

SELF-IMAGES OF SELECTED GROUPS OF ADOPTED AND NON-ADOPTED
ADOLESCENTS

by

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(ABSTRACT)

Family functioning has been an important part of adolescent self-image formation, according to many family therapy theorists. The aspects of family functioning that are the most positive in influencing self-image formation have not been specifically diagnosed, particularly as they apply to adoptive and foster families. The present research tied together family adaptability, cohesion, and communication from the Circumplex Model with self-image and analyzed the effect these aspects of family functioning had on a subjective measure of self-image as reported by the adolescent. The sense of family satisfaction that the adolescent had was also measured, and it was compared with the self-image of the adolescent as was the number of previous foster care placements for those adolescents who had been in foster care prior to adoption or who were presently in foster care.

Fifty-five adolescents (12 adoptees, 18 in foster care, and 25 living with their biological families) were administered the Offer Self-Image Questionnaire, FACES III,

and the Parent-Adolescent Communication Scale. Hypotheses included: (a) adolescents across the three family types who were rated as extreme or mid-range on the cohesion and adaptability aspects of the Circumplex Model would have lower self-image scores than those who were rated as balanced; (b) adolescents who achieved a higher family satisfaction score (distance from the center of the Circumplex Model) would have a higher self-image score than those with a lower family satisfaction score; (c) adolescents who report higher levels of mother and father communication will have higher self-image scores than those with lower levels of communication; (d) adolescents with two or fewer foster care placements would have higher self-image scores than those with three or more placements.

Statistical significance was found when the mother communication was divided into high and low categories and compared in an analysis of variance across the three family groupings. Perceived family cohesion was also found to be statistically significant in an analysis of variance across the three family groupings, and the interaction of family type by family cohesion (balanced, mid-range, or extreme) across the groupings was also statistically significant. The other variables related to family functioning did not prove to be statistically significant.

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Chapter One

Introduction

Adolescence as a phase of the life cycle

Adolescence has been identified in the literature as a time of perplexing decisions and searching for identity (Erikson, 1968; Gilvacchini, 1968; Keniston, 1970). The adolescent is involved in trying to establish a sense of autonomy within the family and in individuating the self. Erikson saw the identity crisis as involving a concern for direction in life and finding meaning for one's existence. Adolescents may not be able to think about themselves in abstract ways, and may not understand their own or others' expectations for their behavior. They are seeking to define and redefine values in the context of their peers and families. Therefore, one of the primary forces that has been researched as a factor that helps shape identity is the family. This research looked at three different types of families to learn their effects on the way adolescents therein rate their self-image, a measure of their identity status. These three family types included adoptive and foster families who were compared with biological families.

Different families seem to handle the process of adolescent autonomy seeking and individuation in different ways. Some families seem to encourage youths to move away from the family and into peer groups, while other families

seem to have a need to hold on to their adolescents and wish that there would be less interaction with peers than the adolescents desire. This may be in relationship to the influence pattern within the family. Steinberg (1981) looked at the transformations in family relationships that take place at puberty. He studied 27 triads of adolescent males and their mothers and fathers. The pattern to the conflict between the adolescent and the mother revealed that there was increased conflict between the two in the early stages of the pubertal cycle, but the conflict subsided with maturation of the adolescent. The pattern with fathers revealed an increase in parental assertiveness and deference on the part of the adolescent, with no change occurring over time. The mothers' assertiveness was in direct response to the assertiveness of the adolescent, and not vice versa. One other finding was that the family influence hierarchy changed with the physical appearance of the adolescent son; he assumed a position between the father and the mother in influence in the family in later puberty.

Researchers have also studied the effect of the family environment on adolescent psychosocial development and have traditionally felt that adolescents were trying to disengage from the parents as the influence of peers grew in intensity. This was seen in the decreased involvement of adolescents in family affairs and in the increase in interpersonal tensions between family members. "Adolescents

tend to be the precipitators of change in the family, wanting the family to adapt to their increasing needs for freedom and autonomy. This may lead to their being more critical of the family, a factor that may aid them in the task of separating from the family" (Callan & Noller, 1986, p. 49). It may also be a step in their finding their place in the world at large. Yet, the move away from the family is not necessarily an emotional cutoff. Many adolescents still look to their families for comfort, security, and a sense of self-worth.

