

followed by the paternal grandmother, then the maternal grandfather, finally the paternal grandfather was the least likely to be involved. Adult daughters were more likely to stay in close contact with their mothers and rely on them for support.

INTERVIEW STRUCTURE

This research study gathered information from adoptive parents through semi-structured interviews (Cuádriz, and Uttal, 1999; Fontana and Frey, 2000; Weiss, 1995) and, if necessary, followed-up with phone interviews. Data was gathered through face-to-face and phone interviews with adoptive parents. If both parents of an adopted child agreed to be interviewed then they were given the option of interviewing together or separately. Six couples were interviewed together, while one couple had each partner do a separate interview. Mothers were more likely to be interviewed; however, father interviews were regarded as just as important. Mothers are more likely to be more involved with child rearing and extended family socialization (Cabrera et al., 2000 and Sussman et al., 1999). Father perception of perceived and received support is equally as important because fathers are traditionally more likely to be involved in the financial and monetary well-being of the family (Cabrera et al., 2000 and Sussman et al., 1999). Therefore, fathers may have been more likely to acknowledge financial assistance from grandparents compared to mothers. All marital statuses were given equal consideration for participation in the study as long as they met the standard requirements.

The interviews were conducted either at the participant's residence, in a neutral, private location, or over the phone. Seventeen interviews were done face-to-face, 2 via Skype, while 9 were done over the phone. I allowed the participant to decide the

location and interview style that made them feel the most comfortable. The flexibility I extended to adoptive parents made them more open to participating in the study and helped me to develop a trusting relationship with them. I did everything possible to make my participants feel comfortable and secure in my abilities to represent them truthfully. Sustaining an atmosphere that was relaxed for them was beneficial to them and me. I took my responsibility to professionalism and preserving the integrity of the study very seriously.

One primary interview was conducted and, when necessary, a second brief follow-up phone interview. The questions asked during the face-to-face interview were open-ended and conversational style. Questions did not seek a yes or no answer. Rather, the questions sought to engage the participant in a lengthy answer that provided them the liberty to speak freely about their experiences (Cuádriz and Uttal, 1999; Schaffer, 2006). The exact questions used for the interviews are detailed in Appendix A.

PARTICIPATION REQUIREMENTS

In order to participate in this research study, adoptive parents had to satisfy all the standardized requirements. Each participant requirement will be discussed in detail following the order of the list below.

1. The parent(s) must have legally adopted a non-biological child.
2. The adoption process must have been performed through a public or private adoption agency.
3. The parent(s) must have adopted the child when the child was between the ages of newborn and 12 years old.
4. The adopted child must have lived with the adoptive parent(s) for a minimum of 2 years post adoption.
5. One grandparent must have been living 6 months prior to adoption and at least 1 year post adoption.

(1) The parent(s) must have legally adopted a non-biological child.

Adoption of a non-biological child may result in more stress than adoption of a stepchild and extended family member's child (Coakley and Berrick, 2008). This research provides insight into how grandparents offer support thereby negating some or all of potential adoptive family stress. Adoption of a non-biological child may result in more family stress because the parents often do not know the conditions and health background of the child. Controlling for the absence of biological relatedness created a more consistent family experience. In addition, by controlling this variable in the study I am more assured that my results are related to grandparent support and not a factor of biological connectedness. Lastly, grandparents may interact differently with non-biological adopted grandchildren. Adopting a partially biologically related child is too similar to having a biological child; therefore, distracting from the primary research purpose.

(2) The adoption process must have been performed through a public or private adoption agency.

The participant had to meet this requirement for several reasons. First, public and private adoption agencies require potential adoptive parents to fill out detailed paperwork and background checks to make sure they are able and ready to take on the responsibility of a child. Secondly, most adoption agencies provide pre-adoption training and counseling. Many agencies require single individuals and couples to participate and complete a lengthy training session prior to adoption approval. These training sessions are often 10-18 hours long that are spread out over several days.

These pre-adoption training sessions are significant because they offer important information, resources, and support to individuals before adoption. Finally, in order to conform to adoption laws and policies, I do not want to interact with families who may have illegally obtained a child. The child must be legitimately adopted.

(3) The parent(s) must have adopted the child when the child was between the ages of newborn to 12 years old.

This qualitative research study is specifically looking at adoptive parents who adopted children below the age of puberty. The maximum age at adoption is 12 years old in order to create a more constant family experience. Opening up the pool to adopted children over the age of 12 would require additional analysis of adolescent challenges. Children are also more reliant on their family prior to the age of 12. Once children enter their teen years they begin to develop independence and a new identity apart from their family. Looking at parent-dependent children will enable the data to be richer and more cohesive. Lastly, young children have additional care demands that older children do not. For instance, young children may not be able to independently dress themselves, cook and feed themselves, use the bathroom on their own, and stay at home alone. Young children may require more child-care demands in terms of resources, time, and finances (Francis, 2011). Again, looking at younger adopted children may provide richer data on how grandparents offer and provide assistance to adoptive families.

(4) The adopted child must have lived with the adoptive parent(s) for a minimum of 2 years post adoption.

This requirement is essential for reason that adoptive parent(s) and their adopted child(ren) must have an adequate amount of time to interact in their new family setting. Several studies have cited the first 2 years post-date of adoption as being especially critical and pivotal to the assimilation of adopted children into the new family, school system, community, and geographical location (Brodzinsky and Brodzinsky , 1998; Brodzinsky, 1987; Sturge-Apple et al., 2006). Stressors in the new family formation are more likely to occur in this timeframe than in any other point of time (Palfreman, 2009; Schmidt and Rosenthal, 1988). The first two years of new family structure is the pivotal adjustment period that will provide the most insight into the types of social support and coping resources adoptive parents receive and use.

(5) One grandparent must have been alive 6 months prior to adoption and at least 1 year post adoption.

I required at least one grandparent to be alive during the timeframe of 6 months prior to adoption through 2 years post adoption. The grandparents do not have to be alive at the time of the interviews though. Accurate memory recall is key in capturing qualitative data. I suggest that maternal grandparents, especially maternal grandmothers, are more likely to be supportive and involved in adoptive families. This was founded in the findings and discussed in chapter 6.

SUPPORT TYPES

The four main types of support targeted were financial assistance, physical support, time resources, and verbal and emotional support. Other types of support were revealed once the research data was gathered and analyzed. One type of support that emerged unexpectedly was spiritual support in the form of grandparents praying and attending church services for the adoptive family. Financial support includes monies, purchasing goods and services for the adoptive family, and non-liquidated assets such as bonds and tuition savings plans given by the grandparents to the adoptive parents or adopted children. Physical support is designated as domestic labor, secondary parenting, playing with the children, accompanying the children and/or family on trips, and tutoring. Secondary parenting consists of interactions with the adopted child(ren) in which the extended family member takes on a parental, authoritative figure. Examples of secondary parenting are babysitting, tutoring, and disciplining the adopted child(ren). Unpaid domestic labor is comprised of time devoted to helping the adoptive family inside the home. Cooking meals and cleaning the home are instances of unpaid domestic labor and are separated from time spent outside the home for coding purposes. That is, acts of service requires physical interaction directly with the adoptive family.

Time resources refer to the time grandparents devote to the adoptive family. Time resources include running errands and making phone calls or coordinating events such as doctor's appointments for the adoptive family. Verbal and emotional support are determined as spoken, written, or symbolic gestures of support. Emotional and verbal support may generally be presented in the form of words of affirmation and the willingness to listen to problems. This type of support can be provided regardless of

proximity. Support had to be specifically or intrinsically designated by the grandparents for the assistance of the adoptive parents in relation to their adopted child(ren). That is, the support had to be intended for the wellbeing of the adopted child(ren) and adoptive parents collectively. The quality of support was evaluated in terms of perceived support as indicated from the adoptive parental perspective as well as analyzing received support and its effect on the well-being of the adoptive family.

RECRUITMENT AND ACCESS

To gather qualified participants for the interviews, public announcements and advertisements were made through several media outlets. First, an email announcement was sent through the Virginia Tech Graduate Listserv reaching an estimated population of 10,000 in the Blacksburg, VA region. Secondly, I posted to a public adoption online support group that had over 20,000 members. Participants meeting the research criteria were selected. Regional, ethnic, family type, and class diversity in the participant pool was attempted.

The Northern Virginia area, often referred to as NOVA, is a collection of counties and cities in the northern region of Virginia outside of Washington, DC. There are more than 2.6 million residents spread throughout Clarke, Fairfax, Loudoun, Arlington, Prince Williams, Fauquier, Spotsylvania, Stafford, and Warren counties including large cities such as Fairfax, Alexandria, and Manassas. The primary ethnic demographics of NOVA consists of 55.4% whites, 16.3% Hispanic, 11.3% Blacks, and 10.5% Asians. The NOVA area is highly diversified representing communities of religious and ethnic diversity. Arab Americans, Jews, Vietnamese, Filipino, and Korean populations are well

represented throughout the area. The average annual income is very high with 46% making \$100,000 or more per year. Educational attainment of a bachelor's degree or more at 55.5% is also very high compared to the national average of 27% (2010 U.S. Census Bureau).

Blacksburg Virginia and surrounding areas in the Southwest Virginia area were targeted for participant recruitment. There are more than 43,000 people living in the town of Blacksburg. Sixty-percent or 23,895 of that population are college students largely attending Virginia Tech. The ethnic make-up of the town is 84% white, 7.8% Asian, 4.4% African American and 2.3% Hispanic. Blacksburg is located in Montgomery County and is proximately located near the cities of Salem, Roanoke, and Radford and the counties of Pulaski, Giles, and Craig. The median household income was \$22,513 according to the 2010 U.S. Census Bureau database. The diversity and large populations of Northern Virginia and the accessibility of Blacksburg allowed me to gather diverse and rich information. Northern Virginia is a metropolitan, urban upper-class region with high diversity, while Blacksburg is a middle-class community with lower-levels of ethnic diversity. I included ethnically diverse participants, as well as, those who come from different class statuses and educational attainment.

The data gathered from 28 adoptive families was rich and provided in-depth insight into their lived experiences and perceptions. A racially diverse population was difficult to find. I was able to interview 5 non-White adoptive parents, but the majority was White. The time it took to conduct 28 interviews was roughly 42 hours. I could not reach a wider population of adoptive parents; however, that is something that can be addressed in future research. Writing post-interview fieldnotes and transcribing the

recordings took additional time estimated at about 112 hours. For each hour of recorded interview, a researcher spends at least 2 hours transcribing the data (Emerson et al., 1995). An additional hour of writing fieldnotes from hand-written notes taken for each interview was also added into the equation.

In the following sections, I discuss access issues with each recruitment method, diversity issues, population reach, proximity issues, and accurate sampling methods, particularly focusing on the latent dilemma of “snowballing.” Contacting and selecting an appropriate population for my dissertation research was essential to the success and legitimacy of the final conclusions of the study.

The Virginia Tech Graduate School Listserv was easy to access. As a graduate student at Virginia Tech, I requested my research announcement be distributed once a week for three weeks. I was required to submit my research announcement via email to the Listserv coordinator who reviewed and approved the announcement. The listserv reaches approximately 10,000 Virginia Tech graduate students, faculty, and staff. Oftentimes, the email announcements are individually forwarded and circulated to wider populations. The primary populations that had exposure to the listserv were Blacksburg residents and those in Virginia and surrounding regions. Diversity in the population was not exceedingly varied unfortunately. Virginia Tech affiliates and the Blacksburg region are predominantly White, heterosexual, middle-class people. However, my hope was that some diversity in race and ethnicity, social status, and family type was reached. The email announcement is attached in Appendix D. Adoptive parents who contacted me about the research study were sent the reply email in Appendix E. I also posted an announcement to an online adoption support website. This exposed my request to

adoptive parents across the US. I was careful to select only 9 family units from the responses I received. I preferred face-to-face interviews, but the online support website meant that phone or Skype interviews were the only way to communicate with the adoptive parents as they lived outside of Virginia. All of them lived in the United States, primarily on the East Coast. The announcement is attached in Appendix C.

I contacted different denominations of churches in my specified geographic radius. An email was sent to the pastor, priest, or leader informing them about my research and petitioning them to help me find participants. Access to churches was relatively easy since religious groups are not federally funded nor have strict confidentiality regulations. The email is attached in Appendix D. Adoptive parents who contacted me about the research study were sent the email in Appendix E.

I joined an online adoption support group that had over 20,000 members. I posted my research petition in the general forum and provided contact information for interested parents. I had success with adoptive parents contacting me using that method.

The most successful method of recruitment was word of mouth. Once I was able to get a few interviews done, the word spread quickly through the adoption community. One of the mothers I interviewed was the leader in a local adoption support group that had hundreds of members. She referred four adoptive families to me. Several other adoptive families called friends who had adopted and gave them my phone number. Reputation and professionalism created a trusting relationship between myself and adoptive parents who I interviewed so they were not only happy to participate

themselves, but wanted to see my research flourish so they eagerly disseminated my contact information.

TIMEFRAMES

The interview questions embodied two distinct time sequences. First, I examined grandparent support and interactions during the timeframe prior to the date of legal adoption. The second timeframe began at the date of adoption through the interview date. The research study was also segmented into these two critical time stages in order to help the participants with memory recall. The two stages helped determine which timeframe grandparents were most likely to be involved in.

The timeframe prior to date of adoption investigated the perceived and received support from maternal and paternal grandparents in the actual decision-making process and impending growth of the family. The date of adoption was identified as the day in which the child(ren) is/are legally given to the adoptive parents to take home and care for. In a couple instances, twins were adopted. The pre-adoption timeframe was an important decision stage in which the prospective adoptive parents often sought guidance and approval from their parents. As I only interviewed adoptive parents, I was limited in examining people who did *not* adopt due to lack of grandparent support. However, if the grandparents were involved in the decision-making process of adoption did they influence the choice of gender and/or age of the adopted child? The identification and separation of these stages in the research provided richer, specific data. Ultimately, the separated timeframes led to better quality findings.

The second timeframe started with the date of legal adoption through the date of the interview. The first 2 years especially are a crucial integration period in which parents and children are getting accustomed to a new lifestyle and family structure (Brodzinsky and Brodzinsky, 1998; Goldman and Ryan, 2010; McDonald et al., 2001). The family has added one or more additional members which leads to an adjustment period (McDonald et al., 2001). The adoptive parents learned how to negotiate being new parents for the first time or to an additional child. Adopting commonly produces additional stressors that the family learned to navigate (Sturge-Apple et al., 2010). The establishment of these timeframes enabled me to gather rich data that helped me identify trends and patterns over time.

TECHNOLOGY AND TRANSCRIBING

Technology was used during the interview process and in the transcribing process that followed. A digital voice recording device was used during the interviews with permission from each of the participants. At the beginning of the interview, participants were asked for their consent to being recorded. If they agreed, the device was placed in a relatively out of sight location that could accurately pick up the voices of the participants and myself. None of the participants objected to being digitally recorded. Very few previous studies have mentioned that participants were unwilling to allow recording devices (Emerson et al., 1995).

After the interview, the digital recordings and notes were transcribed to an electronic document. They were usually transcribed within a week of the interview taking place. I purchased ExpressScribe and a foot pedal that enabled efficient and accurate transcribing. The verbiage was typed into Microsoft Word documents and

coded with confidential identifications. Voice recordings and notes were transcribed by me and a trained assistant who ended up only doing a few hours of transcription. The transcribing process allowed me to better immerse myself in the data and “relive” the interview experience several more times (Emerson et al., 1995). Familiarity and immersion with the data was vital to the authenticity of the results. For confidentiality and coding purposes, each participant was given a pseudonym.

The voice recordings of each interview were played through once using the pause feature on the foot pedal in order to allow time for typing. All voice recordings were played a second time as I meticulously read the transcription checking for errors. Emotions, gestures, and pauses in the participant’s voice were identified in the transcriptions as well. Emotions were recorded in the final fieldnote write-ups using the guidelines stated in the book, *Writing Ethnographic Fieldnotes* by Emerson et al. (1995). They recommend that emotions, gestures, and pauses be placed in parentheses. For instance, an adoptive mother who tearfully tells a story of bullying will have those emotions transcribed into the final document as well. For instance, (the mother paused and glanced out the window for a moment) or (grabbed another tissue and wiped the tears from her face). These non-verbal emotions and gestures were recorded in my hand written notes during the interview and incorporated afterward. For phone interviews, I did my best to note all verbal gestures, tone of voice, and emotions. The phone interviews were still rich with data. Voice recordings were played through for a third time if necessary in order to capture additional subtle data.

Technology in the form of a digital recording device and a laptop were used during the research. I purchased a digital recording device that had the features

necessary for me to conduct accurate, practical research while remaining in a feasible price range. I depended on the device to capture my participant's voices and store them in quality format for me to review and transcribe at a later time. The device performed wonderfully, never malfunctioned, and produced quality recordings.

ETHICS AND IRB PROTOCOL

The code of ethics provided by the Virginia Tech Institutional Review Board (IRB) was followed closely when conducting interviews. An IRB protocol for this research study was submitted and accepted by the IRB review board in April 2012. The IRB was slightly modified and resubmitted to the IRB review board on April 22, 2013. I made one last revision in July 2013.

All participants received a copy of the final approval letter from the IRB review board with the option to receive a copy of the full IRB protocol. None requested it. Formal consent was received from all participants being interviewed. Appendix C displays the consent form that was used for this research study. The consent form was written using the guidelines of the IRB and requires the written signature of each participant. Secondly, verbal consent was requested prior to the interviews. I provided a brief summary of my research goals explaining the study and inquiring whether the participants had any questions. Once consent had been received and I was satisfied that the participants appeared to be attuned to the research particulars the interview process commenced.

Reflexivity refers to the self-reflection process a researcher goes through to locate themselves in their own study (Lynch, 2000). I am a young, white, never-

married, childless, middle-class female attending an esteemed university in order to obtain a doctorate. While I may have shared several traits with my participants I often had several distinct characteristics. First, I had the title of researcher while the adoptive parents that I interviewed were participants. Secondly, I do not have biological or adopted children therefore I do not have the title of “parent” as my participants do. These differing demographics did not significantly inhibit the trust relationship and data collection process of my research, but are important to consider. Lastly, I did not always share the same characteristics of my participants in other ways depending on their social location, gender, and age (Arendell, 1997). For instance, I interviewed an African American parent and a parent who was almost 60 years old. Again, these variables are important for consideration but did not overtly impede the quality of the research.

Reflexivity has a significant impact on research outcomes (Borland, 1991; Fine et al., 2000). A discussion of reflexivity is pertinent when conducting any enquiry. My personal life experiences may have impacted the way I interacted with participants and interpret the data. I am the oldest child of a large family made up of 6 girls and 1 boy. Growing up, I was the second mother to my siblings. When my mother had my youngest sister I was 17-years old and very involved in all aspects of parenthood as my mother depended on me greatly for help. We are a close family that, of course, has its share of drama and tumultuous experiences; however, I consider my siblings to be my best friends.

One of the reasons I was drawn to research with adoptive families was due to my own personal interest in future adoption. Interacting with adoptive families, especially the children, was heartwarming. I felt inspired to become an adoptive parent. I perceive that my in-laws and

parents would be supportive of adoption; however, I believe that my in-laws would be more involved. This perception does not have to do with adoption status, but rather with the level of energy of my parents who have raised seven children of their own and are worn out. I am compassionately aware of the large population of unadopted children without loving families. The idea to write a dissertation on an aspect of adoption formed gradually over time as I did more reading and contemplation of the life trajectory on which I hoped to embark.

I carefully separated my own personal interest in adoption and that of the field. I foresaw a possible struggle to remain unbiased and unattached to the research. Carefully, I found balance between passion for the field work I did and the enthusiasm I have for adoption. Information was gathered, but the traditions and beliefs of the participants I studied were left intact. I also encountered several participants who had a strong desire to revolutionize the adoption system. Participants divulged stories of family problems to me during the interviews. Feelings of frustration and injustice arose in myself at times. Sometimes I was tempted to drive to the local PICU center and adopt an abandoned infant. Other times, I found myself browsing adoption agency sites and looking at pictures of adoptable children and feeling an urge to adopt every one of them. As I wrestled with my own personal opinions and feelings during the research process I kept one of Geertz's quotes close at hand: "The challenge is to find a way to keep one's values and identity while living with other values – values you can neither destroy nor approve" (Geertz, 1995, p.3). One of the first steps to becoming a solid researcher was to self-reflect and be mindful of the personal values and beliefs I brought to the platform. I cannot change my individual viewpoints, but I reverentially set them aside once inside the field.

I hope this dissertation will be the starting point for my own future research as well as scholars in sociology and related fields. A potential area of future research is the investigation of non-familial support systems for adopted families, such as agencies, schools, and friends. Additionally, research focusing on the adopted children's perception of support is a rich, untouched area for future research.

There are several limitations to this study. First, there are geographical constraints to which families were interviewed for this study. Geographical location was concentrated in Virginia, focusing particularly on the areas around Northern Virginia and Blacksburg. Although a strong effort was made to ensure diversity within the participant population there are limitations to the number of minorities that I could reach. Virginia is not as diversely rich as other areas of the country. I was able to get more diversity by advertising through an online adoption support forum; however, I limited by phone and Skype interviews with these families because I wanted to focus on face-to-face interviews.

I interviewed one adoptive mother who contacted me after reading my announcement in the Virginia Tech Graduate Listserve. Ten adoptive families contacted me from the Shenandoah Valley region close to northern Virginia. Four of those families heard about my research through church announcements and six of them were informed through word of mouth. Four adoptive families in Northern Virginia (NOVA) contacted me after hearing about my research through word of mouth. Two adoptive families came out of the Lynchburg/Charlottesville, Virginia area who also heard of my research through mutual acquaintances. Three other adoptive families were located in rural parts of Virginia near Roanoke and Harrisonburg. Nine families

contacted me after reading my online advertisement on the adoption support forum. Most of them were located on the East Coast, but one lived as far as Colorado.

The population was notified about the research study through email announcements, churches, and posting on an online adoption support website. Therefore, only the populations who (1) attend church or are at least a part of a congregational community, (2) those on the Virginia Tech Graduate Listserv, and (3) who participated in the online adoption support group were initially informed about my research study. However, other groups of people were informed of my research through word of mouth once the interviews began taking place. Populations that may have been excluded are those who do not attend or belong to a church, those not on the Virginia Tech Graduate School Listserv, and those without Internet access or participation in online support groups. Although not everyone was exposed to my study's call for participants I believe that I reached a wide enough population to get a strong, qualified sample size. I did not interview grandparents, adopted children, or adoption agencies. These voices could be represented in future research directions.

CHAPTER 4: ADOPTIVE FAMILY PROFILES

This chapter introduces and summarizes the 28 adoptive families that I interviewed for this research. The names of parents and children have been changed to protect the privacy of these families. Identifying information such as locations of familial residences and work locations may also have been altered in order to protect confidentiality. Information that is not confidential was not altered in any way. Any resemblance to real-life people or families is coincidental and unintended. The quotes and stories portrayed in this section and Chapter 5 represent the pieces of information that participants shared with me.

Each family unit is represented by the pseudo name of the participant interviewed. If one name appears, it indicates that I only interviewed that one adoptive parent. If two first names or the family's last name are listed then both adoptive parents were interviewed.

Julia

Julia is a White never-married middle-aged mother of an energetic African American 2-year-old son. Being a mother was a lifelong dream; however, Julia never met the right partner so she embarked on adoption as a single parent. Currently, she is in the process of adopting a second child. When describing her son she said, "He has a really comedic personality. I would go with precarious and a little wild (*laughs*)."

Throughout the interview, her son kept up a steady stream of miscellaneous noises and chattering in the background. He was quite the entertainer and really enjoyed getting his mom's attention back to him when we were in deep conversation.

Julia's biological father is estranged from the family and has not been in contact with her since childhood. Her mother and stepfather live 2 hours away from her residence and she describes her relationship with them as "sometimes a close relationship with occasional mother-daughter strain." Even though her stepfather is not biologically related to her, she still considers him the grandfather of her adopted son. Overall, Julia stated that her parents' reception to the idea of adoption was one of excitement mixed with concern. Julia's mother was a single-mother so her concern stemmed from personally experiencing the strains of single-parenthood and she wanted to make sure her daughter was well prepared. The grandparents deeply love their adopted grandson and treat him as part of the family. The grandparents were supportive financially by giving small amounts of money to Julia for her son. The grandmother was the biggest encouragement by offering emotional and verbal support to her adult daughter.

Darla

Darla and her husband married late in life at ages 38 and 60; they are now 50 and 72. They are both White. She had always wanted to be a mother and her husband was agreeable to give it a try. After attempting pregnancy for a couple years, they realized having a biological child wasn't in the cards for them. They began to pursue adoption, but the process took more than 10 years to complete due to system delays, birth mothers backing out at the last minute, and paperwork. At times, Darla and her husband thought that becoming parents at all was not going to happen. Discouraged, Darla turned to her mother many times for encouragement. Her mother was the biggest

support who really "made the adoption happen" when Darla was disheartened from the sluggish process.

In 2011, Darla and her husband welcomed their newborn adopted son of Mexican-decent into their home. Darla described her son as playful and more than she could have hoped for.

Our son is a wonderful, curious, smart, funny, mischievous, passionate, beautiful little person. As much as I dreamed of becoming a mother, I truly never imagined that a child could possibly be as wonderful as this one. He's a slightly late talker, in part because he's learning two languages -- our nanny speaks Spanish to him, and he understands Spanish and says a few words in it -- but he has been listening to complete story books and turning pages on cue since he was about six months old, and he has a keen sense of humor that doesn't need words. For example, he was banging his fork on the table and on his head, and I say to him, "You watch out because I don't want you sticking that thing in your eye by accident." He looks at me with a huge grin, turns the fork so the tines are in his hand, and carefully sticks the handle just next to his eye, by the bridge of his nose several times, eyes twinkling.

Darla's husbands' parents have been deceased for a couple decades, but her mother and stepfather were present and supportive throughout the entire adoption process. Her father is estranged from the family, so she considers her stepfather her father figure and grandfather of her adopted son. The grandparents were happy to finally see their adult daughter have a child of her own. They regularly take professional pictures of their grandson and hang photos and collages all over their house. There has never been distinction between their adopted grandson and biological grandchildren. In fact, Darla believes the grandparents favor her adopted son.

Tony and Fredrick

Tony and Fredrick have been together for more than 16 years and are family-oriented, loving fathers to their two adopted children – Lucille, a bright-eyed, 7-year-old, African American girl and Joseph an almost 2-year-old boy of Mexican descent. Tony and Fredrick are both White. Tony and Fredrick have displayed great family resilience throughout their partnership, adoption, and the raising of a mixed family. Tony and Fredrick are both White men who were raised in conservative Southern families – Tony more so than his partner Fredrick. Coming out to their parents and families was stressful, especially for Tony. His parents and some of his extended family members were unkind to him during the initial few years of his revelation of his sexual orientation. Some family members refused to speak to him for years. Fredrick's family was more receptive of their son's sexual orientation and welcomed the partnership with open arms. All four grandparents are living; Fredrick's parents live 20 hours away and Tony's family lives 16 hours away. There is physical distance, but frequent verbal contact via phone calls, emails, and Skype.

As their relationship progressed and their successful careers enabled them more financial security, Tony and Fredrick decided to grow their family. They briefly attempted surrogacy, but after a miscarriage they decided to pursue adoption. By the time the couple began to consider adoption, Tony's family had gradually become more comfortable with his lifestyle. Once the couple announced their intentions to adopt, another "wrench" was thrown into the situation that created hostility and concern from some family members.

Additional familial strain was added when Tony's parents found out the adopted children could possibly be a different race than their own. Tony's mother expressed a

great deal of concern over adopting a non-White child. Regardless of grandparent apprehension, Tony and Fredrick persevered and eventually brought home their daughter, Lucille, and several years later welcomed Joseph. Fredrick's parents eagerly and without hesitation embraced their adopted grandchildren. Tony's parents were always kind to their grandchildren, but expressed continual concern behind their backs to Tony and other family members. Over the years, the idea of a mixed family has grown on Tony's parents and they do not mention it to Tony anymore. In fact, he describes them as "openly warm and loving" to their adopted grandchildren.

Tony and Fredrick portray an incredibly resilient family model. Despite external factors discouraging them from forming a same-sex partnership and adopting mixed-race children they still persisted. They are testament that families can function and thrive without unconditional support from all the grandparents. Tony and Fredrick visit each set of grandparents about twice a year and report great family memories and that familial relationships continue to improve with time and understanding. Tony did state that he wished his parents had been more supportive from the beginning of both his lifestyle and adoption of children.

Melissa

Melissa is a White divorced, single mother of two boys – a 12-year-old Japanese/White biological son and a 3-year-old African American adopted son. Melissa is White and was briefly married to a man of Japanese descent. She has primary custody of both children who "keep her busy day and night." Our conversations were often interrupted by an excited 3-year-old imploring his mother for constant attention. In

order to keep him entertained, she tried to include him in the interview when possible by asking him made-up questions such as "The lady would like to know what your favorite color is" and "How old are you in number of fingers?" I reassured her that if she needed breaks to take care of him that I was perfectly fine waiting. She had to intercept a few situations of clanging pots in the background, but otherwise the interview went smoothly. Later, she explained to me that her adopted son possibly has hyperactivity disorder, but she likes to think of his energy as enthusiasm. Her parents call him "intense."

Her mother and stepfather live 6 hours away from her home. Melissa's biological father passed away many years before the adoption took place. Her in-laws are not involved with her adopted son in any way and rarely see their biological grandson. Melissa's liveliness declined when I inquired about the reaction of her parents toward adoption. They were very unsupportive and discouraged her from even applying. The grandparents stated that Melissa was a single-mother with limited financial and time resources and should not burden herself with another child. Melissa explained that they had always had a negative view of adoption and thought the adopted children would be unhappy, have "emotional baggage," and that overall it was just a "bad idea." Race was never an issue that the grandparents brought up. The grandparents remained critical and verbally unsupportive throughout the entire adoption process. Melissa stopped talking to them about it because she was feeling discouraged. She found other support outlets such as friends, church groups, and adoption support groups to give her the emotional and verbal support she needed.

Melissa's reason for adoption was compassion knowing that there were children in the world who did not have a family to call their own. She has loved children and the idea of having a big family her whole life, so despite not having a partner she still wanted to grow her family. She expressed longing that she wished her parents could understand her reasons for adoption and hoped they would be more compassionate.

Even though the grandparents were unsupportive of adoption they do not treat their adopted son any differently. Melissa said that they love him very much and give him “awesome birthday gifts.” Despite the family disputes, Melissa believes that her parents would be there for her family if she truly needed them. Even though there is not a great deal of received financial, verbal, or emotional support, Melissa does in fact perceive support from them. Perhaps Melissa's perception of support – from seemingly unsupportive grandparents – is a coping mechanism.

Natalia and George

Natalia's dream of meeting her lifetime partner occurred later in life when she was in her mid-50's and her husband in his 60's. Natalia was born and raised in Peru, while George is of Irish descent. Neither had biological children, but it was another lifelong desire for both of them. After a couple years of wedded bliss, Natalia and George realized that having biological children was not an option. They contacted a lawyer and began proceedings for a private adoption. Two attempts to place a child with them failed either by way of the birth mother changing her mind at the last minute deciding to keep the baby or the birth mother deciding on abortion once she found out the baby was deformed. Natalia and George were devastated. Finally, the couple was

granted adoption to healthy twins – a boy and a girl. Natalia mused that they were open to all genders and ethnicities, but it turned out they were placed with two children who resemble Natalia and George. Natalia has a darker complexion and flowing Hispanic accent that heralds her home country of Peru where she lived until her marriage to George in Virginia. George is a graying strawberry blonde with a soft voice and gentle ways, especially when navigating the twins.

Natalia's parents live in Peru, while George's father died many years ago and his mother died shortly after the twins were adopted. Although her parents are very far away, Natalia attributes a great deal of verbal and emotional support from them. She calls her mother often and seeks parenting advice. Both grandparents were thrilled about the adoption. Natalia explained that it is not uncommon in her culture for families to blend, so the family is tight-knit, yet loosely defined. George's mother was in her 90's when the twins were born and unfortunately passed away shortly after their adoption. She was not very lucid in her last years, but appeared to be pleased with her newly adopted grandchildren. Natalia and George are a resilient couple who use other social support systems for babysitting and childcare needs. Natalia misses her family and says that her mother would definitely be very involved with childcare if they lived near each other.

Chris and Judy

I drove into the lush countryside of Virginia and arrived punctually. As I stepped onto the porch, a friendly voice saying, "Hello!" startled me. I hadn't seen another on the large wooden porch when I first approached it. In the corner of the porch where I

admired a potted plant was a young man in a wheelchair. He grinned at me and cocked his head to the side eyeing me with deep interest.

"Hi there! I'm Jennifer, what's your name?" I said smiling back at him.

No answer, only a hesitant glance at my extended hand not realizing it was intended for a handshake.

"Are your parents home by chance?" I ask.

He only nods and points to the door.

I knock. Judy appeared, welcomed me inside, and then retrieves the young man in the wheelchair. I hold the door open as she wheels him inside and parks him in front of the dining room table that has lots of Lego blocks scattered on it. The young man shakes his hands in the air wildly excited at the treasure trove in front of him. After a while, he calms and begins piecing blocks together with great care and attention. I made a few attempts to ask him about his building project, but he was completely immersed in concentration and paid my silly questions no mind.

Chris and Judy ushered me into the adjoining living room. The couple is in their late-50's. We sat, but before I could begin, the door to a bedroom bursts open and a young African American girl runs into the hallway calling out an ever-important question for her mom.

"Yes, you may," answered Judy calmly. She looked at me and explained, "We may be interrupted throughout our conversation; I hope that's okay."

"Yes, of course, I hope the kids know they can freely come and go as they please while I'm here" I say.

"Well, there's no avoiding that even if we told them not to!" she laughs.

They have four adopted children: two sons ages 16 and 14 and two daughters ages 13 and 10. The family is White with the exception of the 10-year daughter who is from Bolivia. Both of their sons have developmental syndromes. The father explained:

Our 16-year old son has scoliosis, muscular dystrophy, and autism. It comes with many challenges. Sometimes you can see attitude in him but it's not being acted out. The whole emotional thing is there. They set themselves back four or five years and act things out differently. Our 14-year-old son also has muscular dystrophy, but he's more willing to do things. He ends up being the easiest to care for, but it's still the hardest care because of physical transportation. Emotionally it's tough too.

Judy's parents live about 1,200 miles away, while Chris's parents have been deceased for many years. The relationship with Judy's parents is strong, and they are involved as much as possible with their adopted grandchildren. When Judy and Chris informed her parents that they were unable to have biological children, they were "disappointed that we couldn't have natural kids," but also delighted at the prospect of adoption. The distance makes frequency of contact difficult; however, when the grandparents get together with their grandchildren it is always a special time that everyone cherishes. Judy perceives a great deal of support from her mother who is a devout Catholic and prays daily for the family. In order to get together for visits, the grandparents usually travel to Virginia. Transportation of two handicapped children makes traveling very difficult for Judy and Chris so they rely on her parents to make the effort for visits.

Meredith and Tobias Townsend

The Townsend family was nestled in a White middle-class neighborhood in Virginia's Shenandoah Valley. When I entered their home, two curly haired little girls –

ages 3 and 5 – were excitedly running around the living room. Their father lay sprawled out on the couch looking a bit exhausted. He patiently watched the girls' antics and caught a few toys mid-air that were playfully thrown his way. We all remained seated in the living room conversing. The discussions were often interrupted with the animated little girls wanting to show me pictures they had drawn of their newest toy. Meredith patiently tried to distract them with activities, which only kept the girls' attention for a few minutes.

I did not know all the particulars of this family's adoption so I did not know if one or both girls were adopted. To be honest, they looked like sisters and resembled Meredith and David. *Perhaps their adopted child is sleeping in another room*, I thought to myself.

Meredith later explained that their oldest daughter – the 5-year old – was adopted. Without me asking, she explained that it was merely coincidental that their adopted daughter looked so related to them.

"No one ever guesses she's adopted. She looks just like us," Meredith stated.

She explained that they adopted their oldest daughter because at the time they were experiencing infertility. Within a year of adopting her, Meredith became pregnant with their second daughter. All of the grandparents were very receptive to the adoption and offered verbal and emotional support while the family was struggling with infertility and the process of adoption.

Both of Meredith's parents live 4 miles away, so they are very close and involved with the children. Tobias's parents live in Minnesota but visit 3-4 times a year. They all have a healthy relationship with their parents. In order to bridge the physical distance

between their family and Tobias's parents, they often FaceTime and the girls write letters to them often. Meredith described the relationship between the paternal grandmother and their adopted daughter. Their grandma is playful and active so she'll get down on the floor and play with both girls. She does not treat either of the girls differently.

The maternal grandmother is also very involved in the everyday lives of her adult children and grandchildren. She often babysits for Meredith and helps run errands, which is very much appreciated.

Sheryl

Sheryl and her husband have been married for 27 years and are both White, middle-class Americans. They have two biological daughters who are now adults living on their own. They wanted more children, but biologically could not so they adopted two African American boys as newborns. Today, the boys are 9 and 11 years old. The boys are very rambunctious and into sports.

Nathaniel is a leap before you look kinda guy. He's ready to charge into every adventure, but he's also a great reader and devours books. He talks constantly. Isaac is a quieter soul, gentle, sweet and warm. He likes to take things apart and figure out to put them back together. If anybody loses something in the house, just ask Isaac because he knows where everything is. He's very good at piano – has a natural ear for it.

All four grandparents are living but have divorced and remarried so there is a “multitude of grandparents”. The closest set of grandparents lives 12 hours away, while the others live more than 16 hours away. Distance makes in-person visits few and far between; however, they maintain strong relationships through frequent phone calls.

Sheryl did note a difference between the grandmothers and the grandfathers. All the

grandparents were receptive to adoption; however, Sheryl's mother was concerned for her daughter's health and well-being:

When Sheryl's father found out the boys were non-White, he was a bit hesitant. She explained that he is in his 80's and comes from a "different generation" that just wasn't used to a lot of multicultural interaction. He's completely accepting of his adopted grandchildren though and expresses love for them by taking them on fun outings and buying them gifts. The grandmothers, especially Sheryl's mother, have been notably instrumental in helping out with the family by babysitting when possible and always being a phone call away for support.

Patricia

Patricia has been married to her husband for over 12 years. Together, they adopted a now 8-year-old son and a 2-year-old daughter who are both mixed-race children of Black and White descent. Patricia and her husband are White and are middle-aged.

When asked why she and her husband decided to adopt, she replied, "I've actually always wanted to adopt since I was 13. I saw a 20/20 special on kids in Romanian orphanages. So I wanted to adopt a biracial child from the start. When I got older it turns out I have a medical condition that is incompatible with pregnancy."

All four grandparents were living at the time of adoption. The maternal grandmother was very receptive to adoption and just wanted to become a "Nanny!" There were initial concerns about the genetics and health of the babies prior to adoptions; however, once the adoptions took place, everything settled into a resilient

family setting. The paternal grandparents expressed financial concerns as well as similar questions about genetic predispositions to negative health outcomes. The paternal grandparents live 2,500 miles away, while Patricia's father lives 6 miles away from their current home. Patricia's mother passed away in 2009, but was a great support for the adoption and loved her grandchildren very much. Patricia feels that her mother-in-law is not very approachable so she misses the verbal and emotional support that her mother provided for her. Her father is close-by but does not babysit or help out often. Patricia does not expect him to do those things since he is not a "kid-oriented type of guy." Financially, both grandmothers have purchased baby clothing, cribs, and other items throughout the years.