Traditionally, theorists saw adolescence as a time of storm and stress and emphasized the generation gap. Dusek and Flaherty (1981) disagreed with this as a result of their longitudinal study of 330 adolescents in grades 5 through 12 between 1975 and 1977 in a suburban school district. They used a self-concept scale of 21 bi-polar adjective pairs in a semantic differential format to measure "my characteristic self". They found that there were continuous changes in adolescence in self-concept development, but the changes were relatively stable and not a severe upheaval as had been thought. "The majority of adolescents face changes as they occur, coming to workable solutions gradually as developmental issues are faced" (p. 45). Yet, not all families live happily ever after. Nor do they produce adolescents who feel good about themselves and the world.

"In the United States today, more than two million

children are not living with a parent; they have experienced not only the threat of displacement, but its actuality" (Moss & Moss, 1984, p. 168). One of the reasons that children are living away from their parents is parental frustration in being unable to deal with the disobedience of the adolescent, the presence of threats of violence, and other forms of delinquency such as truancy or sexual acting out. The threat to place a person away from parents seems to reach its most intensive phase in late adolescence, but it becomes prominent in family dynamics when the adolescent begins to assert autonomy and question the control of the parents. The adolescent may feel worthless and unloved and that the parents are demanding a change in the total self, not just the behavior the adolescent is exhibiting. To protect a sense of identity, there may be some resistance to behavior change. There may also be a resulting loss of trust with the parents, and the place that one felt in the family may be destroyed. Therefore, it becomes difficult for the person to express love for the parent; and the sense of home, which is a mixture of social, cultural, and psychological meanings, becomes less clearly defined.

Identity problems may reach a crisis for any adolescent, but they seem particularly pronounced for the adopted adolescent who is preoccupied with the fact of being adopted (Tec & Gordon, 1967; Toussieng, 1958). The search for identity seems complicated by the fact that there are two

sets of parents involved. It may be necessary to have biological and sociological information about the biological parents in order for the sense of identity to be complete (Triseliotis, 1973). If the adoptee feels only half a person because of the adoption, this perception of inadequacy may produce feelings of inferiority, guilt, and/or insecurity. These feelings along with a diffusion of identity may lead to a negative self-concept (Ansfield, 1971; Triseliotis, 1973).

"The roots of adoption tap wellsprings that lie deep in mythology, history, and fantasy. The themes of adoption touch each of us because they have to do with identity, sexuality, and sense of belonging" (Watson, 1986, p. 5). Adoptive families are not the same as other families. They face adjustments that are not expected of biological families. "Adopted children become adults who outgrow their childhoods but not their adoptive status....Adoption is a complicated life-long process rather than a simple event fixed in time" (Watson, p. 5).

Demographically, adoption is not all that common. Only about 650,000 white women between the ages of 15 and 44 who were ever married in 1982 had adopted one or more children. That percentage of the population (2.3%) did not change from 1976 or 1973. That does not mean that adoption is not important, though (Poston & Cullen, 1986).

Miall (1987) estimated that between 2% and 4% of the

North American population is adopted. More people have begun to review adoptive families "as more and more adopted individuals have seemingly failed to achieve a sense of personal identity within the adoptive family which is satisfying or complete" (Miall, p. 34). Part of this may be accounted for by community attitudes toward adoptive families, and the stigma attached to being an adoptive parent. There may be less social sanctioning for adoptive families if the societal norm points to the primacy of blood ties as the basis for relationships. Vernon and Leming (1984) counter such an argument by asserting that "It is not biology, but meaning which makes a family of a mother, father, and children....All family members, including spouses, are adopted, not just the child who goes through a recognized formal adoption procedure" (p. 127). Adoption is a symbolic act whereby a family formally agrees to become inclusive of the individuals placed therein.