Alex

Alex and his wife have been married for 30 years and are now in their late 50's. They were never able to have their own children so about halfway into their marriage they adopted two girls as infants from China. Both Alex and his wife are White. Currently, the girls are 14 and 17. Their dad described them as "evolving teenagers" with a chuckle. They are figuring out who they are in the big world and have diverse interests and hobbies. They are extroverted girls who enjoy reading and asserting their independence. When the girls came out to meet me, they acted very shy. I asked them a few questions about how their day was going, which they answered politely. Their silky black hair was perfectly brushed and put up in headbands and bows. They stayed close to each other and looked more like twins than sisters a few years apart.

Alex's father was deceased before the adoptions took place, while his mother died shortly after the adoptions. His wife's parents are both living 180 miles away from their residence. The grandparents who were living at the time were very excited about the adoptions. When I inquired about the decision process leading up to the adoptions, Alex laughed and said it happened so quickly that the grandparents were informed of the idea one day and met the girls the next!

Well we had talked about it and we decided that, well we saw an advertisement in the church bulletin for overseas adoption. So we looked into it and the manager was a parishioner where we went to church at the time. Next thing you know, we got these two little girls!

When I asked Alex what sort of activities the grandparents did with their adopted grandchildren, he looked at me a bit surprised.

"Same things that any grandparent would do with their grandchildren! Play with them, read them books, you know, grandparent stuff."

He reports that their family has received the most support from his wife's parents consisting of mostly verbal and emotional support. They do not live close enough to babysit on a regular basis, but they never expected them to. Being nontraditionally older parents, Alex and his wife felt they were more financially ready to take on childcare. They were less in need or expectant of grandparent support in regards to babysitting, running errands, giving them money, or buying them gifts.

Shannon

Shannon and her husband have two adopted children – a 10-year-old daughter and a 6-year-old son – who were both adopted as young children rather than infants. They are a middle-class White couple who decided to adopt after several years of

infertility treatments that did not produce a viable pregnancy. They live in an area that has a high population of Hispanic residents, so they were open to all ethnicities during the adoption process.

All four grandparents are living. Shannon's in-laws live 3.5 hours away, her mother lives 4.5 hours away, and her father lives 6 hours away. Her relationship with her mother is strong, but not as close as it once was when they were all living nearer each other. Her father is estranged from the family, and there is very little contact with him, especially in regards to the adopted grandchildren. The paternal grandparents have a warm relationship with the family and communicate with them often through telephone calls and email.

When I inquired about the grandparents' reactions to the adoption, Shannon paused and gradually formed her response. Overall, she says that the grandparents, except her estranged father, were verbally and emotionally supportive. Even the concerns they expressed, they did in a supportive way. Sometimes Shannon's mother is too involved in the family. The grandmother takes the grandchildren shopping and buys them too many toys and trinkets. The proximal distance between all the grandparents and the adoptive family means that visits usually take place once a month or every other month. The grandparents take turns driving to Shannon's family and they return the visits as often as they can. Traveling with two young children is not an easy feat though.

Karen

Karen and her husband live with their 2-and-a-half-year-old adopted son. They are a racially-mixed family as the husband is African American, the wife is White, and their adopted son is African American. She describes her son as being a delightful child who “does not stop talking.” Both sides of their family have adopted family members, so after a year of trying to get pregnant that did not work out, they began the adoption process with supportive extended family members.

Karen’s mother passed away a few weeks after her grandson was adopted. Her husband was raised by a single mother who is still living and stays in close contact with them. They have a close mother-son relationship, which has trickled into the warm relationship between grandmother and adopted grandson. When her husband calls his mother to chat, their son usually jumps in his lap and insists on talking to “Granny.” His chats are never brief though, and he tells his granny all about his day with his limited 2-year old vocabulary. The grandmother is a very patient woman and loves hearing from her grandson as often as she can. Karen described her relationship with her mother-in-law:

Although Karen’s mother passed away, she believes that she would have been a wonderful grandmother. Karen and her family are close with her father and see him 2-3 times a week and talk to him on the phone daily. Both the paternal grandmother and maternal grandfather of their adopted son live within 20 minutes of their residence. Of all the grandparents, Karen said that her father was the most hesitant about the adoption because he was worried the baby would be taken away from them by the birth mother. “He kept telling us not to get our hopes up because he knew expectant families

could change their minds.” The grandmothers were both just excited to have a grandbaby any way they could get one!

Karen and her family did experience stressors shortly after the adoption. “Obviously the death of my mom was a major stressor. Sometimes when you don’t know what you’re doing you just want to call your mom for advice.”

Even though Karen’s father was the most hesitant about the adoption, he has “turned around” and completely accepts and loves his grandson. “My dad adores my son. In fact, my son calls “Pop” every time he gets hold of my phone, and my dad eats that up!”

The Miltons

The Milton family has four children – an adopted son who is 5 and a half years old and three biological children following in successive order after that. The parents are White along with their biological children. Their adopted son is one-quarter African American and three-quarters White. When I asked Mrs. Milton about the personality of their son she replied, “He’s very curious about the world, introspective, sensitive, and nomadic.” All the children get along very well.

Even before getting married, the Miltons were aware that they may face infertility issues due to endometriosis. They began the adoption process in order to start a family a few years after marriage and no pregnancies. Since the parents of Mr. and Mrs. Milton were aware of their possible infertility prior to the marriage, the extended family had time to discuss what that meant and the process of adoption. Both sets of grandparents are living. Mrs. Milton’s parents live an hour away, while Mr. Milton’s parents live 7 hours away. They have a close relationship with all the grandparents of

their children. Mrs. Milton said that she is probably a little more close with her parents than Mr. Milton is with his. Since the adoption of their son, Mr. Milton has actually become closer with his parents. He now feels a connecting link of parenthood experiences tying him closer with his own parents.

I inquired about the initial reaction of the grandparents when Mr. and Mrs. Milton officially announced their decision to adopt. All the grandparents love their adopted grandson just as much as their biological grandchildren. When the adopted son arrived home with his new parents, they immediately called all the grandparents to tell them about the news. “Everyone was crying tears of joy!”

The grandparents, especially the maternal grandparents, are a huge source of support and assistance to the family. The grandmothers are particularly helpful at babysitting and helping clean the house, while the grandfathers are good about taking their grandson outside to play football and games. Financially, the maternal grandparents offered to pay for the entire adoption, which was a huge relief to Mr. and Mrs. Milton.

“My dad said not to worry about that and he would pay for it if we needed it,” stated Mrs. Milton with a cheerful tone. The paternal grandparents shower their adopted grandson and biological grandchildren with gifts and money at Christmas. Additionally, they helped the Milton family finance a newer, bigger house. All the grandparents have been – and continue to be – an enormous source of verbal and emotional support throughout all the Milton family’s day-to-day and extracurricular activities.

Bridget

Bridget and her husband have been married for 28 years and have four biological children and two children who are adopted. Their 11-year old daughter was adopted from Guatemala as a small child. She is “very intelligent, artistic, and athletic” her mother says. Their youngest adopted daughter is a 3-years-old biracial African American girl who was adopted domestically. Bridget describes her youngest daughter as playful and full of life. Bridget, her husband, and biological children are White. They decided to adopt when their youngest biological child entered elementary school and the “nest was feeling empty” at home. They were in their 50’s by that point, so having another biological child was not an option. The adoptions happened quickly and easily.

All four grandparents are living 7 hours away in the same city; however, they all have an excellent relationship with Bridget and her family. Bridget and her family used to live in the same city as the grandparents, but they moved 15 years ago for job reasons. Despite the distance, the families are still close to each other by engaging in multiple phone calls a week and visiting as often as possible. The grandparents were “very supportive” of the decision to adopt. When I asked for more information, Bridget admitted that her in-laws had been hesitant at first.

Bridget reported that thankfully her family has not been in dire need of support, such as financial hardship, physical illness, or emotional breakdowns. She does know that her parents and in-laws are there for them in the event that something should happen. She and her husband feel confident that the grandparents love their adopted grandchildren just as they do with their biological grandchildren. The grandparents help out in small ways such as verbally and emotionally supporting the family whenever

possible. In addition, the grandmothers will babysit and provide childcare for them on visits so that Bridget and her husband can have a date night.

Caroline

Caroline and her husband decided not to even try for biological children; rather, they felt a "calling" to adopt since they were young. Caroline recalled daydreaming about having 20 adopted children one day; however, currently they are in their early 30's and have one daughter who is 2-years old. She came to the family in her infancy as a foster child, but was adopted about a year later. The family is all White, but Caroline and her husband are open to all races for future adoptions. Caroline describes her daughter as being "pretty generous for a 2-year old and is good about sharing. She loves to hear others laugh and loves to be tickled herself."

Both maternal grandparents are living within a one-hour driving distance. The paternal grandfather passed away prior to the adoption, but the paternal grandmother is living and remarried. They live a little farther away, but visit as frequently as they can. Caroline believes the family to be close to all the grandparents.

"We have a good relationship with all of our parents. My side lives close and so we see them more often. My dad is a family counselor and an attachment specialist. My mom is in medicine," Caroline said.

Overall, all the grandparents were supportive of the adoption. The grandparents never expressed preferences for gender, race, age, or ability status during the adoption process. Caroline's father, a counselor and attachment specialist, has been especially instrumental in helping the adoptive family work through stressors and parenting questions. Despite his professional experiences, Caroline's father had a hard time

applying his own advice to himself. Their adopted daughter is yet to meet her paternal grandparents; however, Caroline feels confident that they love her and will accept her unconditionally.

Cora

Instead of trying to having a biological child, Cora and her husband decided to adopt. They welcomed their first son into their home when he was 13 months old – he is now 8 years old. Then, another son at the age of 9 months, now a 7-year-old, was adopted into the family. Following those adoptions, they brought two girls into their family. The girls were 6months and 9months at the time of adoption; today, they are 6 and 5years old. Finally, another son at the age of 22months – now 3years old – was adopted into the family. All of their five adopted children are from South Korea. They are waiting to receive their sixth and final child from China. Cora and her husband are White, middle-aged parents. All four grandparents are living.

Both of Cora's parents were very excited and supportive about the prospect of adoption. Cora's in-laws were the "polar opposite." "We told them over the phone, and they were just like, "Are you kidding me?" Really unsupportive. They would change the conversation to how their crops were doing and it was hard for my husband."

Cora believes their hesitancy stemmed from the adopted children not being biologically related to them. Regardless, the family continued with their adoption plans and went to South Korea to pick up their first child.

"One thing led to another and we ended with five children!" Cora reported laughing.

The maternal grandparents have been very helpful and verbally supportive throughout the entire adoption process. In fact, they helped out substantially by taking out a loan of money in order to give it to Cora for the adoption of their second son. “They actually took out a loan for us and lent us the money – we couldn’t get a loan at the time – so we could pay the fees and get him home. We didn’t even ask. They just said, ‘We’re doing this for you. We want our grandson to come home.’”

Three of Cora’s adopted children have physical and/or mental developmental issues. One is entirely wheelchair bound and another child has needed several surgeries. The maternal grandparents have been hugely supportive by going to the hospital during procedures, babysitting the other grandchildren at home, paying for medical expenses, and emotionally supporting the family through hard times. Without their support, Cora doesn’t think she and her family would have been able to make it through some of the hardships that they’ve encountered as smoothly as they did. Cora and her husband wish they had more verbal and emotional support from the paternal grandparents.

The Brokowskys

The driveway to the Brokowskys was quite steep. They lived on the side of a mountain in the Shenandoah Valley, and I wondered how they managed in the winter with snow. I carefully parked and as I climbed out, I noticed a teenage boy weed-whacking the side yard to the house. I waved but he did not notice my presence over the noise of the machine.

My presence had not gone entirely unnoticed though. Within a second of knocking on the front door, it flung open and a beautiful bright-eyed teenage girl leaned

outward with a huge smile at me. She must have known a guest was visiting that afternoon. We greeted each other, and I asked if her mom and dad were home. Mr. and Mrs. Brokowsky met me in the living room and thanked Monica for bringing me in. They are an older couple – in their 50's – and their demeanor was very relaxed and welcoming. I tried to mentally keep track of their names and individual adoption stories, but the Brokowskys were a generous family and had adopted three children along with their five biological children.

Mrs. Brokowsky traveled to Ethiopia to pick up two of their adopted children – Monica and Natalia. Monica was a small child at the time, and Natalia was in her early teens. Monica is 15 years old and Natalia is in her early 20's and lives independently from the family now. Their adopted son, Robert, had been previously adopted into the US from Ethiopia, but both of his families aborted the adoption because of behavioral issues. He is now 19 and also lives independently. Because of his continuing behavioral issues, the maternal grandmother had a hard time bonding with her newly adopted son. Only the maternal grandparents are alive and live 12 hours away from the adoptive family. The paternal grandparents were deceased prior to any of the adoptions taking place, but Mr. Brokowsky believes that his parents would have been very supportive and happy to have adopted grandchildren.

When I inquired about the reactions of the maternal grandparents to the adoptions, she replied quickly, "My mother was excited!! She helped me shop for the babies. She helped me prepare!"

Her mother had a preference for girls, so she bonded very well with Natalia and Monica; however, she had a harder time bonding with Robert. Even though Mrs.

Brokowsky is very appreciative of her mother's unconditional support, she does maintain boundaries when it comes to parenting styles.

"We are wayyyy different," she says laughing.

"How so?" I asked.

For instance, Robert wet the bed up until 10 years old. My attitude about wetting the bed is put your sheets in the laundry room, new sheets on the bed, and go back to sleep. Don't hide it. They wouldn't get in trouble for wetting the bed, only for hiding it. My mom was like oh you need to spank him and make him sleep on the floor or put a diaper on him. Silly stuff.

In general, the grandparents are supportive of the adoptions. They gave gifts often, make phone calls to speak with the adopted children, and offer support in other ways whenever possible.

Silvia

Silvia is a spunky single mom who has three adopted children and also lives with her mother. She adopted as a single parent. Her first son was 6 months old when she adopted him, and he is now 8 years old. Her two daughters were adopted as infants and are now ages 5 and 6. Silvia, her mother, and oldest son are African Americans. Her oldest daughter is half Black and half Samoan, while her youngest daughter is an International adoption from Vietnam. Silvia's father passed away 13 years ago so she and her mother found comfort in moving in together as roommates and supporting each other as a blended family.

Silvia's mother's reaction to adoption was not receptive. She was very much anti-adoption. "She believes every person should raise their own child. I explained to her that that's not going to happen and that adoption is necessary and she looked at it as being selfish. She feels that it's selfish for someone to give away their kid."

Time and communication have helped ease the familial differences of opinion. The grandmother does love her grandchildren very much, but deep down Silvia thinks she would rather have biological grandchildren. It's a back-and-forth relationship.

Even in the instances of nonsupport, Silvia is very resilient. She was determined to adopt her children and continued through the process three times to build her family regardless of her mother's persistent hesitance and clear disapproval at times. Silvia said that one of the biggest forms of support she received from her mother was babysitting and childcare. Silvia works full time and depends on her mother's more flexible schedule to drop off and pick up the children from school and run errands for her when necessary. The grandmother is more than willing to help out and babysit. She thoroughly enjoys her time with her adopted grandchildren.

Cassandra and Ted

Moses is one lucky 9-year-old boy. He has bright brown eyes and a big smile. Despite being in a wheelchair and having limited upper body mobility, he seems to get around just fine! He was adopted by his parents at infancy. He is one-quarter African American and three-quarters White, while the remainder of the family is White. Moses has two non-biological brothers. His older brother died during childbirth, and his other brother is a few years younger than him. The brothers look like biological brothers and "people never know he's adopted," said Cassandra. Her husband has an olive complexion so their biological son looks darker as well. Cassandra and Ted decided to pursue adoption, thinking they could not have a biological child after the death of their firstborn. Cassandra has a rare autoimmune disease that attacks the fetus during birth.

At first, all the grandparents were excited about the prospect of adoption and fully supported the process. However, they changed their minds once they found out that the baby Cassandra and Ted decided to adopt had special needs. The maternal grandmother was involved in the actual adoption process. The adoption agency called her for a reference interview prior to adoption, which “went very well.” After Moses was adopted, Cassandra and her husband wanted to get him baptized right away because of his “fragile condition.” There were concerns that his medical condition could become life threatening. The maternal grandparents dropped what they were doing and drove 2 hours to the baptism to support the family through that exciting, but worrisome time. Moses is now a healthy young boy, but does require a wheelchair and physical therapy to get around. He is also mentally delayed so his adoptive parents are working with him to keep him on top of his school studies.

The maternal grandparents have been the most supportive by offering verbal, emotional, financial, and physical assistance to the family. The families are deeply religious so knowing that the grandparents are praying for them and their son is relieving. Moses is so well accepted and loved by the grandparents that they have often forgotten he is adopted. His maternal grandmother regularly points out that Moses takes after his father’s mannerisms as a young child. Cassandra and her husband feel very accepted and unified as a family.

Nancy

Nancy and her husband had two biological twin sons and then, out of compassion, decided to adopt a third son, Victor. He actually came to them through the foster care system, but they fell in love with him and couldn’t allow him to leave their

family. They are all White and live in a very rural part of Virginia. Nancy describes her adopted son as “loving, yet aggressive sometimes.” He has a kind heart, but does not like for people to see it.

When Victor was adopted, only his maternal and paternal grandmothers were living. Shortly after his adoption, his paternal grandmother passed away. Nancy is “best friends” with her mother and was able to spend “cherished time” with her mother-in-law before her passing. The paternal grandmother lived with the family until her passing, so she was physically present to welcome her new adopted grandson into the family. Victor came into the family quickly and rather unexpectedly. A friend of the family informed them of a “young boy who wasn’t going back to his biological family” and needed a foster home. Nancy and her husband jumped at the opportunity.

Both grandmothers were supportive of fostering, and later adopting, the young boy. His maternal grandmother treated him just like she did her other two grandsons. “There was never a difference,” Nancy reported.

The adoptive family never experienced financial strain or hardships that required extra support from the grandmothers. They were a fairly stable family from the beginning and worked out their issues as they arose. The verbal, emotional, and spiritual support the adoptive family received was invaluable though.

Micah

Micah and her husband have five biological children and one adopted son who came over from South Korea at 4 and a half months old. He is now a rambunctious 7-year-old who loves playing with his siblings and is quite adventurous. Adopting was a goal even before Micah and her husband married. They each had friends and family

members who adopted, so the concept was very familiar and appealing to them. The adoptive parents are White and middle class.

Micah's father and stepmother are living; however, her biological mother passed away when she was a baby. The maternal grandparents live a little over an hour away. The paternal grandparents are both living 5 and a half hours away in a different state. Micah and her parents are not especially close and have a "rocky relationship." The paternal grandparents have a very close, warm relationship with the adoptive family however.

Their adopted son has fetal alcohol spectrum disorder, meaning that he was exposed to alcohol while in utero. The effects of FASD are mental and developmental delays. He is physically active, but he has a very short attention span indicating ADHD. He also displays outbursts of aggression and frustration. Star Wars is his favorite movie and he "collects all things Star Wars in his bedroom!" states Micah laughing.

Micah's parents were not very receptive to adoption. They thought that the family already had enough children with two so there was no need to financially and physically burden the family anymore. Micah's father had previously served in the military in South Korea so he had a prejudice against the "land of the almost perfect" as he referred to it. The most receptive grandparent was the paternal grandmother. She could not wait for the adoption to take place! The paternal grandfather expressed concerns as well, but only in so far as he was worried about their finances. Until their adopted son came home, the maternal grandparents "stayed out of the picture" and were not involved or excited about the adoption process.

Out of all of the extended family members for the adopted son to bond with, he bonded the quickest to his maternal grandfather. Micah found that amusing because she watched her father open his heart more every day to his grandson. The maternal grandfather was the most wary of adoption, but within a few years, he had shifted perspective and embraced his adopted grandson fully. Sometimes, he was the most involved grandparent! At one point, Micah recalled that they were “drowning in debt” from her adopted son’s medical bills. He needed a feeding tube when he was a baby for a while. The maternal grandfather drove up to their house one day and said, “Go inside and get me all your medical bills.’ And so I did and he took them and paid every single one of them off!” Hearing that story really struck a chord in my mind. Here, a grandfather who at first was so hostile toward adoption, especially an adoption from Korea, was so loving and generous toward the family regardless. The most anti-adoption grandparent turned out to be one of the most significantly supportive over the long term.

Micah does wish she had more support from her stepmother. “It would be nice if she offered to babysit so I could take him to his doctor visits and speech therapy appointments.” At times, some of the grandparents have made jokes about their adopted son being “naturally good at math” because he is Asian. Micah and her husband have had to establish boundaries about appropriate conversation. In some instances, especially early on, some of the grandparents distinguished the family’s children differently between “their biological children and adopted son.” Micah wants the grandparents to acknowledge all of her children as equals without distinguishing adopted from biological. She even sent all the grandparents a book, which she could

not recall the name of that was written specifically for extended family members on how to interact with adopted family members. She is not sure whether any of them read it.

The Martins

Eight years into their marriage, the Martins realized that their dream of having a biological child was likely not going to happen. They had tried infertility treatments, but a viable pregnancy never occurred. With the help of a private attorney, they adopted an infant boy who is now 5-years-old. The family is White and lives in rural Virginia. Their son is very active and loves trucks, balls, and sports.

The maternal grandparents are living 10 minutes away and are “very close” with their adopted grandson. They provided regular childcare and babysitting when he started preschool. Mr. and Mrs. Martin both work full time so they relied on the maternal grandparents to pick him up and drop him off at school. “He loves spending the night with them too – not just for school reasons,” said Mrs. Martin.

Both paternal grandparents were living up until the paternal grandmother passed away a year ago. They also lived within 10 minutes of the adoptive family and were the “backup babysitters.” Their adopted grandson stayed with them parttime sometimes.

Throughout the entire adoption process, the grandparents were verbally and emotionally supportive. They were excited to become grandparents and sometimes dispute over who gets to watch their grandson. The dispute is a friendly “tug-of-war” over who gets more time with their grandson. Between the two sets of grandparents, they spend up to 30 hours a week caring for him. Again, sometimes they insist on watching him even when it is not necessary.

Several times, the paternal grandparents have stepped up when the maternal grandparents could not watch their grandson. The maternal grandfather had to have heart surgery twice, so the Martins were very dependent on the paternal grandparents to not only watch their grandson after school, but also when they went to the hospital multiple times. They were a huge support and “everyone works well together.” Mrs. Martin reports that verbal and emotional supports have been the most frequently given type of supports. The grandparents are always positive and reassuring, which makes Mr. and Mrs. Martin feel very loved and accepted as an adoptive family.

Trey

Trey and his wife have a big, fun family of five children. Four of them are their biological children and one is adopted. Two of their sons – one adopted and one biological – are almost the exact same age of 3 years old. Their adopted son is the second to the youngest in the family at the moment. The entire family is White and lives in a big house with toys scattered throughout most of it. The family is closely knit and has a great time together.

Their adopted son, Henry, came into their lives in an unexpected way. Trey’s wife is a PICU nurse at a local hospital. Henry was abandoned by his birth family at the hospital after birth, so he started out his life being cared for by a community of nurses and doctors. Trey and his wife would go to the hospital just to hold him and give him love.

Trey stated, “I would come in on my days off to hold him and just to have there be somebody that was someone other than hospital staff.” Within a couple weeks, they knew they wanted to foster him and secretly hoped that the birth family would not return

to claim him. While they began the foster-family process, Henry had to stay in the PICU for a couple months because he needed a tracheotomy and experienced cardiac arrest several times. Henry still struggles with some medical issues, but he is doing well and is only slightly developmentally delayed thanks to Trey and his wife's diligent work with him. Once Henry came home, they began the official adoption paperwork.

Both sets of grandparents are divorced. The paternal grandfather lives 5 hours away, the paternal grandmother lives 20 minutes away, the maternal grandfather lives 1 hour away, and the maternal grandmother lives 5 minutes away from their family residence. Trey does not have a very close relationship with his father. The two grandmothers are the most involved with the adoptive family. The grandmothers were the most supportive of the foster and adoption decisions. They did express concerns in the form of questions about how much work would be required to take care of a baby with special needs. However, their concerns were in the form of insightful conversation and not criticism. "I do remember that they both, my in-laws and my mom, being concerned...slightly concerned, wary and supportive all at the same time," said Trey. There was a mixed response, but it was overall supportive. Trey believes that it was a "typical reaction" anytime a family is discussing growing their family. These are questions that need to be asked, thought about, and answered in multiple ways.

Trey and his wife are trained in the medical field so they felt confident that they could handle Henry's special needs. Once they reminded the grandparents of their expertise and competence in medicine, they appeared to relax. Both grandmothers often babysit one or all of their grandchildren as needed. Sometimes they will have an "all boys day out" and Henry is very much included. Trey has never noticed a difference

in treatment or reference to their adopted grandson. Significantly, the grandmothers were very emotionally supportive during the early stages of the adoption process. They and his wife were a “nervous wreck” and fearful that the birth family would not give up their rights to Henry. They often called the grandmothers for encouragement and an “ear to listen to their concerns.” They received a lot of emotional support, and it was a huge comfort for the anxious parents.

Tamara

Tamara is a never-married, single White mother of her 2-year-old, half-Native American and half-White, adopted son. She adopted him at birth. Tamara described her son as:

He's very cute, the easiest baby. He is the easiest baby. He is so sweet, really really bright. You know, of course I am biased, but really really bright, very calm and even tempered. Easily soothed, very sweet. You know, just getting into a little bit of a tantrum because he is 2. Very very easy going, laid back kid.

Even though she was single, Tamara wanted to have a child. She contemplated having a biological child, but later determined adoption was the best route for her. Many of the agencies were very inconsiderate toward her. She inquired about adoption through several agencies, but many of them turned her away because she was single or dragged their feet helping her through the process.

“I heard ‘I don't know’ a lot. ‘Yeah we technically take singles’ was another thing I heard more than once,” said Tamara.

It was a frustrating experience for her. At times, she decided to stop pursuing adoption and look into artificial insemination. She never followed through with artificial insemination though and kept coming back to try for adoption.

Both of Tamara's parents are living nearby to her. She has two older sisters who both have children (none are adopted). Her parents were extremely supportive of her decision to start a family as a single parent in whichever method worked best for her. Her parents wrote letters to the adoption agency as references for their daughter. They also helped her create her adoption profile for the agency's database website. Her parents did express some concerns by asking questions about her financial and physical readiness to take on single parenthood. They never discouraged her decision, but rather, wanted to make sure she had mentally and physically prepared herself for the added challenges of single parenting. The grandparents also urged her not to take on a child with special needs or medical conditions, because it would be too much financial and emotional strain for their daughter. Tamara feels that her parents were looking out for her best interests. They wanted her to adopt, but they wanted to make sure she was going to be okay in the long run too. In that sense, Tamara believes that they were being supportive, even if it was just challenging her with questions to make sure she was ready.

Tamara's mother traveled with her several states away to pick up her adopted son. The road trip and experience was very bonding for Tamara and her mother. They were both extremely excited about meeting their new family member. Tamara works full time and her parents are retired, so the grandmother is the secondary childcare provider for her grandson.

"They spend a lot of time together," stated Tamara.

I asked if the grandparents had offered any financial support to which Tamara said, "They would offer it if I needed it but I haven't needed it."

Emotional support “is always there!” During Tamara’s hardships with the adoption process, her parents were very instrumental in emotionally and verbally encouraging her to stick with the paperwork and bureaucracy. Without their persistent encouragement and support, Tamara may not have endured the tough process.

Noelle

Noelle and her husband have two adopted children: a 6-year-old adopted son and a 2-year-old daughter. The family is White and lives in Florida where they home-school their children. I asked Noelle to describe her children’s personality and she replied with much enthusiasm.

They’re funny. My son is very artistic. We home-school and he definitely likes to spend his time drawing and he’s very creative and imaginative. He has a few temper issues, but he’s good, he’s funny. When my daughter was born, her birth mother was very, very quiet, and we worried she would not be able to find her voice in this house of loud craziness. That has not been the case at all. Very verbal, funny, snappy.

After a few years of marriage, they decided to try and have a biological child, but Noelle never became pregnant. They sought the advice of a fertility specialist who diagnosed her husband with infertility. Rather than going through medical treatments to become pregnant, they immediately called an adoption attorney. Having a biological child was not something that was fundamentally important to them.

“We wanted to be parents more than anything, but I didn’t need to be pregnant; I didn’t need a biological connection or any of those things. Neither did my husband.”

Some of the grandparents, however, were not as accepting of adoption as Noelle and her husband were. All four grandparents are living in New York, so there is a great deal of physical distance between them. Noelle and her husband waited until they were

well into the adoption process and then told their parents over the phone about their decision.

The paternal grandparents “didn’t have a reaction either way” at first. Then, the paternal grandfather expressed deep concerns about the genetics and health of the potential adopted children. He did not think they should adopt a child with special needs and should thoroughly research the background of the birth parents to see if there were any known health problems, substance abuse, or alcoholism. Although the grandparents were at times “reserved about the adoption,” Noelle still perceived them as being supportive overall.

The grandparents did not make suggestions about the gender, ethnicity, or age of the child. They only advised against a special needs child. Noelle thinks that they would have been “awkward” if they had adopted a non-White child though. “We were open to all ethnicities really. They would have learned to live with it and I’m sure it would have been fine.”

During the pre-adoption process, Noelle asked her in-laws for pictures of them so she could put them on their adoption profile sit. They never gave her pictures. She thinks they either forgot or did not think it was important.

The adoptive family has not experienced any major stressors directly prior or post adoption. However, Noelle perceives support from her parents should the need arise, but she does not perceive that her in-laws would support the family in a hardship. Emotional and verbal supports have been the biggest assistance in the adoptive family’s life. Noelle wants her adopted children to know and love all their grandparents.

Distance has been one of the biggest challenges to creating and developing a strong grandparent-grandchild relationship.

Angelique

Angelique and her husband have two children: an adopted daughter from South Korea who is 5-years-old, and a 3-year-old biological son. Angelique is Korean and her husband is White.

“Our daughter is very fun, always in a good mood. Sweet child. If another kid at daycare is upset or crying she’s the one who goes over and holds their hand,” explained Angelique about her daughter.

Angelique’s parents are living 9 hours away, while her mother-in-law lives 12 hours away. Her father-in-law has been deceased for many years prior to the adoption. The maternal grandparents are retired so they have a lot of time on their hands to visit with their grandchildren. Angelique’s children are their only grandchildren, so they like to spoil them and visit as often as possible. They have a good, strong relationship with the family in general.

Adoption was something Angelique had always wanted to pursue. She and her sister were adopted from Korea so her parents were well versed in the adoption process. “My parents were really excited because my sister and I were adopted as well so they didn’t have any hesitations about adoption. Very supportive.” Her mother-in-law was less excited about the adoption; although she already had 5 grandchildren so her rather aloof reaction may have been a result of already experiencing grandparenthood for a while. The children only get to see their paternal grandmother once or twice a year, which Angelique said she is “not particularly impressed with that.”

The paternal grandparents were not surprised that Angelique and her husband wanted to adopt from Korea seeing that Angelique was adopted from that country. However, “I want to venture and say that if we hadn’t adopted a White or Asian child that my mother-in-law would not have been pleased. I don’t know for sure.”

The maternal grandparents have been financially supportive by lending the family enough money for a down payment on a house. While that money was not specifically for adoption purposes, it does allow the family to reside in a better living situation and situates them closer the grandparents. In addition, the maternal grandparents babysit their grandchildren when they visit so that they can have alone time with them and give the parents a date night. Overall, the maternal grandparents have been the most receptive to adoption.

“Adoption was just a normal way to have kids in our family,” said Angelique.

Interestingly though, Angelique also stated, “My husband and I have noticed that my mom favors our son over our daughter. But I don’t know if it’s related to adoption status or if she just likes boys better. Maybe a bit of both. It would be nice if she was more inclusive.” The parents perceive mixed actions toward their adopted daughter at times, but they’re not sure why.

Jasmine

Jasmine is a never-married mother of an adopted 5-year-old son. They are both White and live 3 hours away from her parents. Originally, Jasmine became a foster care provider and had a couple children stay with her for a while. When she fostered her son as an infant, it was different. They had a connection and she did not want him to go back to a possibly dangerous living situation with his birth family. Jasmine felt

very anxious for several months while the court system determined the fate of the infant boy. During that time, Jasmine relied on the comfort of her parents. She called them often to vent about her worries and frustrations, which they also shared with her. Once the birth family signed over their rights to the baby, Jasmine and her family were overwhelmed with excitement and relief.

Prior to Jasmine becoming a foster mother, Jasmine's parents were supportive but concerned. First, their daughter was single and they worried about her physical and financial resources as a single parent. Secondly, they did not want to see her go through emotional distress by getting attached to a child and then having to say goodbye once it is placed elsewhere. Their concerns were heartfelt and not intended to discourage their daughter from becoming a foster mother; however, they wanted to make sure she was prepared. Once the placement of her son turned into a serious adoption possibility, her parents again expressed concern that they did not want their adult daughter to go through disappointment.

The grandparents are completely accepting of their adopted grandson. The paternal grandfather is a lawyer, so he handled the adoption paperwork free of charge. The grandparents are also dependable babysitters and help with errands when they visit. They call their grandson often to inquire how he is doing. The grandparents have their house on the market and are planning to move to the same town as their daughter and grandson in order to be closer to them. Jasmine is grateful they are moving closer because, although she does not need financial assistance, she does very much appreciate their time and emotional supports. Jasmine states that she has been "very fortunate" with her parents.

Alva

Alva's family is one of the largest adoptive families I interviewed during my research project. She and her husband adopted five children, which were all from South Korea. The oldest daughter is 16, the oldest son is 15, the middle son is 14, the younger daughter is 13, and the youngest son is 12. Alva and her husband are White. Shortly after getting married, the couple began trying to have a biological child, but Alva could not get pregnant. So, they pursued adoption rather than fertility treatments. The children were all adopted directly from South Korea under the age of one year. Alva and her husband had to make several overseas trips to pick up their children. All four grandparents are living. The paternal grandparents live 5 minutes away, while the maternal grandparents live 8 hours away from the adoptive family.

The paternal grandparents have been tremendously influential in the adoptive family's daily life. In fact, Alva stated firmly that without their verbal, emotional, and financial help they would not have been able to adopt as many children as they have.

Alva is not very close with her mother, who was also adopted as a child. However, her parents were extremely supportive of adoption. Alva believes her relationship with her mother has improved since she has become a mother herself. She understands the challenges and everyday stressors that parents go through so she is more compassionate toward her mother.

The paternal grandparents were not as excited at first. They encouraged invitro as a means of fertility treatment. They really wanted a biologically- related child in the family to carry down their family name and genes. However, shortly after their initial

hesitant reaction, they completely accepted adoption and were more than happy to embrace the grandchildren as members of the family.

The paternal grandmother was also a huge support during the youngest son's multiple medical appointments and surgeries. Sometimes, Alva just needed someone to talk to on the phone, so she called her mother-in-law. Other times, Alva needed a babysitter for her four other children so she and her husband could be the hospital for their son's surgery. The paternal grandmother cooks, cleans, runs errands, babysits, and does anything and everything she can do to help the family.

"She is a true life saver sometimes!" exclaimed Alva. **Conclusion**

These profiles offer insight into the unique lives of the adoptive families that I interviewed for my dissertation research. This section is important because it provides the background and demographics of the families that are expanded in the following results chapter. Knowing who these adoptive families are will enrich the results by providing more perspective and foundation.

CHAPTER 5: RESULTS

The data reveal fascinating information and introspection into the lives of adoptive families and the grandparents whose lives are forever touched by their adopted grandchildren. In some instances, grandparents were resolutely welcoming to the adoption of grandchildren. In other cases, grandparents were concerned, or outright opposed to adoption. Still, in other instances, some grandparents who were very concerned or anti-adoption changed their perspective once the adoption took place and they met their grandchild for the first time. I found that in the majority of instances when grandparents were opposed to adoption, the adoptive parents never reported hostility of the grandparents toward the adopted grandchildren. The opposition was directed toward the adoptive parents, but never blatantly toward the adopted grandchildren.

GRANDPARENT RECEPTION OF ADOPTION: “ALL I CAN DO IS TRY!”

Halfway through the interviews I asked the adoptive parents a significant question: “What were the reactions of the grandparents when you told them you were going to adopt?” The immediate parent response was a long pause and glancing off into the distance trying to recall those exact moments. Most of them told their parents over the phone because of proximity to each other. Some told their parents face to face in a formal family meeting situation. Others, decided not to tell their parents until they were officially placed with a child. One single mother decided to tell her anti-adoptive parents the news in her annual Christmas letter: “Surprise, I adopted a child!” The most common reaction of grandparents was to raise concerns. Raising concerns and asking questions did not mean they were anti-adoption; rather, as the stories

progressed, it revealed that they genuinely wanted to know if their adult children were ready to take on a (or another) child. Several mothers noted that it wouldn't have mattered if they were discussing pregnancy or adoption: the grandparents would have still voiced concern about the addition to the family. The added responsibilities of a child, financial strain, medical and health concerns, physical demands on the adoptive parent(s), and age of the parent were the most inquiries that grandparents made. Once the adoptive parents communicated with the grandparents and assured them that they were prepared and equipped to take on a child, the grandparents usually shifted into an excited and supportive attitude. The majority of the grandparents were supportive – even after expressing initial cautions and concerns – their collective response was a positive one.

Shannon expressed these very sentiments while relaying her adoptive story to me. The grandparents were concerned, yet supportive, and yet hesitant to make sure their adult daughter had thought entirely through the decision.

They were excited for us at the prospect of building a family but because they knew we were we doing the foster-adoption route they uh... they were prey to a lot of the same misconceptions but I mean also truths of the system: that kids from the system are more difficult in many ways because of trauma that they have experienced. So I think that they were wary for us but they tried to temper that with support for what we wanted to do because they were excited for us to build a family. The things that they had concerns about they expressed in a supportive way as well. Like I mentioned asking us the leading questions about the things that they worried for about us but they didn't say "Don't do it because..." "But have you thought about what it's going to cost too?" "Have you thought about the impact of...?" Which we had because we read voraciously and talked to lots of people but the concerns that they had they expressed in a supportive way.

Sheryl provided an example of how her parents were concerned about adoption, but that was a normal response from them. Each time she told them she was pregnant with her first two biological children they were equally as concerned.

My mother was hesitant, but then again she was hesitant each time I told her I was pregnant. She was worried it wasn't the right time. But she's been the most wonderful grandparent, but she worries more for me. My mother did express one concern, "Well you know you're 40 and you're getting older and it's not the same because you get tired more, so I want to make sure you're okay." I mean, she's right to a point. I was much more energetic about doing some things when I was in my 20's and 30's than I am now in my 50's. I'm much happier sitting by the side of the pool rather than getting in it now.

Alva recounted her story in which her parents were knowledgeable about adoption so they were excited about the adoption, but her husband's parents were not as enthusiastic about the adoption at first.

No one in my husband's family had experienced adoption, so it took him longer. He was worried about his name not being carried on; the baby won't look like him; that sort of stuff. When we told my parents we were adopting they were very excited. They had actually tried to have a biological child for 10 years with no luck and were looking into adoption, but then my brother was born. That was a perfectly normal thing for them to think of. They were very excited for us.