Statistically, adoptive families differ from biological families in many ways. According to Bachrach (1986), adoptive parents are older than biological parents at placement of the first child. The adoptive families are also from a higher socioeconomic status than biological families as a whole, and the adoptive parents have a higher educational level. Many adoptive mothers are career women who continue with their employment; in fact, "by 1982, 51% of adopted children had working mothers" (Bachrach, p. 249).

This pattern follows the recommendation of Skodak and Skeels (1949) who followed up on 100 adopted children. "It is inferred that maximum security, an environment rich in intellectual stimulation, a well balanced emotional relationship, intellectual agility on the part of the foster parents - all these and other factors contributed to the growth of the child" (Skodak & Skeels, 1949, p. 116).

Yet, not all adoptive placements work out. Barth, Berry, Carson, Goodfield, and Feinberg (1986) concluded that the rate of adoption disruption is on the increase. Adoption disruption occurs when the adoption ends before or after it has been legally consummated. These disruptions occur in families that have less flexible rules and roles and in families where there is an inability to deal with the special circumstances of the adoptee. This may result from the parents having insufficient information/knowledge to deal with a situation or from a lack of resources to meet the stresses involved in parenting a special child. The adoptive parents need to be flexible and patient. But, the success of the placement does not rest with just the parents. The adoptee needs to be able to form attachments, so that there can be bonding within the family. Adolescents who have experienced multiple placements and separations may be incapable of attachment to an adoptive family. Without sufficient bonding, the placement is at a high risk of disruption. Attachment capability seems to be tied to

feelings of self-worth and a positive self-identity. Barth et al. conclude: "Matching of difficult children with already burdened families is unwise" (p. 368).

Previous research on the self-image of adopted children has focused on their vulnerability and emotional disturbances. Schechter (1960) concluded that adoptive children were more likely than nonadopted ones to develop neurotic and psychotic states. Kirk (1964) recognized that adoptive families are under strains that biological families do not face. Nemovicher (1960) found that adoptive boys were significantly more disturbed than a group of nonadopted boys in a comparative study of the two groups. Other studies have presented adoptive children as more problem prone than nonadopted children since they perceived themselves as different (Ansfield, 1971; Kornitzer, 1968). Mikawa and Boston (1968) compared adopted and nonadopted children between the ages of 9-12 and could not establish any group differences on personality dimensions. Nordle and Reed (1962) could not find any differences between racially mixed adopted and nonadopted children. Epstein and Witmer (1954) and Glatzer (1955) corroborated these findings and felt that adoptive status per se was a negligible factor in adjustment to adolescence.

These inconsistencies in research conclusions can be attributed in part to inadequate sampling (Kirk, Jonassohn, & Fish, 1966; Lawton & Gross, 1964). Most of the studies

obtained samples from agency or clinical files for the adopted children and compared them with nonclinical samples of nonadopted adolescents. It would be preferable to obtain both samples from a nonclinical population. Novell and Guy (1977) were able to study a nonclinical sample of adopted and nonadopted adolescents and found that adoption status did not relate to a lower self-concept.

Adoption as a means of family formation has been implemented by the social services system to meet the needs of children without families and families wanting children (Bachrach, 1983). Colon (1978) stressed the need for a continuity between a child's biological family and an adoptive family. It is his belief that a child who has been cut off from the biological family will have a sense of personal loss. "For the adopted child whose ties are legally severed from his biological family, there is a profound separation of his biological sense of himself and his experience of being parented by his adoptive family" (p. 301.) It is important for the adoptive family to be able to deal with the adoptee's search for biological connections and not to be threatened with a sense of failure as parents when the adoptee, usually in adolescence, seeks to reestablish at least an emotional connection with the family of origin. Some adoptive families seem to have a difficult time with this aspect of adolescence.

Cordell, Nathan, and Krynow (1985) reported that

adolescent adoptees reported nightmares that reflected a fear of separation including the loss of the adoptive parents and a possible return to foster care. Cordell et al. attributed part of the adolescent adjustment difficulty of those adopted after infancy to the fact that the child's personality had been well developed by the time of the adoptive placement. They hypothesized that the adoptee might have been trying to test out how trustworthy others were.