The maternal grandparents for Jasmine's adopted 5-year old son were wary of how she would handle transitioning to parenthood. Now that Jasmine is a parent herself, she understands where her own parents' anxieties were coming from. She had to calmly, but firmly, assure her parents that she was ready and capable of having a child come into their home.

She wasn't sure how I was going to be able to handle that. I guess, as a parent now, I can understand that. You don't want to see your child go through any pain (laughs). Even if you think they're totally capable of handling things, you still don't want them to have to go through anything hard. I remember her asking a lot of questions, like "What are you going to do if...how are you going to handle this...what if..." I guess she was trying to think through the negatives to make sure I was prepared. My standard response to it was, "I don't know, I don't know what I'm going to do. I've never had to do it before." So all I could do was try.

Once I got the first one, all their reservations kinda disappeared. They've loved all my kids like they're their own grandkids. They were kinda stuck too because they had to deal with the separation and loss too. (laughs).

Patricia and her husband are the delighted parents of a biracial son and daughter. All of the grandparents were living at the time of adoption. The couple received mixed reactions from the grandparents who were mostly concerned about the financial wellbeing of the family and health of the baby.

My mom was like, "I don't care what color it is as long as I'm Nanny." She just wanted a grandchild by that point. She didn't care if we had a boy or girl or where. She just wanted a grandbaby. They were concerned about Jarod being an only child and the money thing. They were also concerned about the whole genetic thing. The first time my mom met Jarod she just bawled and fell in love with him. Any reservations they had before, they threw out the door when they met him. My in-laws were concerned at first, because the kid also wasn't going to be genetically ours. They were worried about how we would feel. "We heard adoption is really expensive so how are you going to afford it?" Those kinds of questions.

Caroline and her husband have an adopted 2-year-old daughter whose adoption announcement was met with great acceptance by all the grandparents. The grandparents worried for the emotional health of their daughter. They did not want to see her go through the adoption process and then be disappointed if a baby was taken away from her or if an adoption failed.

I think both sets of parents were pretty supportive of our adoption and the process, although I think they struggled a bit with how the process takes place. Some of them would have preferred a less messy process with a spelled out goal of adoption from the beginning instead of the foster care route with all its issues. But, they didn't discourage us. My dad showed us a lot of support through the foster care process because he's an attachment specialist. He guided us through the best things to do to help our daughter bond with us. The funny thing, though, was that through that time, he tried to keep himself distant and didn't want to bond with her because he was afraid of what he would feel if/when she left. He wouldn't hold her or anything like that. It's totally different post adoption. We have great pictures from adoption day of "grandpa" pushing her on the swing.

Some of the grandparents could not avoid getting emotionally involved in the initial adoption process as well. For this very reason, some adoptive parents chose not to reveal their adoption plans until they were officially placed with a baby. They did not want their parents to be hurt or anxious if the process became messy or stalled.

Mrs. Milton's parents and in-laws were perhaps the most reactively supportive. There was no mention of the grandparents voicing concern or caution when the adoption decision was announced. Mrs. Milton and her husband adopted a biracial 5-year old son who the grandparents adored before they even met him. The birth mother was local to the area so the adoptive parents and grandparents were able to go to the hospital once he was born and meet him on his birth day.

I think, when they made the birth announcement to the family, they didn't even mention it was adoption. They went overboard showing how approving they were and that they weren't going to discriminate. I thought it was a little over the top. People were like, "Oh I didn't even know they were pregnant." (laughs). They have always been so inclusive and not wanting to distinguish at all. They think it's great. They love him just as much as they love any of their grandchildren.

Grandparents who had previous experiences of adoption in their own families were more likely to be accepting of their adult children adopting. Angelique was adopted from South Korea and is now an adoptive mother of a 5-year-old Korean son. Her parents were very supportive when she and her husband announced their plans to adopt from South Korea.

"My parents were really excited because my sister and I were adopted as well so they didn't have any hesitations about adoption. Very supportive."

One adoptive couple reported the opposite effect of their parents having previous adoption experiences.

My husband's parents were a little more reserved and I think it was because they had had personal experience with friends trying to adopt from Guatemala and having difficulties. In their case, it was more fear for us that something wasn't going to work out. That it wasn't going to happen and that we invested in this process and we don't end up with a child. Their initial hesitations were fears that we wouldn't get to adopt and not anything about actually adopting a child.

Noelle also gave an example of grandparents who were wary of adoption because of previous experiences or observations of the system.

My parents were very excited...and nervous...they're older so they're perspective on adoption is different because it was different in the 50's when they knew people who adopted. Back then you just showed up with a baby.

Some grandparents were supportive until they found out that the child had special needs. They articulated similar worries as the previous examples of families; however, their concerns focused on whether the parents would be able to keep up with the child's medical bills and additional daily care needs. Cassandra and her husband had experienced the death of an infant during birth and decided to adopt. The grandparents seemed excited and even felt a sense of healing after the loss of their other grandchild. Their response changed once they were informed that the child being adopted had special needs.

Everyone was excited for us. When we found out about Moses and we were actually going to get him they were all, "Do you really want to do this? Have this child with these special needs?" That was really, really upsetting. We felt like this was exactly what God wanted. The only person who was totally supportive was my brother.

After meeting Moses, the grandparents' hearts melted. They were completely taken over with him. They never once questioned the decision to adopt him and are supportive.

Trey's parents and in-laws also have an adopted grandson who has medical issues that were especially life-threatening in his infancy.

"I do remember that they both, my wife's parents and my mom, being concerned...slightly concerned, wary and supportive all at the same time." They were supportive of the adoption, but wary of the responsibilities that would come with a special needs' child.

Cora's father-in-law voiced caution about adopting a child with a less than perfect health history and genetics. He wanted his adult children to do a thorough health history examine of the baby and background check of the birth parents if possible.

My father-in-law was very concerned about genetics and background and health history. He was concerned about the quality of the baby we got – I don't know if that makes any sense. He was concerned about drug and alcoholism. He tried to get our future children genetically tested before they were here (laughs) for what...I mean it wouldn't have made any difference.

Cora was set on adopting a child regardless of whether it had perfect health or not. She had to comfort her father-in-law on several occasions to calm his fears. He was quite aghast that his daughter-in-law and son were not more rigid with their health demands for a child. Despite his interjections, Cora and her husband are the proud parents of six adopted children from South Korea, China, and the United States. Three of her children have health and developmental ailments. One has a liver disorder, their second child has brain damage, and their middle child has spina bifida and is wheelchair bound. The paternal grandfather has gradually accepted the adoptions, and Cora believes he loves his grandchildren dearly. His initial concerns were eventually superseded by his love for his grandchildren. Cora's parents, on the other hand, were very supportive from the beginning. Even before their first grandson arrived from South

Korea, they were excited and went to the airport with his adoptive parents to meet him for the first time.

“[The agency] brought him to the Detroit airport and my parents went with us. They drove us up there to get him. They were crying and so excited and my mom saying, ‘Can we do this again?!’” The grandparents were indeed able to welcome five more grandchildren.

Tamara’s early conversations with her parents were detailed. She is a single mother so they were worried about her finances, physical endurance, health, and resources to be a single parent.

“[Our conversations] were more about what level of special needs will I consider, what level of drug use would I consider. We did have some ethnicity discussions too. My dad was like ‘no drugs, any drug use is bad.’”

Not having their own natural, biological grandchildren was a reality some grandparents had to come to terms with. A few grandparents recommended that their adult children try a little longer to have biological children, but most realized that by the time their children had decided to investigate adoption they had already exhausted fertility treatments.

Judy acknowledged her own parents’ reactions to adoption, “My parents were disappointed in that we weren’t going to have natural kids. It occurred to us to keep trying longer. The grandparents have become more embracing over the years.”

Single mothers and same-sex parents from this study experienced the most objections to adoption.

I was really nervous about talking to my mom about it, not because of the adoption part but because my mom raised me as a single mom so she knows

how hard single parenting is and I really worried about how she would react to me wanting to be a parent by myself. So I was really, fairly terrified to talk to her but she was super excited. She loves her grandkids. She's glad she has him but on the other hand, but she does make comments about, "Oh look how old you're going to be when he's in high school. How do you have the energy?" I'm kinda like, I can see how she gets worn out because she's older and he's got lots of energy but I'm like "I don't mind it at all mom!"

Silvia is another single mother of three children. She and her mother live together so there is a lot of interaction between the grandmother, her adult daughter, and three grandchildren. Silvia knows that her mother loves her grandchildren dearly now, but her initial reaction was not a pleasant one to confront. At times, the grandmother still makes comments about the adoption.

My mother would die for [her grandson] in a heartbeat. But on the other hand, she'll say, "I just can't believe my daughter is raising someone else's children!" It's like really mom?!? But that's just who she is. At some point I'll have to tell my kids that that's just silly stuff grandma says, but look at what she does. She loves them in spite of her close mindedness to adoption.

Tony and Fredrick experienced a lot of resistance to their same-sex partnership from Tony's parents. It took them several years to adjust to their son's lifestyle; and when the couple announced they wanted to have children either through surrogacy or adoption, it sparked new confrontations.

The first part of it is that we were just having kids. Their initial thought was that well two gay guys shouldn't be having kids anyway. I think they were at least happy that we were doing a surrogacy because it would be our own genes or whatever. And then I told them that we had decided to adopt that added a whole new layer of anxiety. They just didn't know what sort of person would be giving up their kid for adoption and how healthy were they going to be. When it turned out Lucille was mixed race that was a big deal. When my mom was talking about how she wasn't really all in with the adoption idea anyways. She was saying things about the health of the baby, so she did imply that if you're going to do it you want to get a newborn so you can mold it how you want it rather than a toddler or an older kid who has issues or who needs medical care.

In some instances, parents who were pursuing adoption were met with complete and absolute objection by their parents. Silvia, a single mother, and her mother live together along with Silvia's three adopted children.

My mom is 1 of 10 and she is anti-adoption. She believes every person should raise their own child. I explained to her that that's not going to happen and that adoption is necessary and she looked at it as being selfish. She feels that it's selfish for someone to give away their kid. But I knew my mother would love her grandchildren.

Silvia's father died a couple years before the adoption of Silvia's first son. Once Silvia brought her son home, her mother stepped into a loving grandmother-role and treats all her grandchildren very well.

My son helped my mother get through the depression my mom had from my dad's passing. She would get off work at 3pm so there were about 6 hours where she was just home by herself. She was at home kinda mindlessly doing things and so my son kinda kick-started her back into life.

Despite her initial reaction and still existing anti-adoption stance, the maternal grandmother sincerely loves her grandchildren. She is a huge support to Silvia and a second mother to her grandchildren. Her instrumental role in the lives of her grandchildren is discussed in a subsequent section of this dissertation.

GRANDPARENT SUPPORT: "IT WAS [THE GRANDPARENTS'] SUPPORT REALLY THAT BROUGHT OUR YOUNGEST ONE [HOME]."

Verbal and emotional supports were the most commonly reported forms of support provided by the grandparents to the adoptive parents. Verbal support presented itself in the forms of verbal affirmations, congratulations, and telling the parents that they were supported. Emotional support was "a shoulder to cry on," or "an ear to listen" when the adoptive parent was stressed, worried, anxious, or depressed. Oftentimes, when I inquired about what types of support they – adoptive parents –

received from the grandparents, they reported verbal and emotional supports in one sentence. This may indicate that the two types of support, although different, are perceived to go together.

Julia shared a story about a time she felt really distressed and down on herself. Being a single mother to a toddler along with everyday life challenges was overwhelming her.

I called my mother in tears one day. My son had a chipped tooth and it had just been a horrible day and my house was in a complete mess, you couldn't find anything. I lost my wallet for weeks because he learned how to hide things. It was just a bad week and an awful day, so I yelled at him and put him down for a nap and my house was just awful. I called my mother in tears and I said, I'm the worst mother in the world, why did I think I could do this?" Just sobbing. And she offered to take the day off and come up and help out. So I could take the day off, but I couldn't take that next day off. So she was off um the whole week. And her partner took off the day from work and the two of them came up and cleaned my house. And then they got me flowers and a spa certificate. They were both just really encouraging and told me what a good mom I am. They do accept my kids and they love my kids. They have no problem with the fact that we're all different colors, you know.

Julia said this was not an isolated incident. She has called her mother – and continues to do so – regularly. She feels the most support from her mother compared to other family members and friends.

Darla likewise calls her mother to “cry on her shoulder” from time to time. Darla and her husband struggled through the adoption system for almost 8 years, which was very emotionally draining and distressing.

“I kept my mother updated on that situation, and she was loving and supportive, excited while we were planning for this baby and offering a shoulder to cry on when I was devastated after it didn't work out.”

Maternal grandmothers were the most likely to be emotionally supportive of their adult children, especially toward their adult daughters. Patricia's mother passed away shortly after she adopted her son and daughter. She relied on her mother a great deal for verbal and emotional support. After her mother passed away, Patricia felt a great loss of support, but the family has adjusted and is managing well.

My mom was a good sounding board during the adoption process. My mother-in-law is not very approachable, I mean she's nice, but... I miss my mom. I could talk to my mom about anything. My mom was really helpful emotionally. Things would be taking too long or things would get hard and I could just call her and talk to her about it.

Jasmine started out as a single foster parent. Although her parents expressed concerns at the onset of the fostering process, and later the adoption process, they were still overall very supportive.

When I got my son as a placement, one of the lawyers told me, "I hope you're prepared to keep him a long time because his mom has a lot of stuff to do in order to get him back." I remember thinking right away, "Well he can stay forever...I'm fine with that!" (laughs). After 6 months of having him, I did not want him to go back because it wasn't safe or healthy for him. My mom asked, "Well what are you going to do if they send him back?" I dunno, I'll be heartbroken. When we found out [the birth mother] signed over her rights, I called my parents telling them, and crying, and being excited. We were all happy and emotional and crying.

Jasmine transitioned from a foster parent to an adoptive parent. Both times, her parents were very verbally and emotionally supportive. Shannon similarly felt unease about the transition to parenthood even though she had a devoted husband by her side. She felt the most relieved when her parents assured her that she was a good parent.

When [my children] arrived they were fully accepted, sometimes more than we were ready to, you know, me feeling nervous about my role, new role as a mother and all the rest of the facts that [the grandparents] were so quickly and completely accepted with, I think [that's] the most important and meaningful thing.

Witnessing that their adopted children were accepted and welcomed by the grandparents was a key insight. Adoptive parents appeared to relax when they talked about stories of acceptance and support from the grandparents. On the other hand, some were continually distressed by the lack of approval or involvement. All of the adoptive parents wanted their parents to approve and support their adoption decision.

FINANCIAL ASSISTANCE

Several families reported financial assistance from the grandparents. Micah's adopted son, Arie, had critical medical needs during his first couple years of life. The family was under considerable financial strain and constant stress until her father stepped up and took care of their medical bills.

There was a point where we were paying \$500 out of pocket per month for Arie's feeding tube supplies. And we were just drowning in debt and could not get back on top so one day my dad drove up and said, 'Go inside and get me all your medical bills.' And so I did and he took them and paid every single one of them off!

Cora relays that without the financial assistance of her parents, she and her husband could not have adopted the six children that they have today.

We didn't have the money saved up to adopt our daughter, so my parents lent us some money for the fees on that so we bring her home. For our youngest son, we were waiting on a tax credit to come through but there were some delays that year. They actually took out a loan for us and lent us the money – we couldn't get a loan at the time – so we could pay the fees and get him home. We didn't even ask. They just said, 'We're doing this for you. We want our grandson to come home!'"

Tony and Fredrick are a financially stable couple raising two adopted children – a son and a daughter. Despite Tony and Fredrick having the financial means to support

their family well, Fredrick's father insists on paying half of Lucille's private school as a way to stay connected and involved in his grandchild's life.

Mrs. Milton's father is also involved in the education of his grandson. He encourages his 5-year-old grandson to read engineering related books and buys him Legos to nurture his grandson's fascination with building things. Mrs. Milton finds this amusing since her son is only 5-years-old, but she's glad her father is eager to bond with her son regardless of the topic.

My dad is really into the fact that he thinks [his grandson] is going to be an engineer because he's always taking things apart and fixing them. My dad always tries to support that by giving him books about that kind of thing, talking to him about it, and helping him build things.

Grandparents provide instrumental support through time resources including running errands, cleaning the house, shopping for the family, and miscellaneous helpful tasks. Time resources were mentioned by several families. One story that stands out significantly is Cora's account of her parents dropping everything they were doing and driving 10 and a half hours to pick them up when tornadoes shut down the airport.

When we were coming home from Korea with our second son, we were stranded in the Chicago airport. There were tornadoes and everything so it was shut down. We had two kids and had to stay in a hotel for four days so that was not what we wanted to do. My parents drove 10 ½ hours to Chicago, picked us up, turned around, and drove back. And my dad had been working the night before, hadn't gotten any sleep and he did that for us. They were REALLY there for us then!

The grandparents spent over 22 hours driving to make sure their children and grandchildren got home safely. It was truly an act of unconditional love that Cora is extremely grateful for. She was the most animated physically and verbally as she retold

this story during our interview. I could tell it was a story that she remembered well and was proud to tell me about.

Karen's mother helped her set up the nursery for her adopted infant son who is now a busy 2-and-a-half-year-old toddler. Her mother-in-law purchased them gifts. Both grandmothers tried to make sure their adult daughter had the items and setup she needed to take care of a newborn and make her and her husband's life easier.

[My parents] were open, and excited, and interested. My mom, even though she had trouble getting around at this point, had my sister take her shopping for baby gowns so nighttime [diaper] changings would be easy. She helped me paint his crib...my husband's mom wanted to buy the stroller and car seat...everything you'd expect from grandparents for a biological child.

Again, Karen reported that she did not perceive any difference between the grandparents' treatment of her adopted son and compared to a biological child. She does not have a biological child, so she cannot be certain that there is no differential treatment; however, she has observed how the grandparents treat their other biological grandchildren and she notes no difference.

Mrs. Brokowsky's mother also helped her shop for each new adopted grandbaby.

My mother was excited!! She helped me shop for the babies. She helped me prepare. My dad loves the adopted kids. He goes out of his way to talk to them and tell them stories. I think he does it because he feels like they need something extra.

Caroline and Jasmine's fathers offered their professional services prior to and after the adoptions. Caroline's father is an attachment specialist and family counselor, so he was able to help navigate Caroline and her husband in bonding and attachment exercises with their infant daughter. Their daughter is now 2 years old and Caroline believes she is well adjusted to the family with much credit due to her father's expertise

and assistance. Jasmine's father is an attorney, so "he did all my legal paperwork for [the adoption]." She believes that saved her hundreds of dollars in legal fees and was also less stressful, because it was a family member whom she trusted to have her and her adopted son's best interest. The adoption went smoothly and Jasmine is thankful for her father's help in making that process so stress-free. Being a single-mother, she was also glad that she was able to avoid expensive legal fees.

Babysitting was an instrumental form of support that many adoptive parents needed and received from the grandparents. Parents who adopted internationally usually had to travel overseas for several weeks to pick up their child and complete paperwork. Most of the adoptive parents turned to their parents for help, especially if they already had children at home who could not travel overseas with them. Alva described the situation in which she and her husband traveled overseas to pick up their third child from South Korea. They already had two adopted children at home, so they needed a trustworthy babysitter to watch them for several weeks.

"When we went to Korea for the second time, my mother-in-law watched my two older children while we went to get our son."

Patricia's in-laws watched her adopted son for almost 3 weeks, while she and her husband traveled out of state to pick up their daughter.

My in-laws, when we went to get Fiona, they stayed with Jarod for almost 3 weeks. We had to go to Louisiana and we lived in California. We had to stay in Louisiana until everything cleared, so my in laws stayed with Jarod. He couldn't come with us because he had school. That was extremely helpful right there!