Family structure and psychological adjustment

Family therapy theorists (Haley, 1967; Minuchin, Montalvo, Guerney, Rossman, & Schumer, 1967) have hypothesized that family structure is an important variable in trying to discover influences that shape the psychological adjustment of family members. Cohesion has been stressed as affecting individual adjustment by Haley, Minuchin et al., and Madanes, Dukes, and Harbin (1980). Yet, there has been little empirical research that links these structural variables to adjustment (Teyber, 1981).

Adolescent psychological adjustment has been studied regarding the following variables: sex (Wylie, 1979); age (Katz & Zigler, 1967); ego identity status (Marcia, 1967); delinquency (Offer & Howard, 1972); father absence (Hetherington, 1972); maternal employment (Vogel, Broverman, Broverman, Clarkson, & Rosenkrantz, 1970); and birth order

(Aldus, 1972). Kersey (1984) studied psychological adjustment of adolescents from the viewpoint of family structure in intact biological families. This study applied the concept of family structure to a sample of adoptive adolescents as well as adolescents in foster care to assess differences in family cohesion and adaptability. A group of intact biological families was also studied as a basis for comparison.

Theoretical Rationale

Theoretical support for the present study is found in the systems approach to family studies, in general, and the Circumplex Model in particular. (See Figure 1 for a presentation of the Circumplex Model). One of the foci for systems theory is the boundaries that serve to differentiate the system from its environment (Broderick & Smith, 1979). How a particular family functions can be assessed by an understanding of the permeability of that family's boundaries. "Pseudo-mutuality" is the categorization Wynne (1958) employed to discuss families where togetherness outweighs individual identity. It is important to assess individual functioning within the family context, and one way to do so is to study the individual's self-image patterns. Too much togetherness can stifle individuality, whereas too little togetherness seems to produce a lack of connectedness and security. Either of these extremes seems to hamper the natural maturation processes of adolescents

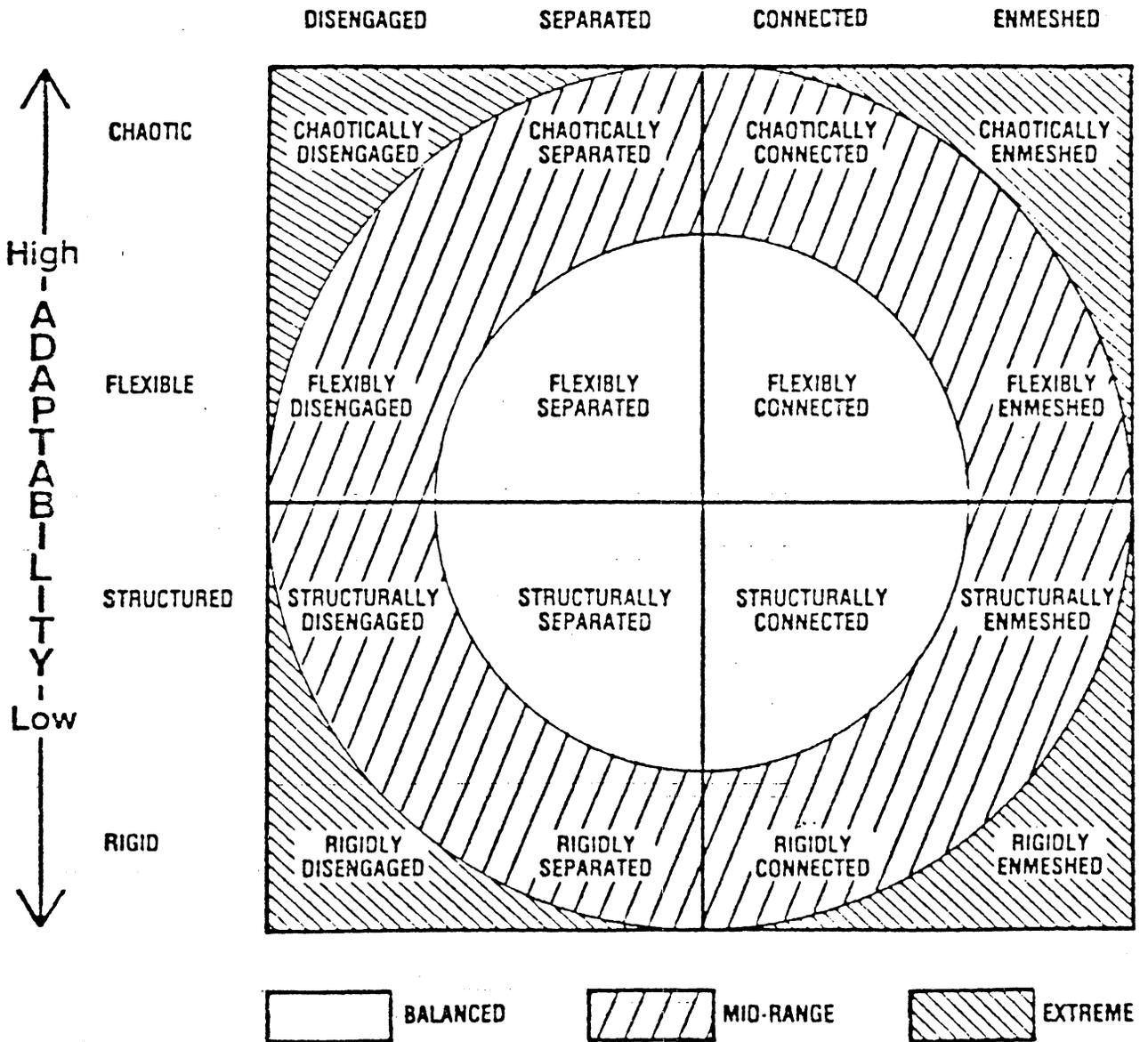


Figure 1

Circumplex Model

who still are emotionally connected to their families and seek assistance from them in mastering the developmental tasks they face.

Too much togetherness has been a pattern found in schizophrenic families. Yet, it is difficult for families to balance the separateness and connectedness issues (Hess & Handel, 1959). Either dimension carried to the extreme, whether reflected in individuals' autonomy or family unity, can lead to pathological functioning. Autism is an example of separateness carried to the extreme, while prohibition of contact with anyone outside the family represents connectedness carried to the extreme (Hess & Handel).

Jackson (1965) introduced the idea of homeostasis as a representation of family functioning as he talked about how a family's rules help define the boundaries for the family. Farley (1979) took the steady state idea one step further as he talked of "developmental homeostasis," a reflection of how a family tolerates intimacy and individuation. Boundaries keep parent-child roles intact and encourage formation of a family identity as well as a sense of who the individuals are within the family. A balance between intimacy and individuation promotes growth.

Bosma and Gerrits (1985) studied families with adolescents to determine the family climate that was conducive to identity formation. Results showed the more autonomous adolescents were in families that allowed more

dialogue, and each family member worked at enhancing the individual development of all others. Families were able to maintain their cohesiveness and continuity and allow room for the adolescent to become increasingly independent.

Heard (1982) integrated attachment with exploratory and care-giving behavior as they influence adolescents' self-images and concluded that it is most important that the adolescent be given messages that build up a representation of self as "a reasonably resourceful person able to seek, to find and to use appropriate help and information to increase care-giving guide the movement of members away from and toward each other.

Adoptive Family Structures

There are some unique factors that affect families that have been formed by the adoptive process that have to do with the permanency planning for the adoptive child and at what age the child was placed in an adoptive home. Fein and Maluccio (1984) studied children moving into permanent placement from foster care and found that children between 2.5 and 14 years of age had been in foster care an average of 2 years and had 2.3 previous placements. When the children who had been permanently placed were measured on how well they were functioning in making adjustments to the family placed with and school, it was found that the older children seemed to have more difficulty adjusting to

permanent homes, and "children with more foster placements were not doing as well as those with fewer placements" (p. 428).