Jasmine's parents also help her by babysitting. As a single parent, she is still absolutely dependent on her parents for childcare services, especially when her son was a baby and could not go to school. Jasmine did not want to send him to daycare

because she wanted him to continue bonding with family members, and secondly, daycare was expensive. Jasmine reported all forms of support from her parents when I inquired.

“Yes, babysitting, watching him, running errands, all of them. Very supportive emotionally and verbally, babysitting, and calling up asking them parenting questions.” She was one of the few adoptive parents who reported being very dependent on her parents for support in all areas and receiving it unconditionally.

Mrs. Martin, whose family lives far away, articulated a story that happened twice when her father had heart surgery, so her in-laws stepped up and watched her adopted son who is now 5 years old.

This story happened twice, because it happened two years ago and again last year. My dad had heart surgery and my parents couldn't watch Tyler, so Mr. Martin's parents stepped up and said "Whatever you need we can do, we'll watch Tyler." They watched him basically 5 days a week for about 3 months, probably close to 4 months. We took time off of work too but they were the ones who initiated it and said, "Whatever you all need..." And they stepped up and helped.

When the adoptive parents became sick, sometimes they needed the grandparents to step in and help them for a few hours or a couple days just to get them over “the hump” of being sick in bed. Meredith remembered the time that she was severely sick in bed and immobile.

I don't get sick that often, but I did get sick once. I thought I was going to die, so my mom was like “Okay I'll come over and take care of the girls and you just lay on the couch.” I was like okay!

Meredith's parents live within a few minutes from their residence and also help babysit other times as needed. Her mother comes over often and will watch her granddaughters so Meredith can have a break.

It is not always a family member who gets ill though. Tamara recounted the time her dog got sick when she had her newborn son. Between the dog needing constant medical care and the newborn staying up at night, Tamara was exhausted. Tamara is a single mother so she had no one else at home to help her take care of both the baby and the sick dog.

When the dog was sick and I had the newborn and I wasn't sleeping my parents were very good about taking the dog or they would help me with vet trips for the dog. Or they would come and take the baby and the dog so I could get some sleep, so there was a lot of that. That was the first year.

Taking care of the sick dog was not directly related to caring for the adopted grandchildren; however, Tamara was given more free time to devote to her son. She was less stressed and tired, so her mental and physical health improved.

Sheryl recited a time when her oldest biological daughter was in the hospital for surgery. She had two adopted boys at home as well who were young and active. She wanted to be able to stay at the hospital with her daughter, so her mother watched the boys for a few days.

When my oldest daughter had to be in the hospital for surgery. During that time, my mom took the boys for a few days and helped out. She helped as much as she could from where she was. The others didn't offer to help, only my mother did. It's more of an age thing than not wanting to be a help. Plus with rambunctious boys who want to go flying down the stair case on their butts. (laughs).

Sheryl and her husband adopted later in life, so her parents were very aged. They did what they could to help out, especially when it was an emergency situation; however, they could not babysit two rowdy boys on a regular basis. Sheryl attributed that to the grandparents' old age and knew that they were doing the best they could in light of the circumstances.

Cora had a similar story in which she needed someone to watch her children, while one of her adopted sons was in the hospital for a week. Cora and her husband have six adopted children so they were very much in need of a dependable babysitter. The maternal grandmother stepped up and helped out often by babysitting, especially during her grandson's hospital stay.

When my son was in the hospital for about a week they dropped everything they were doing and came and stayed with our other kids so we could be there with him. My mom came and stayed with me in the hospital for a night. Really supportive.

Children with special needs often make additional demands upon the adoptive family. Nine of the twenty-nine families reported having at least one child with special needs. Of the fifty-three adopted children, twenty of them had special needs. Some had severe, life-threatening issues such as liver disorders and spina bifida, while others had less threatening medical conditions such as dyslexia and ADHD. There were four families who had adopted children with challenging special needs that had grandparents step up and help out in amazing ways. All four families independently lavished praise on the grandparents for their help with those medical conditions and hospital visits.

Alva went into great detail to describe how her in-laws were "saving angels" who wanted to help in any way possible.

It was my in-laws that we called up when we wanted to adopt our youngest son. We knew we were going to have to take him to a good doctor and medical facility in order to handle what he had. We called them and said, "This is what we want to do, will you help?" And they were all over that! Absolutely! They would take the kids anytime we needed them to. They would drive us to the doctor. Anything they could do to help us. It was their support really that brought our youngest one here. Our youngest son had several medical anomalies and birth defects. We didn't know what they would be like before we adopted him. We asked our in-laws and they said yes they would help take care of him or our other kids. When our son came home, we had to go to the doctor...constantly! The doctor that we chose to take him to was an hour and a half away, so I had to take

him every week for the first three months. And every week, my mother-in-law would take care of the other kids. She offered to take him to the doctor's but for the sake of consistency of care and getting on top of the whole thing, we didn't. But she was always willing to pick up kids and take them to school. She fed them, she took care of them, and she brought meals to them. Our son also had a breathing apparatus and used a machine that shakes him. She and my father-in-law both learned how to use that for him so that when I needed to go someplace during the day, they could take care of him. Or that they could take care of him overnight even. Sometimes at night, he would cough and vomit in his bed, so you have to get up and take care of that. That wasn't a problem for her. She would get up and run his machine for him and make sure he had everything that he needed. All his medicine schedule. She was a champ about that!

Trey and his wife adopted a son from the PICU at a hospital where his wife worked. The infant was abandoned by his birth parents and had multiple serious medical conditions that kept him in the PICU for a couple months. Their son had many medical issues that required special treatment and knowledge of therapeutic machinery. At first, the grandmothers were very intimidated by the medical needs of their grandson. They did not have experience in suctioning tracheotomies or setting up breathing machines. However, Trey's mother-in-law eventually learned how to operate some of the machinery and supervise her grandson when Trey and his wife were not present.

[Our son] was a very intimidating child from a medical standpoint and since my wife and I are in the medical field we're both well versed in that training. From that aspect, taking care of him wasn't foreign or intimidating to us. To both of our moms it was very scary. He had to have a tracheotomy and there would be issues with stress and breathing because it had to be suctioned and things like that. I remember that both moms were very intimidated. One of the cool moments was when, I don't remember the exact time, but I remember being happy that my mom was comfortable enough to stay at home with him while we went to the store. She babysat the kids while my wife and I went out or we had work and she became really competent by herself and that was certainly a good memory.

Their son is now a healthy 3-year-old thanks to the diligent care of his adoptive parents and grandparents.

Cora and her husband have six adopted children – three are international adoptions from South Korea and China, while three are domestic adoptions. Three of their six children have special needs. Their oldest son has a liver disorder, their second son has brain damage, and their middle daughter has spina bifida and is wheelchair bound. More times than Cora can recall, she received support from her parents who live just 3 minutes away. Transporting a child in a wheelchair can be challenging. Her mother especially helps her with the children's special needs by babysitting while Cora takes one of them to a doctor's visit. Other times, the grandmother will come over and participate in childcare activities such as dressing, feeding, bathing, and monitoring them so Cora and her husband can have a break.

Chris and Judy are a deeply religious couple as are the maternal grandparents. The paternal grandparents were religious, but are no longer living. Judy's mother, particularly, attends church services and prays daily. To Chris and Judy, her prayers are invaluable.

Their maternal grandmother is a walking saint. Even if she's not there, we know we have a wealth of support. She's on her knees praying for us 10 hours a day minimum. That's something special there.

This was the only couple who mentioned spiritual support from the grandparents.

Several of the other adoptive parents were religious; however, they never mentioned prayers or spiritual support from the grandparents when I inquired.

Darla and Patricia also shared similar, realized gratitude for all their parents had done to support their adoptions and family unity. Some stated that without the support of the grandparents, adoption would not have been possible.

PERCEIVED SUPPORT: “IF SOMETHING HAPPENED AND MY HOUSE BURNED DOWN...THEY WOULD BE THERE FOR ME.”

About half of the adoptive parents reported that they perceived support from one or more of the grandparents. Most of the time, it was just a “gut feeling” that they knew the grandparents had their back if they needed help. Many of the parents mentioned that, if there was an emergency, their parents would be there to support them. Just knowing that support was there created a lot of relief for the adoptive parents.

Julia affirmed that even though her parents were sometimes hard to deal with that at the end of the day, they were there to help if needed.

I know if there was ever a real problem in my life that I really needed help or something they would be there. If I really did get ill or something they would be there. Or if something happened and my house burned down or something they would be there for me. I know that if I really, really needed help they would be there. And they do care, I know that.

I asked Alva if she had received any financial assistance from the grandparents to which she replied, “No...that wasn’t necessary. They would have! But it wasn’t necessary.”

Jasmine reflected similar sentiments. “Not so much financial support because I didn’t need any. If I had needed it they would have been willing, but it wasn’t necessary.”

Grandparents who struggled to keep up with active grandchildren were still perceived to offer support in times of dire need. Sheryl has two “wild” boys who are a bit too much for her parents to handle on a regular basis. However, she knows that her parents would be there, if necessary.

“The grandparents just have a hard time keeping up with life in general. It’s more of an age thing than not wanting to be a help. I mean, if I was dying then my dad would help out.”

Even Tony and Fredrick perceived support from Tony’s parents who had initially been against their lifestyle and adoption. To a degree, his parents may still not be entirely comfortable with their adult son’s lifestyle and adoption decision; however, he still perceives that they would help him and his adopted children if there was an emergency.

Numerous adoptive families reported that without the assistance and supportive of the grandparents they could not – nor would not – have adopted children. Tamara, a single mother of a 2-year old son, expressed that, *“It wouldn’t be possible, at least for me, without that level of support from my parents.”* The support of grandparents was so vital to the success of the adoptive family that without it they would feel handicapped.

Still other families report great resilience in the face of unsupportive grandparents and report that regardless of support they would have adopted children. Tony and Fredrick, Alva, and Silvia, are examples of families with exceptional resilience. Regardless of their experiences with family, friends, or external challenges, they still pursued adoption. They made the most of their situations and decided that growing their family was the most important ambition in their live so regardless of objecting family members they continued with the process.

UNSUPPORTIVE GRANDPARENTS: “WE COULD HAVE LOST OUR SON BECAUSE OF THE MONEY, SO THAT WAS HARD.”

Not all grandparents were supportive prior to and after the adoptions took place. These unsupportive grandparents are in the minority, however. Most grandparents who expressed unsupportive behavior or disputes later changed and become supportive. The initial transition and getting used to the idea of adoption was a challenge for them, but once the adoptions took place, they shifted their attitudes. Some grandparents remained unsupportive throughout the entire adoption process to the current date of my interviews with the parents. Four adoptive parents reported clear stories of unsupportive behavior and communication from one or more of the grandparents after the adoptions took place.

Melissa is a divorced, single mother of two sons. Her oldest is biologically her son, while her youngest son was adopted at birth. He is now 3 years old. Her parents live 6 hours away from her, but it is not physical distance that makes the relationship strained. Melissa faced a great deal of resistance when she first told her parents she was going to adopt. Later, she stopped telling her parents about the adoption process and potential placements.

I knew if I said, "Hey I'm adopting!" they'd be like "Oh but you'll never get approved! You're a single parent! Oh what about your finances! Ohhhhhh!" They would have just been totally unsupportive and discouraging. So I put it in my Christmas card that I send out every year about what was going on (laughs)."

Her parents were not pleased when that read that year's Christmas card from their daughter.

When I first told them they sorta just ignored it and thought it wasn't going to happen. They just didn't take it seriously. So when I told them I was matched they were all shocked. I think they really thought that because I'm a single mom it probably would never happen so they just didn't worry about it or something.

Melissa did not have all the money necessary to adopt a child, so she set up an online fundraising website. Several of her friends donated, but her parents never gave her money until after the adoption took place. Melissa explained her thought process about why they showed a lack of financial support.

I had a financial fundraising thing that was going and hardly anybody donated to it but my parents didn't either because they didn't want to commit their money when they weren't sure the adoption was actually going to happen. I said, "Well you can't be guaranteed about anything in life ya know." So I was like oh whatever. After he was born, the birth mother signed the relinquishment papers. Then my parents sent me some money as a gift for his birth or whatever and I was like, "If I had had the money ahead of time, I needed the money ahead of time really." But they didn't want to commit their money as it might get lost. It might be all for naught if I didn't end up adopting him.

Melissa visits her parents for holidays and special occasions; however, she does not feel that she and her children are welcome into their home. She described their house as immaculately clean and they do not like the children messing up their house or making noise. In order to keep the house cleaner during visits, her parents actually have Melissa and her two sons stay in the finished basement in order to keep the mess down. They rarely visit her; and when they do, they are critical of her home, parenting style, and are not very warm with the children, especially their adopted grandson. Melissa believes that their behavior could be attributed to their personalities and not necessarily related to adoption.

Before Melissa adopted her infant son, she began a hormone treatment that would cause her to lactate. She wanted to breastfeed her adopted son. Her stepfather, who she considers her father figure, does not approve of breastfeeding and does not want to see it take place, especially in his home.

My stepdad is not supportive of breastfeeding so every time I have to breast feed I go into a different room so he doesn't have to see it because he'll make a

comment or whatever. So if my son wants to breastfeed I just go downstairs in the guest room in the basement to avoid him making comments.

Her stepfather was against breastfeeding before the adoption took place; so again, she is uncertain whether to attribute his cold attitude to adoption or his personality.

There were several other incidents in which adoptive parents were not sure whether the grandparents were acting unsupportive due to adoption status or for other reasons. Noelle, mother of two, was suspicious that her mother-in-law's unsupportive actions may have been due to adoption status.

We had to go to New York for a funeral very last minute. We asked my mother-in-law if she could take our son while we went. And she said no because she had to pick up her other grandsons from school which to me...I'm sure she could have found other arrangements. That's an instance of them not being supportive of us as a family during a big crisis. But is it because Sydney is adopted? I don't know.

Cora was quite distraught when she told me that she and her husband may have lost the placement of their youngest adopted sons due to lack of financial resources.

They adopted their son from South Korea so the process was very expensive.

We did ask my husband's parents for money once for our younger son to help bring him home. We knew they had it but they said, "Oh we can't help you." The next month, they went out and paid cash for a new truck. We could have lost our son because of the money, so that was hard.

MISAPPLIED SUPPORT

Another aspect of support to consider is misapplied support. Grandparents may have good intentions of helping the family, but in actuality, the adoptive parents felt overwhelmed or irritated by the type or frequency of support. Shannon provided a great example.

[My parents] try to be supportive but it's not always effective. They try to be supportive but aren't necessarily informed, either from a research standpoint or

just from the day to day living standpoint because they don't live nearby to fully understand the situation to give us the kind of support we need. When we asked "no more trips to the dollar store" because they come home with 10,000 things and each one those things then turns into a problem because it gets left out and doesn't get put away, so it gets taken away and it turns into a meltdown. "So please no more dollar store things!" and you know, my mom, this is something my mom would do with them and she said "Ok I'm not allowed to do that with them anymore so I guess we are not going to the dollar store." So she didn't do it but she didn't really understand it either. So mixed support which I don't fault them at all, it's just you know, they haven't learned what we have learned from trying to study about our kids and also not living day to day because they are not [proximately] close.

"What do you mean by 'mixed support?' I inquired.

Shannon explained, "'Mixed support' are supportive actions but not in words.

Sometimes it happens the other way, support in words but not in actions." She explained that that can be very frustrating. She wants her mother to be on the same page as her, but there is a gap of knowledge and difference of opinion.

Mrs. Brokowsky provided another example of misapplied support, particularly in regards to differing parenting styles.

I would call my mother and vent but I would never take her suggestions because our parenting styles are wayyyy different (laughs). I would be in trouble if I did. For instance, Robert wet the bed up until 10 years old. My attitude about wetting the bed is put your sheets in the laundry room, new sheets on the bed, and go back to sleep. Don't hide it. They wouldn't get in trouble for wetting the bed, only for hiding it. My mom was like, "Oh you need to spank him and make him sleep on the floor or put a diaper on him." Silly stuff.

Even though Mrs. Brokowsky felt that her mother's parenting style was not something she wanted to follow, she still felt relieved by being able to call her mother and vent. None of the adoptive parents who reported misapplied support were overly upset by it. Most of them had resolved the issues by either communicating with the grandparents about the behavior or simply ignoring the parenting advice offered to them.

THE GRANDPARENT-GRANDCHILD RELATIONSHIP: “SWIMMING POOLS AND LEGOS”

The grandparent-grandchild relationship can be a special connection. I am sharing several of the adoptive family stories about the interactions between the grandparents and their adoptive children. These stories show not only a bonding process between the grandparent and grandchildren, but a holistic picture of familial resilience. None of the adoptive parents stated that they did not want any of their parents – the grandparents – involved in the lives of their adopted children. Parents expressed wanting their adopted children to know and love their grandparents and to be received and loved in return.

Karen stated:

My dad adores my son. In fact, my son calls “Pop” every time he gets hold of my phone, and my dad eats that up! My mother-in-law doesn't think of him as anything other than her grandson. In fact, once I walked in on her showing him photos of her grandmother and mother and siblings saying, ‘That's your great-great grandmother, and that's your great-uncle...’ things you'd say to a biological child. She spoils him rotten. She signed him up for two local cute baby contests and pestered her friends to make sure they all voted for him—he won them both! They are very involved, proud grandparents.

Karen's mother-in-law not only embraced her adopted grandson, but only helped him feel included in the lives of other external family members. Karen also told me that sometimes her son calls her father so many times in one day that she has to hide the phone. She wants her son to speak with her father often, but ten times a day is not ideal for their phone bill, she explained laughing.

Some grandparents love play time. Getting down on the floor with Legos and puzzles is a tradition in some families, while reading and doing learning activities is a favorite in others. Meredith's two daughters, one of which is adopted, were quite

rambunctious during our interview. They ran around the living room tossing balls at each other, laughing loudly, and running up to show me pictures of their drawings. Meredith explained that when her mother-in-law arrives for visits the girls ramp up their rambunctious level – which was apparently at a normal level that day – to an all-time high. They are so excited to see their grandmother that they literally jump all over her for several minutes and sometimes it turns into a dance-around-the-room activity. All four of their grandparents are living, but Meredith believes that the relationship between the paternal grandmother and her daughters is the strongest.

To me it's the clearest relationship is between the kids and Tobias' mom. It's really, really sweet. I don't know if it's because they see them less frequently but it's really cute. They're always climbing all over her and Adelaide is always hugging my husband's mom. They attach to her like crazy. My mom reads to them but she doesn't play-play but I think that's just a personality thing.

Tony and Fredrick had a lot of initial tension between their adoptive family and Tony's parents. The grandparents, however, have opened their hearts over the years and are very loving toward their adopted granddaughter and grandson. Every year, the families go to the beach and rent a big house together. I asked him specifically what sort of activities the grandparents did with their grandchildren during the beach vacations and he replied:

When we go to the beach, mom and dad play in the swimming pool with them. They play catch, fun stuff, play with the water guns. On the beach, they'll build sand castles. When they visit us, it's a lot of... well, Joseph is still playing with blocks. They're pretty good about getting down on the floor with them and engaging with them.

PHYSICAL DISTANCE

Physical distance created some barriers between the grandparents and grandchildren developing a close, strong relationship. Chris and Judy reported that they do their best to visit her parents; however, it is an 18-hour drive and very difficult to manage with four children, two of which have physical disabilities.

They do have a good relationship with Grandpa. They go down and visit every third year in Georgia. Austin has been once. It's tough because we can't get him down steps, he can't fit into bathrooms, the rooms at hotels go exponentially higher once you mention handicapped. Even then you can't fit a whole family into a room.

Still, they maintain a long-distance relationship with the grandparents through frequent phone calls, emails, and letters.