Greenspan and Fleming (1975) and Humphrey and Ounsted (1964) sought to identify factors that affect adoption outcome. Age at which the child was placed in the adoptive home was of primary importance because it was tied in with memories of the biological parents and fantasies the adoptee might have about them. As the adoptees reached adolescence, they began to ask many questions about their biological parents, and part of this had to do with their emerging sexual identity. How the adoptive parents handled this inquiry seemed to be very important and reflective of the openness in communication that was present or absent.

Foster Family Structures

"Foster care service has traditionally embraced three elements: (1) substitute care for the child, (2) rehabilitative help for the child and the family, and (3) planning for what follows the placement" (Watson, 1982, p. 14). Foster care has a different flavor and purpose from adoption; the nature of foster care is short-term in character. The emphasis is on a stable, continuous relationship with a nurturing person, so that the life of the foster child is enriched, and whatever deficiencies produced the placement in the first place are remediated as

much as possible. Parental relationships with foster children need to be intimate, reciprocal, and sustained in nature. The idea of foster care is to provide a substitute family, not a replacement for the biological family. "The foster family matches its experience and successful parenting techniques against the biological family's proprietary rights and historic investment. Both seek the child's loyalty and affection" (Watson, p. 16).

Watson proposed a new way to look at foster families - not as a replacement for the biological family but as an extension of it. This means that the boundaries of the biological family expand to encompass the foster family, and the foster adolescent's loyalties are not divided. The parental role is not transferred, but it is enhanced.

Lawder, Poulin, and Andrews (1986) were also in favor of changing the foster care system, but they did not propose as radical a move as Watson. They felt the most appropriate change needed was for the profession of social work to understand which children are best served by foster care, and to do a better job of screening so that the risk to the child is minimized. It is their belief that foster care is a necessary part of the child care continuum, and that the monetary and human costs are outweighed by the benefits.

During the 1981-1982 fiscal year, it was reported that a total of 434,000 children were in placement [in foster care]....

Findings documented that a large number of children move in and out of placement.

A total of 161,000 entered placement during the year and 172,000 were discharged. This turnover factor is critical in understanding the volume of children served and the length of time in care (Lawder et al., 1986, p. 242).

Foster care placement affects different adolescents in different ways. Fanshel and Shinn (1978) emphasized the insult that occurs to one whose parents are not willing to provide care. Since most children have parents who do care for them, this deficit makes for an affliction for those without parents who care. That is not to say that the experience of being in foster care is all harmful; sometimes the experience of foster care is growth producing as a result of the stress encountered.

Most researchers have looked at the negative side of foster care and have emphasized the damage done to the child in placement. Stone and Stone (1983) concluded:

Recently, the institution of foster care has been the object of increasing critical scrutiny. Numerous authors have drawn attention to the potential damage done to the child resulting from separation from biological parents,

prolonged foster placement, inadequacies of the foster parents, lack of permanency inherent in foster placements, and the disturbingly high frequency of foster home 'breakdowns'....

Approximately 25 percent of placed children will fail foster care due to behavior problems and will be shifted from one home to another, experiencing little sense of permanence or emotional attachment (p. 11).

Communication within the family

One of the salient issues that the literature reports as affecting both the cohesiveness within families and the sense of self-worth that individuals within the family possess is the communication of the family members. Hall (1984) looked at parent-adolescent conflict and reviewed its characteristics. He found that there is a lack of supportive/positive communication, and an excess of negative/defensive communication as well as poor skills in problem solving. These problems revolve around an unclear definition of the problem so that generating alternative solutions is difficult. The resultant evaluation of alternatives is thus limited, and poor decisions and plans result. There is also a lack of negotiation skills which

take the forms of "poor statements of own opinion; failure to ask for other's opinion; poor ability to give and receive praise and criticism; poor compromise skills; poor listening and paraphrasing skills (Hall, p. 487).

When an adolescent is in foster care, one aspect of permanency planning revolves around the extent of communication between the foster adolescent and the biological family. If the biological family is willing to work on problems and talk about them, then the chances of the foster adolescent being able to return home are greater than if there is a wall of silence and noncooperation. It may be that a lack of facilitative communication is what led to the original placement outside the family home in the beginning. If there is no desire to learn a new way of relating, the adolescent gets the message that the problem belongs to him or her as an individual, and an emotional cutoff may result.