Many of the grandchildren were so attached to their grandparents that they cried to either see the grandparents or not to leave once they were with them. "Arie always cries when we leave my in-law's house because he loves them," Micah explained.

At times, the sets of grandparents were in conflict over who would get to visit with the grandchildren. Noelle stated, "That becomes conflict and jealousy between my parents and in-laws because the kids clearly favor my parents. But they're more fun!" Even babysitting the adopted grandchildren was sometimes a coveted position amongst the grandparents. Mr. and Mrs. Martin are fortunate adoptive parents because both sets of grandparents are willing and ready at a moment's notice to babysit and even try to convince her about who should be allowed to watch the grandchildren the most.

Jasmine believes that her parents have always treated her son equally as they treat their other biological grandchildren.

I've been very fortunate with my parents. They've always treated him the same as their biological grandchildren. In some ways, he gets preferential treatment because he's the first grandchild. He's the oldest and the most able to do

activities. You would never know that my son is adopted based on how my parents treat him.

The grandparent-grandchild relationship is so strong that a stranger observing their interactions would never know that the grandchild was adopted.

Angelique noticed a difference between the treatment of her adopted daughter and biological son, however.

My husband and I have noticed that my mom favors our son over our daughter. But I don't know if it's because she's adopted or if she just likes boys better. Maybe a bit of both. It would be nice if she was more inclusive.

Angelique's observation is a critical discussion point. How can we be certain that if differential treatment exists that its basis is from adoption or a separate variable such as gender, age, behavior, or race? In some instances, grandparents made it clear that they were uncomfortable with adoption, the adoption of a transracial child, or a special needs child. Others never voiced an opinion, but differential treatment was noticed by the adoptive parents nonetheless.

Mrs. Brokowsky presented a similar situation in which her mother was less accepting of her adopted grandson. However, Mrs. Brokowsky believes that the primary cause of tension between the two of them was Robert's rebellious behavior.

My mother had a hard time embracing Robert, because they have similar personalities. Very strong headed and dominant (laughs). She totally embraced Monica who is very sweet and loving. My father embraced Robert because he viewed him as someone who needed to be fixed. My mother of course loves Monica!

Silvia recalled having to explain "grandma's odd behavior" to her three adopted children. "As frustrating as it can be at times, they will know who their grandmother is. So if grandma returns your Christmas present because she doesn't like it don't worry

about it, that's just who she is. (laughs).” Silvia’s mother does not show differential treatment; rather, meticulousness about life in general.

**ADOPTION AS A MEANS OF CROSSING RACIAL AND STEREOTYPE BORDERS:
“TELL THEM YOUR MOTHER WOULD ESPECIALLY LIKE A HISPANIC
GRANDCHILD!”**

One of the significant findings of this study is that grandparent exposure and contact with non-biological and/or racially-diverse grandchildren resolved some of the previous disinclinations toward the adoption. That is, in several families, grandparents who stated absolute or partial objection toward the adoption of a child for racial, genetic, or biological reasons were later less objectionable post-adoption. I propose that adoption is a means of crossing and diminishing racial and stereotypical borders.

Micah and her husband adopted their son, Levi, as a toddler from South Korea. Prior to adoption, Micah’s father was very negative about the adoption, especially since the child was from South Korea.

My dad lived in Korea and used to call Korea “the land of the almost perfect” and so I think he had a sort of negative perception of Korea. I mean, he liked it there but there were things about it that he didn't like.

Shortly after Levi was brought home, the paternal grandfather’s attitude began to shift. Over the years, Micah noticed a unique, special bond forming between Levi and her father.

Levi bonded to my dad really quick and it was just funny because my dad was always kinda put off about the whole adoption thing. So Levi started growing up a little bit and clung to my dad and so they have a cute little relationship. My dad is 6'4” and Levi is this little teeny tiny 7-year old. It's sweet. You know, my dad loves him and teaches him Korean stuff. Every time I see Levi jump up in my dad's lap I think it's really cute. It seems they have a special bond that nobody else has.

Sheryl, a mother of two interracial boys, pointed to a generational and cultural difference when I inquired about why her father was unsettled about an interracial adoption.

My father was a little unsure, but mostly because it was more of a racial thing. He's 80 years old and he's just never been around a lot of black people. That resolved quickly once he saw Jeremiah's cute chubby cheeks (laughs). Now he takes them out, has them over, and does things with them. More so than he did with my daughters even. He is a strange man, but with them he talks with them, but he never knows what to say to any of the kids.

In this instance again, we see a maternal grandfather who was uncertain and wary of adoption. Sheryl was uncertain what the true underlying reason for his wariness was, however. Growing up in a different "time" and generation could explain some of his hesitations. Still, as we will see in a subsequent section of this dissertation, most of the grandparents of similar generations and experiences were accepting of adoption.

Darla and her husband have a 2-year-old son who is of Mexican descent. Her mother was very excited about the adoption and particularly wanted a Hispanic grandchild. Not all of Darla's family members were supportive of an interracial adoption; however, after meeting their newly-adopted family, they had a change of heart and lovingly embraced him.

When I told my mother we were working with an agency in Texas and explained that we were open to a child of any ethnicity, my mother said, "Tell them your mother would especially like a Hispanic grandchild! I've thought a lot since Wesley was born about people's irrational prejudices and fears about adoption; I think a lot of people have such prejudices to some degree, often without realizing it. Wesley has largely eradicated them in our own families, apart from my husband's sister who tends to make sweeping stereotypical assumptions about his birth family, to my continued annoyance. One of Wesley's most adoring great-aunts was never able to have children, and she and her husband rejected adoption for themselves because they didn't feel comfortable with the idea.

One couple, raising a daughter and son, shared several remarkable stories of the challenges they faced. One parent described his family as conservative and traditional. When he announced that he and his spouse were going to adopt, his parents were outraged. Later, when the couple announced they were adopting an African American daughter, the grandparents were even more dismayed. The couple lives about 20 hours away from his parents, so there is little contact. However, a holiday visit to his family shortly after the adoption of his daughter enlightened him about just how bothered his mother was.

We were at home once for Christmas and I was on mom's computer and she never clears her caches or history. It was right after [our daughter] was born and there were all these searches for like "pictures of black babies" and "as black babies get older, do they get darker or lighter?" Stuff like that.

I inquired whether he confronted his mother about the incident, but he replied that he had not. This was not an isolated incident. His mother had also tried to cover up the fact that her adopted granddaughter was African American.

I didn't know this, but my mom was going around telling all her friends that [our daughter] was Brazilian instead of African American. My brother was up visiting us and we were out to dinner and he made some comment – I think the World Cup was on – about how [our daughter] was going to be a good soccer player. I said, "I don't get it. What are you talking about?" He was like, "Oh well she's from Brazil." (Laughs). Nooo her mother is White and her father is black. My brother was totally surprised; he had no idea. So mom was making up these stories I guess. It was hard for her to get over that.

The couple has encountered tremendous disapproval in the past, so they have learned to be resilient by focusing on their own growing family and not argue with discontented family members. The couple expressed unconditional love for their parents and continued to visit for holidays and special occasions. As time passed, the

paternal mother expressed fewer objections to the adoption and was even very supportive.

They've been really supportive in terms of seeing us when we come home for Christmas and Thanksgiving, going on a beach trip together every year. They really love the kids now. Mom gets really upset when they're leaving and mom is crying, my dad is tearing up which is really shocking. So [my spouse] sees that they're coming around. He felt like I should have definitely confronted mom about the computer searches and her telling everyone [our daughter] was Brazilian. He thinks it's funny that that's how our family operates. We just laugh it off. Oh our crazy parents!

This couple is a prime example of a resilient adoptive family who have a resilient family regardless of grandparent support. They are happy to accept support if it is offered; however, they do not expect it or feel discouraged if it is not offered.

Karen and her husband are in an interracial marriage and adopted a biracial son together. Karen's mother made suggestions that they should not adopt a full African American baby because it would not look like them.

We were open to any race, although my mom had assumed we would only be open to biracial (Caucasian/African American). When we were matched with a full African American baby, her comment was that he might not look like both of us. My cousin who was adopted 40 years ago physically looks a lot like her parents, and they had requested that, so again I think it's what my mom knows.

Karen admitted that she was surprised by her mother's comments, but attributed it to her mother's own upbringing and life experience as "what my mom knows."

Referencing perhaps the mother's comfort with the amount of exposure she has had to racially-diverse populations of people. Karen noted that when she and her husband announced their engagement, they were confronted with some doubts from her parents about an interracial marriage. Regardless, Karen and her husband live a life that works best for their own family regardless of external family input.

Several families reported that they adopted children of the same race; although they did not explicitly state that they avoided interracial adoption, there were numerous indications that they perceived possible grandparent objection if they had gone that route.

Angelique, a mother of a 5-year-old Korean daughter, said, “I want to venture and say that we hadn't adopted a White or Asian child that my mother-in-law would not have been pleased. I don't know for sure.”

During another interview, an adoptive parent stated: “They probably would have been surprised and awkward if we hadn't adopted a White kid. We were open to all ethnicities really. They would have learned to live with it and I'm sure it would have been fine,” said Noelle.

CHERISHED MEMORIES: “AT THE MOMENT SHE SAID IT, SHE HAD GENUINELY FORGOTTEN HER GRANDSON WAS ADOPTED...”

One of my favorite moments in each of the interviews was asking the adoptive parents about a beloved memory about the grandparents and adopted grandchildren. I have chosen a few that really touched my heart as I watched the parents travel back into their memories and choose a cherished moment. Some had a hard time picking just a few stories to share, while others knew exactly which story they wanted to share.

Alva shared several stories that were deeply intimate to her recollection of the grandparent-grandchild relationship.

When my older son came home, we did not know he had autism at the time. We just knew that he would freak out if he was with a lot of people. My husband's family has a lot of people! We were together one Thanksgiving and he was getting kind of irritable. My mother-in-law took him into a back bedroom and was rocking him and talking to him. He fell asleep on her shoulder, so we have this

picture of him sleeping on her shoulder. He bonded with her. He goes in and helps her with anything, clean her house, do anything that she needs.

Another memorable story that Alva shared was about her daughter when she was a toddler and visiting the maternal grandparents.

An early memory with my daughter, when I just had one, I took myself and her to Arizona to visit my family. We stayed with my parents. My parents always sat in these two recliner rockers and they had a smaller rocking chair there. My daughter would grab that over and put it next to their chairs. I think she was about 18 months old and walking. She would take it over and put it in between their two chairs – and they take coffee in the morning - so they would put a tiny bit of coffee in a bunch of milk for her. She would sit there with her coffee cup in between them and their coffee cups and their rocking chairs and rock with them!

Cora's favorite memory was picking up their baby son from the airport who had been flown from South Korea to the United States. Cora's parents were at the airport with them for the much anticipated uniting of family.

When our first son came home we actually didn't travel for him. They brought him to the Detroit airport and my parents went with us. They drove us up there to get him. They were crying and so excited and my mom saying, "Can we do this again?!" They've just always been here for my kids, they've been to all their soccer games, all their school plays, their music programs. My mom and oldest son have a special bond. She really bonded to him when he came home. She watched our kids for several years while I still worked. Always being there for them, yeah. It's nice to watch their relationships together.

Angelique shared a story that happened shortly after she and her husband returned with their daughter from South Korea. They were advised by a doctor not to allow anyone else to hold the baby except Angelique and her husband for the first couple weeks in order to allow the baby to completely bond with her new parents. However, that was not to be.

Right after we got back to the US with her, Minnie wouldn't go to sleep so we put her in her bed and we were watching her back and forth. We had also been told not to allow anyone except us to hold the baby that way she would know we're her parents and the ones caring for her. We were upstairs trying to sleep and my mom was downstairs. Minnie woke up and fell out of bed with a thump. My mom

kind of freaked out that we would blame her. She picked her up and just rocked her back to sleep. We have a really sweet picture of her holding her in her arms. I mean technically she shouldn't have but...you know.

Judy recalled the story of her father visiting at Easter and surprising his grandchildren with a gift. Judy admitted that she was surprised herself when her father did that.

When my dad came down for Easter, he got a large person-sized Easter bunny and he put it on the front porch. And he named her. He ended up taking pictures with the girls with this huge life-size Easter bunny and of course the girls were younger and they really enjoyed that. We did a little hunt. The fact that he's the father of eight and retired, he was still willing to step down to enjoy their childhood.

Patricia's mother passed away three years after the adoption of her grandson. During their short time together, the maternal grandmother and her grandson shared a special bond and created fond memories for Patricia and her grandson.

"My mom, when Jarod was a baby about a year old, she taught him one of his first words and she was so proud. It was really sweet," Patricia recalled.

She had hoped that her mother would be around longer to enjoy being a grandparent and asserts that the grandparent-grandchild relationship was strong even though he was just a baby. The relationship would have grown stronger and more developed with time as well.

Moses is a spunky young boy who is very active despite being wheel-chair bound. His mother said that one of his favorite activities is listening to music and playing instruments. She fondly remembered where his love of music was first sparked when her in-laws visited.

[My father-in-law] was playing the guitar. He plays the guitar and harmonica at the same time. Moses has ever since tried to copy that! His granddad also showed him that when you blow into your thumb your biceps pop up. Ted's dad

has really big biceps and Moses actually has good upper body strength because he wheels himself around all the time. So now anytime someone asks him to show them his muscles, he'll blow into his thumb (laughs).

Moses' grandfather is "tickled" that his grandson adores and imitates him so much. It is a cherished memory for the adoptive parents and grandparents.

Darla was so pleased when she witnessed her mother completely forgetting her grandchild was adopted.

Last summer, I expressed concern once that one of [my son's] teeth seemed to be coming in crooked and my mom apologized that she had probably passed on bad genes to him since all of her family have crooked teeth. I gently reminded her that she is not responsible for his genetic makeup, which caused all of us (including her) great amusement -- at the moment she said it, she had genuinely forgotten her grandson was adopted. My parents adore this little boy. Soon after he was born they created a photo gallery by hanging a whole wall full of pictures of him, which they kept rotating.

Cassandra told a similar story of her mother genuinely forgetting that her grandson was adopted. Adoptive mothers seem very pleased when their parents have so completely accepted their grandchildren that the "adoption status" frequently slips out of their minds.

When Moses was doing something at the kitchen table that – in [my husband's] mom's mind – was something Ted did as a child. Ted said something about it, but his mom said, "Well you did the same thing when you were little!" He said, "Mom, he's adopted." She said, "Oh yeah, I forgot!" He's our son, he's not adopted. I mean he is, but it's like he's our flesh and blood.

Silvia and her mother had a strained relationship when Silvia made her adoption plans public. Her mother eventually changed her attitude slightly toward adoption; however, she remains uncertain about some aspects of it. Silvia noticed a shift in her mother's behavior while they were at the airport and her mother insisted on purchasing an expensive gift for her grandson.

One of my favorite stories and most telling stories of my mother is...when my son was 2 we went on vacation, we went on a cruise to the Caribbean, so we flew into Miami. We're walking around the Miami airport and went into one of the stores and she sees a replica of an Air Force One plane. My son was obsessed with planes and things at the time. I just thought to myself, "Wow this is going to be a million dollars because it's at a store at the airport." Here she is, this is her first grandchild, first boy, and she had to go buying it for him! This is for my baby. I learned from him that there's lots of perks to being the first grandchild! And probably because he's the only boy. One of my first and best memories.

Alva shared a memory about her mother-in-law who was at first was hesitant about adoption until she realized that was going to get a brown-eyed grandchild. Once that realization hit her, she was entirely supportive of the adoption and begged her adult children for a brown-eyed grandchild.

My mother-in-law likes to say – my husband's family is all blue-eyed, blonde-haired German people – and all his siblings married blue-eyed people. So all the grandchildren are blue-eyed. And they expected us to have blue-eyed kids, so my mother had brown eyes and she was so excited because she was like, "Well, they're going to look like me!" When we decided to adopt, we showed her pictures of all these kids. She looked at them and said, "They all have brown eyes! Give me a brown-eyed grandchild!" (laughs). Very supportive.

The adoptive parents could have gone on for hours longer telling me stories about the interactions of the grandparents and their adopted grandchildren. Some had more stories than others because the relationships between the two were closer or perhaps because that particular parent had good memory recall. There were many stories at which we – myself and the adoptive parents – laughed, while many other stories caused us to tear up with joy or sadness. These cherished stories are significant because they are the stories that adoptive parents freely chose. I did not ask for a specific type of story. I opened the floor for them to spontaneously tell me a favorite memory. These memories are profound because the adoptive parents designated them as significant. Regardless if we, as readers, do not entirely understand why a memory

is important, the fact that the adoptive parents were moved to share it indicates deep familial importance.

In this chapter, we saw grandparents' responded to the news and of adoption in different ways. They also showed tremendous support in perceived and received ways for the adoptive families. Many grandparents had strong relationships with their adopted grandchildren despite initial hesitations. It was most apparent in inter-racial grandparent-grandchild relationships. Ultimately there was no shortage of cherished memories.

CHAPTER 6: DISCUSSION

Prior to beginning my research, I proposed that my findings would demonstrate that grandparents support impacted adoptive families. I in fact discovered that the majority of families who reported grandparent perceived and received support greatly valued it. Families who did not report grandparent support – or very little support – were resilient because they were able to find other support systems to compensate.

My research findings reveal numerous interesting insights into the lives and interactions of adoptive families and grandparents. Six major findings stand out. First, maternal grandmothers were more likely to be supportive and involved in adoptive families compared to maternal grandfathers or paternal grandparents. Paternal grandfathers were the least likely to be involved compared to the other grandparents. Secondly, perceived support was directly mentioned or implied by every adoptive family. Third, single mothers expressed more desire for and instances of grandparent support. Single mothers appear to be more in need of grandparent support compared to married couples. Fourth, the majority of grandparents who were initially hesitant or outright reluctant about adoption were later supportive and accepting of the adopted child(ren). Fifth, most adoptive families received and perceived support. However, some families who did not receive or perceive support were able to find alternative support systems. These other support systems were not investigated in depth in this research, but the most commonly mentioned non-grandparent form of support was the nuclear adoptive family itself. Finally, verbal and emotional supports were the most reported forms of support perceived and received from grandparents to adoptive families. Almost all

adoptive families reported some level of emotional and/or verbal support from one or more grandparent.

I was not surprised that maternal grandmothers were the most involved and supportive compared to the other grandparents. This could be explained by a couple factors. First, I interviewed more mothers than fathers. Mothers may be more likely to talk about their parents and perceive support from them rather than their in-laws. Mothers may be more likely to have a closer mother-daughter relationship, especially when starting a family or handling children. Traditionally, women are the primary child caretakers in families. This finding supports the notion that traditional gender roles still exist in current society. Pilisuk and Parks (1983) note traditional gender roles in their work and I likewise find that these gender roles still exist. Women – especially mothers – are more likely to be involved with childcare, household labor, and family interactions. Men, in this instance grandfathers, are less likely to participate in those previously mentioned examples.

Perceived support was mentioned by every adoptive family – even the families who reported no received support from their grandparents. This is an interesting finding because perceptions are powerful. The mental health literature suggests that perceived support can be more positively influential on mental well-being than even received support (Reinhardt, 2006). Qualitative methods allowed me to ask open-ended questions and find this previously unidentified form of support for adoptive families. Spiritual support is a type of received support, which I did not expect to find. One mother in particular expressed great appreciation knowing her mother spent hours every day praying for their family.

Single mothers were more likely to express a desire for their parents to be involved in the adoptive family. Being a single parent is challenging financially, physically, and emotionally. Grandparents may be more reluctant to give their consent to adoption by a single mother because they fear for the well-being of their adult daughter. Likewise, grandparents may suspect that they will have to be more involved in childcare if their single adult daughter adopts. Grandparents may have to show more support for single parents in order to compensate for the lack of a second parent. All the single mothers I interviewed had full time jobs, so external child care was a necessary part of their family. The grandparents were often the secondary parents to their adopted grandchildren, thus relieving the single mothers to work.

Most of the grandparents who initially disapproved adoption were later supportive and accepting of the adopted child(ren). One maternal grandfather was prejudiced against South Koreans and did not support his daughter and son-in-law's efforts to adopt a boy from that country. Within a couple years of the adoption, the grandfather was completely enraptured with his South Korean grandson. The boy's mother stated that she was deeply touched by the grandfather-grandson relationship that blossoms daily. This finding may point to a connection of social exposure as a way to reduce or eliminate stereotypes and prejudices. Within a family context, grandparents were often able to overcome previous stereotypes about adoption, especially special needs adoption and transracial adoption.

Fifth, most adoptive families reported both received and perceived support. Again, perceived support was reported by every family; however, only a couple of families reported no received support – or very little of it. The families who did not

receive support were able to find alternative support systems such as churches, school systems, online support groups, friends, and other extended families. These other support systems were not investigated in depth in this research. The same-sex couple who adopted two children were very resilient even though the grandparents were unsupportive at times. The couple established a strong foundation within their own growing family and did not become burdened with familial conflict caused by disapproving grandparents.

Verbal and emotional supports were the most reported forms of support perceived and received from grandparents to adoptive families. Many of the mothers told stories of calling their own mothers on the phone and crying to them when they were frustrated and feeling lost about what to do with the children. Adoptive parents reported that they knew their parents were proud of them and the adopted grandchildren. Even when grandparents were not supportive, adoptive parents remained convinced that their parents did love them and their family, but perhaps did not know how to express love.

My findings support, as well as, challenge some of the previous literature that I reviewed in Chapter 2. Fisher (2003) suggested that having a biological child is perceived as better than having a non-biological child. My research supports his theory in a couple ways. First, several grandparents did not favor adoption because the grandchild would not be of their own blood-relation or physically resemble the adoptive family. This held true especially in inter-racial and special needs adoptions. Inter-racial adoptions may result in the parents and adopted child(ren) looking different, such was the case with several of the adoptive families I interviewed. Grandparents may not

approve of special needs adoption because the child requires more physical work and financial resources. Having a biological grandchild was clearly more favorable to some grandparents. Other grandparents were very open to the adoption of a non-biological grandchild. The stigma of adoption still exists in the minds of some grandparents; however, the majority did not express a stereotypical attitude toward adoption. Fein (1998) suggests that the stigma and secrecy of adoption has lessened in the past few decades. Based on my research, I agree with Fein (1998). The stigma and ambiguity of adoption remains, but much less compared to previous decades according to the literature I reviewed.

A few of the adopted children that were included in my research came from troubling backgrounds. Several had birth defects from malnutrition as a baby, abuse and neglect, health problems from the birth mother engaging in substance abuse while pregnant, and one boy was found wandering the streets abandoned by his birth parents. These troubled lives led to difficulties and challenges for the adoptive families. Kramer and Houston (1998) suggested that adopted children often require extra care because of health and emotional trauma. I found that health problems and birth defects often entail frequent hospital visits, medication, surgery, or nutritional supplements. One adoptive couple in particular has four adopted children with special needs. They reported going to the hospital and being restricted in mobility and travel due to concerns about their children's health. Consistent with research by Groza and Ryan (2002), I also found that abused and neglected children needed counseling and extra patience on the part of the adoptive parents. Rees and Selwyn (2009) discovered that many of the birth parents who gave up their children for adoption had troublesome lives of their own.

Some of the adoptive parents I interviewed were distraught at the fact that their beloved children had entered the world in such tumultuous circumstances; however, with patience and love the adopted children were doing well. March and Miall (2000) suggest that adoption as a family form is an “institution in transition” that requires time, patience, and support. Many of the adopted families interviewed especially needed the emotional and verbal support some of the grandparents provided.

A few adoptive parents reported an extraordinarily long adjustment period for their adopted children into the families. Ward (1997) and Verissimo and Salvaterra (2006) stated that this was a common occurrence, especially with older adopted children, special needs children, and previously abused and neglected children. In some instances, the adoptive parents revealed that they believe the adjustment period was shortened by grandparent support. One set of maternal grandparents spent days going back and forth to the hospital and adoptive parents' home to help with the sick child and other children at home. A particularly quiet and shy young boy gradually opened up to his paternal grandfather more so than any of the other grandparents. His adoptive mother was particularly grateful for that grandfather-grandson relationship because she feels it truly helped her adopted son adjust.

Levy-Shiff et al (1991) and Berry and Bath (1996) proposed that adoptive parents had more positive expectations and reported more satisfying experiences in their transition to parenthood compared to biological parents. Although I did not focus on biological parenting in my research, some adoptive parents reported feelings of gratitude that they were appreciative of the opportunity to parent a child who would otherwise not be in their lives had the birth parents not given the child up.

Miall (1996) stated that a “lack of social support may exacerbate problems associated with [adoptive families].” I examined whether this was true and I discovered mixed results. It appears that a lack of grandparent support is associated with adoptive parents feeling frustrated and upset, even if just for a brief period of time. However, adoptive families appeared to be very resilient and found other support systems in the absence of or supplement to grandparent support. All adoptive parents expressed a desire for grandparent support.

Clark (1998), DeNigris (2008) and Festinger (2002) confirmed that adoptive families are in fact at a higher risk of stress, tension, and familial conflict compared to biological families. As previously stated, adoptive families may have longer adjustment time periods, have adopted children who need special care physically or emotionally due to past traumas, or have unsupportive family members among other possible stressors. One couple was particularly at conflict with their unsupportive grandparents. The couple had previous familial tension with the grandparents but had resolved most of their past issues. Once the couple announced they were adopting transracial children, the grandparents became hostile toward the idea. The hostility and criticism created familial conflict and stress for the adoptive couple. They had to work through that family situation and ultimately distanced themselves from the unsupportive grandparents. Other adoptive families displayed similar discontent and distress when confronted by unsupportive grandparents.

The research exemplified in this dissertation is reflective of a project that was passionately driven, ethically conducted, and pragmatically situated around a strong theoretical framework. The findings of my research are insightful and significant in

expanding field of family studies. My findings supported Pilisuk and Parks (1981) original theory that extended families – especially grandparents – are one of the most significant social support systems for nuclear families. Grandparents played an integral role in the lives of many of the adoptive families I interviewed. The majority of grandparents offered positive support for adoptive families, while only a few were overtly unsupportive. Pilisuk and Parks stated that nuclear families received the most support from extended family members, however, in the absence of that support nuclear families were able to find support systems in other ways. This theory also applies to adoptive families.

One of my favorite experiences was visiting with adoptive families. I was in continual awe of their family resilience and determination to create resilient adoptive families. The adopted children were stunning and uniquely different. I met dozens of adopted children who opened my eyes to the joys of adoptive family life. All the adoptive parents dearly loved their adopted children. It was evident in the way the adoptive parents described their children. Even described parenthood hardships were still infused with joy of having children. The adopted children were seemingly happy, healthy, and well taken care of.

While we were wrapping up our conversation, Mrs. Milton suddenly exclaimed that she needed to thank her parents for all they had done. She had not contemplated in depth all the ways her parents and her in-laws had been supportive before. Now that she had, she realized what a tremendous help they were and continue to be in the life of her family.

Now that you've got me thinking about this I'm going to call my parents and thank them! They were definitely very supportive; any time anything comes up about

adoption our parents have been big advocates. They love to use it as an example. [They're] very proud of the fact that they have a grandson who is adopted!

APPENDIX A - INTERVIEW PROTOCOL

Welcome

1. Introductions and overview of research goals.
2. Overview of the interview process/IRB information/Consent form.
3. Questions about the research and confidentiality.

Introductory and background questions:

- 1. Can you please provide me with some basic family background history?**
 - a. Can you provide me with some background history of your relationship?
 - i. How long have you been together? Did you adopt the child(ren) together?
 - b. How many biological children or stepchildren do you have? How many adopted children do you have? Ages? Gender? Personalities?
 - c. Can you briefly give me some background history for each adopted child?
 - i. What are the ages and gender of the children?
 - ii. When did you adopt your child(ren)?
 - d. Please describe the decision-making process prior to adoption.
 - i. Who wanted to adopt? How long did you discuss adoption prior to making a final decision? Were you trying to have a biological child prior to adoption?
- 2. Can you please provide me with information about your parents, mother-in-law, and father-in-law (the adopted children's non-biological grandparents)?**
 - a. How many of your parents and in-laws were living during the timeframe of 6 months prior to adoption through the first 2 years of adoption? Which are living now and which are deceased and when did they pass?
 - b. How far away does/did each grandparent live in relation to your residence?
 - c. How would you describe the closeness of your relationship with each grandparent?

Interview questions for years prior to legal adoption to date of adoption:

- 1. What were your parent(s) and in-law(s)' reaction to your initial idea to adopt? Please explain.**
 - a. Can you please describe their reactions to the first time you told them you were thinking of adopting?
- 2. Did any of them make suggestions on whether to adopt a boy or a girl? Did any of them advise you to adopt a child of a certain age? If so, please explain whom, how, and why.**

3. **Did you and one or more of your parents and/or in-laws have a conversation about adopting a non-biological child versus having one of your own?** Please explain.
4. **In what ways were your parent(s) and in-law(s) involved with the adoption process?**
 - a. In what ways did they show support or not show support?
 - b. If support was given, what types of support did you perceive or receive from them? Which type of support was the most beneficial to you?
 - i. Time
 - ii. Financial
 - iii. Resources
 - iv. Services provided (ex. running errands)
 - v. Emotional support
 - c. If no support was given, did you experience any type(s) of emotional, physical, financial strain did you experience due to their lack of support?
5. **What types of stressors did you experience?**
 - a. Financial (debt, increased medical bills), physical (illness, injury), time and resources (running errands, getting the kids to and from school), marital and family stressors (increased arguing and conflicts).
 - i. In what ways did your parent(s), mother-in-law, and/or father-in-law alleviate or exacerbate those stressors?

Interview questions for years post legal adoption.

1. **What were your parent(s) and in-law(s) reaction of your decision to adopt during this time period?** Please explain.
 - a. Did you notice any differences in the first timeframe versus this later timeframe?
2. **In what ways were your parent(s) and in-law(s) involved in the life and activities of your family, especially with the adopted grandchild?**
 - a. In what ways did they show support or not show support?
 - b. If support was given, did you experience any type(s) of support did you perceive or receive from them? Which type of support was the most beneficial to you?
 - i. Time
 - ii. Financial
 - iii. Resources
 - iv. Services provided (ex. running errands, babysitting, tutoring)
 - v. Emotional support
 - c. If no support was given, what type(s) of emotional, physical, financial strain did you experience due to their lack of support?
3. **What types of stressors did you experience?**

- a. Financial (debt, increased medical bills), physical (illness, injury), time and resources (running errands, getting the kids to and from school), marital and family stressors (increased arguing and conflicts).
 - i. In what ways did your parent(s), mother-in-law, and/or father-in-law alleviate or exacerbate those stressors?

Closure

1. **What other thoughts** or information would you like to share that you think I should know about?
 - a. Is there anything I didn't ask you about that I should have?
2. Thank the participant and ask if he/she has any questions. Mention that they can contact me at any time with questions and that I may also give them a quick follow-up phone call later.

APPENDIX B – INFORMED CONSENT

Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Grandparent Support of Adoptive Families: Grandparents' Perceived and Received Support for Families with Non-Biological Adopted Children

Investigator(s): Jennifer Sayre, Doctoral Candidate; Stacy Vogt-Yuan, Faculty Advisor

Purpose of this Interview:

You are being asked to participate in an interview regarding your experiences as a parent with an adopted child(ren). Particularly, you will be asked to share your experiences of the existence or absence of financial assistance, physical support, time resources, and verbal and emotional support you perceive and receive from your mother, father, mother-in-law, and father-in-law (the adopted child(ren)'s non-biological grandparents). A brief questionnaire pertaining to these topics will also be administered at the end of the interview.

As a parent with an adopted child(ren) who meets the participant criteria, you are being asked to participate in this research study and interview process. Approximately 20 to 25 parents who meet the criteria of this research study will be interviewed. Your interview will require approximately 60-90 minutes and will be conducted in a face-to-face interview format at your personal residence or a feasible location of your choice.

First and foremost, the results of this study will be submitted as part of the requirements for a doctoral degree in Sociology at Virginia Tech. Ms. Sayre may also present the findings at academic conferences and to publish them in relevant academic journals.

Procedures:

You will be interviewed by Jennifer Sayre, the primary researcher and doctoral student in the Sociology PhD program at Virginia Tech. The interview will be digitally recorded and transcripts will be made and used only for fact checking and verbatim quotations in Ms. Sayre's dissertation and any research papers that result from it. Interview files will be kept in a secured location and not shared with anyone other than Ms. Sayre's committee members. Ms. Sayre will strive to offer her findings in a way that do not reveal your individual identity or link specific observations to you. Confidentiality of your identity and personal information will be maintained to the best of Ms. Sayre's ability.

Your participation is voluntary and will involve one primary 90-minute interview. Brief follow-up interviews may be requested if for some reason the digital recordings did not make clear some of the responses or if Ms. Sayre needs clarification for a given response. If you have any questions regarding the procedures or the contents of this consent form, please do not hesitate to ask Jennifer Sayre or Stacy Vogt-Yuan. Their contact information is listed below.

Risks:

We believe the risk of harm to you from your participation in this study is very low. Risks associated with this study are no greater than those you encounter in your daily life.

Benefits:

We cannot guarantee a personal benefit to you for your participation; however, the results will be used to create awareness and knowledge about the larger adoptive community. Of course, we are grateful for your time and consideration. If you are interested in the results of this research, Ms. Sayre will be happy to provide you with a copy of her final paper. Her contact information is provided below.

Confidentiality and Anonymity:

We are seeking your *written consent* to allow the researcher to include your statements in the scholarship that will result from this effort. Voice recordings and written transcripts will be accessible only to the interviewer, trained assistant transcriber, and dissertation committee. You will have the option of sharing information “on the record” or “off the record” throughout our conversation. We will honor your specific requests for confidentiality or “off the record responses” when you ask. We will also be using pseudonyms and anonymous coding mnemonics in an attempt to protect your identity. However, we cannot guarantee that using pseudonyms will provide complete anonymity given the nature of the research.

It is possible the Virginia Tech Institutional Review Board (IRB) may view this study’s collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research. The Board’s contact information appears below.

Compensation:

We are unable to provide compensation for your participation.

Freedom to Withdraw:

You are free to withdraw from this research at any time. You are also free to not answer any question(s) that you choose.

Your Responsibilities and Permission:

I, _____, voluntarily agree to participate in this research on faculty perceptions of factors that affect the ability and willingness to participate in internationalization initiatives. I am 18-years-old or older.

I have read and understand the purposes of this research and the contents of this Informed Consent form. I hereby acknowledge the above and give my voluntary consent:

Signature

Date

Should I have any questions about this research or its conduct, or questions regarding my rights, I may contact:

Faculty Advisor:

Dr. Stacy Vogt-Yuan
Virginia Tech Professor
540-231-5641
avy@vt.edu

Investigator:

Jennifer Sayre, ABD
Doctoral Student
540-597-3082
jensayre@vt.edu

IMPORTANT:

If you should have any questions about the protection of human research participants regarding this study, you may contact Dr. David Moore, Chair Virginia Tech Institutional Review Board for the Protection of Human Subjects, telephone: (540) 231-4991; email: moored@vt.edu; address: Research Compliance Office, 1880 Pratt Drive, Suite 2006 (0497), Blacksburg, VA 24061.

THANK YOU FOR YOUR TIME AND PARTICIPATION

APPENDIX C – RECRUITMENT ANNOUNCEMENT

Recruitment Announcement posted to adoption support online websites

Website address: <http://forums.adoption.com/>

Adoption is a beautiful way to form or add to a family. I became interested in studying adoption after realizing that I had a personal interest in adopting a child in my future. I am a PhD student at Virginia Tech specializing in adoption research. I hope that through my academic research I can create more awareness about adoption and how external family members and social support systems can better aid adoptive families.

I would love to have the opportunity to casually interview adoptive parents who meet the participant criteria below. Interviews can be done over the phone at your convenience.

1. Did you and your partner adopt a child who is not biologically related to either of you?
2. Has the child lived with his/her adoptive family for at least 2 years and is still under the age of 18?
3. Was at least one grandparent alive during the first 2 years post adoption?

My dissertation research seeks to study adoptive parents' experiences of support they perceive and receive from their mother, father, mother-in-law, and father-in-law (the adopted child(ren)'s non-biological grandparents).

This research study is being conducted to gather information to complete a doctoral dissertation in the Sociology Department at Virginia Tech.

All information you provide is completely confidential and your real names will not be used in the final document.

Your assistance is greatly appreciated! Let me know if you have any questions.

My email address is jensayre@vt.edu

Sincerely,

Jennifer Sayre, ABD

APPENDIX D – EMAIL ANNOUNCEMENT

Email announcement to be distributed on the Virginia Tech Graduate School Listserv.

“Parents with adopted child(ren) are needed for a research study in order to fulfill the requirements of a doctoral dissertation in the Virginia Tech Sociology Department. The research will examine adoptive parents’ experiences of the existence or absence of financial assistance, physical support, time resources, and verbal and emotional support they perceive and receive from their mother, father, mother-in-law, and father-in-law (the adopted child(ren)’s non-biological grandparents). If you or someone you know has adopted child(ren) please contact Jennifer Sayre via email at jensayre@vt.edu for more information.”

APPENDIX E – PARTICIPANT CRITERIA LETTER

Dear Mr./Ms. _____,

Thank you for your interest in participating in my research! All participants must meet some preliminary criteria in order to be interviewed. Please read the following requirements and reply to this email indicating whether you meet these criteria.

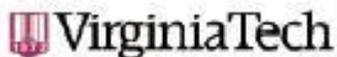
1. Did you adopt a non-biological child(ren)?
2. Was the adoption process performed through a public or private adoption agency?
3. Did you adopt the child(ren) when he/she was between the ages of newborn and 12 years old?
4. Has your adopted child(ren) lived with you for a minimum of 2 years post date of adoption?
5. Was at least one grandparent from each adoptive parent alive 6 months prior to adoption and at least 2 years post adoption? That is, were at least two living grandparents living during that timeframe?
6. Did you have biological child(ren) prior to adopting?

If you have any questions regarding participant criteria or this research in general please feel free to contact me via email at jensayre@vt.edu.

Thank you,

Jennifer Sayre, ABD

APPENDIX F – VIRGINIA TECH IRB APPROVAL LETTER



Office of Research Compliance
Institutional Review Board
North End Center, Suite 4120, Virginia Tech
300 Turner Street NW
Blacksburg, Virginia 24061
540/231-4606 Fax 540/231-0959
email irb@vt.edu
website <http://www.irb.vt.edu>

MEMORANDUM

DATE: April 10, 2014
TO: Anastasia Sue Vogt Yuan, Jennifer Ann Sayre
FROM: Virginia Tech Institutional Review Board (FWA00000572, expires April 25, 2018)
PROTOCOL TITLE: Grandparent Support of Adoptive Families: Grandparents' Perceived and Received Support for Families with Non-Biological Adopted Children
IRB NUMBER: 12-361

Effective April 10, 2014, the Virginia Tech Institutional Review Board (IRB) Chair, David M Moore, approved the Continuing Review request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report within 5 business days to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at:

<http://www.irb.vt.edu/pages/responsibilities.htm>

(Please review responsibilities before the commencement of your research.)

PROTOCOL INFORMATION:

Approved As: **Expedited, under 45 CFR 46.110 category(ies) 6,7**
Protocol Approval Date: **May 8, 2014**
Protocol Expiration Date: **May 7, 2015**
Continuing Review Due Date*: **April 23, 2015**

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals/work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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