While the adolescent is in foster care, the quantity of communication from the biological family is an index of whether return to the family is feasible and is indicative of the interest shown by the biological family in the eyes of the court and the placing agency. The quality of the communication is a subjective component and is best reflected in the self-image of the adolescent who has a sense of belonging somewhere. If an individual has been reared in an environment that is communication poor, there

is a lack of skill in communicating with other families as well. The foster family may not be able to overcome the communication deprivation that the foster adolescent presents with, and the conclusion may be that the adolescent lacks the necessary skills to live in a family, thus facing placement breakdown.

Matteson (1974) studied the relationship between family communication and adolescent self-esteem. She had 111 subjects, 14 and 15 years old, who gave their perceptions of communication with both parents. She concluded that there was a relationship between self-esteem and the communication pattern since those adolescents who scored low on self-esteem saw their communication with their parents as less facilitative than those with high self-esteem.

Anderson (1986) tested the Circumplex Model hypothesis tying together balanced cohesion and adaptability with positive communication. He looked at communication clarity and expressiveness. He concluded that positive communication is more facilitative of balanced cohesiveness and of balanced adaptability. The one exception to this, in his study of 70 husbands and 80 wives from 82 families, was that for husbands, the extremes of cohesion and adaptability were more associated with high levels of family expressiveness, and moderate levels of cohesion and adaptability were associated with lower levels of perceived expressiveness.

It is important to have an objective measure of parent-adolescent communication that can be used across all types of families. Such a measure reveals family strengths and weaknesses, and it gives a picture of the openness that the family members sense between each other as well as the problem areas they would like to work on. This has been interpreted in the literature to be a measure of family satisfaction and was used in this study as such.

Self-image

It is because self-esteem and self-concept have been studied so intensively in the adolescent psychology literature that this variable was chosen to represent a salient measure of adolescent functioning. Rice (1981) tied together adolescent self-esteem and parental concerns in the following manner: "A key factor in determining whether or not parents have a positive effect in helping their adolescents build a healthy ego identity is the concern and interest they show them. The more parental interest there is, the more likely the adolescent is to have high self-esteem" (p. 146).

Hypotheses

Based on the above presentation of the theoretical underpinnings for this study, the following hypotheses were generated for testing:

1. Adolescents across three family statuses

(adoptive, foster, and biological) who perceive their family cohesion as disengaged or enmeshed and their family adaptability as rigid or chaotic will have lower self-image scores than those who perceive their families as balanced on family cohesion and adaptability as presented by the Circumplex Model.

2. Adolescents across the three family statuses (adoptive, foster, and biological) who achieve a higher family satisfaction score as shown in the distance from the center of the Circumplex Model will have higher self-image scores than those who achieve a lower family satisfaction score.
3. Adolescents across the three family statuses (adoptive, foster and biological) who report higher levels of mother and father communication will have higher self-image scores than those who report lower levels of mother and father communication.
4. Adolescents in adoptive and foster families who have been in two or fewer previous foster care placements will have higher self-image scores than those who have experienced more than two previous foster care placements.

Chapter 2

Review of the Literature

The format for this chapter presents a summarization in each area and then details the literature.

Adoption

Summary of the Adoption Literature:

Farber (1973), Toussieng (1971), Ward (1981), Miall (1987), Dywasuk (1973), Feigelman and Silverman (1983), and Witmer (1963) dealt with adoption from the viewpoint of the parents and the community. They focused on personality characteristics that the parents must possess in order for adoptions to be a positive emotional experience. These included feelings of entitlement and acceptance of the adoptee without regard for the biological background.

Barth, Berry, Carson, Goodfield, and Feinberg (1986); Tizard (1977); Kagan (1980); Joe (1979); and Eldred, Rosenthal, Wender, Kety, Schulsinger, Welner, and Jacobsen (1976) emphasized that there are personality characteristics the adoptees must possess in order to experience a positive adoptive family placement. These included the attachment capability of the adoptee and processing the loss of intense relationships they have experienced in an appropriate fashion.

As a result of such losses, there may be identity

conflicts/problems for adolescents. Barinbaum (1974) and Simon and Senturia (1966) focused on the identity issues and the search for birth parents that some adoptees pursue to validate their identity. Those adoptees who do not resolve the identity crises exhibit anti-social behaviors (Offord, Aponte, & Cross, 1969; Schechter, 1960). This can become so severe that dissolution of the adoption is considered (Bass, 1975; McEwen, 1973). Bellucci (1975) discussed therapeutic intervention as an alternative to dissolution.

There are some other factors that are usually beyond the adoptees' control that affect the outcome of the adoptive experience. Ripple (1968) and Addis, Salzberger, and Rabl (1954) studied the effect of the number of homes the adoptee had been in on adjustment while Wolff (1974), Greenspan and Fleming (1975) and Edwards (1954) focused on age at placement. Bluth (1967) looked at whether the adoptive placement was made as an independent adoption or by an agency and the effect that variable had on outcome. Jaffee (1974) and Jaffee and Fanshel (1970) studied the effect of when and how the adoptee was told of the adoption as another aspect of outcome.

Skodak and Skeels (1945) and Marquis and Detweiler (1985) found that adoptees functioned as positively as nonadoptees and had a greater sense of self control. Their conclusion was that adoption was a positive experience that enhanced the adjustment to adolescence of the adoptee. The

literature review follows.

Farber (1973) recognized adoption as a stop-gap measure that involved the transfer of rights and obligations of persons of one family to another family. The natural family's rights and obligations are completely terminated in 20th century adoptions, although this has not always been the case. Adoption can be seen as a rebirth process, and one way society has sanctioned this process is by the issuance of a new birth certificate once the adoption has been legally consummated. The adoptee assumes both a new name and a new legacy. Toussieng (1971) recognized the problems that accompany adoptive parents comparing themselves with biological parents. The adoptive parents may have difficulty believing that the child really does belong to them. "The child who is aware of being adopted, who senses his parents' insecurity, and who also compares himself with biologic children may start to fear abandonment" (p. 324). There needs to be the same intensity of commitment between adoptive parents and their children who are not biologically related as there is between marital partners who also are not biologically related.

There is a need to determine the calibre of the adoptive parents so that rejection does not occur. This is one of

the reasons that a home study is of such importance. The need is to find a surer way to understand what motivates people to apply to be adoptive parents, how flexible they will be, and what they feel about the balancing of relationships within the family. "Evaluating the applicant's capacities for loving a strange child, their ability to stand by a child during difficult periods, and to bear with and support him through trying behavior - this appears to be the crucial task in adoption work" (Toussieng, 1971, p. 21).

Ward (1981) felt that one factor that can facilitate parental attachment to an older adoptive child is for the parents to feel that they are entitled to be the parents to the child as Toussieng (1971) emphasized. The process of screening adoptive parents and the long waiting period some endure as a probation may interfere with the feelings of entitlement. It is also difficult to produce instant love which some agencies may expect. Those adoptive parents who have a broader view of kinship than just biological ties seem to be more psychologically prepared for adoption. This is reflected in the family's permeability. The self-concept of the adoptive parents is an important factor as well, because there is not as much social validation of adoptive parenthood as biological parenthood. There may be a lack of family and community support. If a family adopts when it could produce a biological child, there is likely to be some social discrimination. One way to overcome this and feel

better about self is for the parent to recognize that there is a sense of doing good for someone and that adoption has generally been considered a humanitarian act. This can be a form of social approval until the parent-child relationship develops. Miall (1987) also stressed the need for community support, as reported in Chapter 1.

Dywasuk (1973) stated: "once a parent, biological or adoptive, there can be no turning back, changing your mind, getting out" (p. 80). The success of the adoption does not depend on the adopted child or the background of that child but on the adoptive parents and what they are. He disagreed with Barth et al. (1986) who emphasized the attachment capability of the adoptee. Feigelman and Silverman (1983) acknowledged the increasing number of fertile couples and single adults who have become adoptive parents in recent years. They interpreted one of the differences for fertile over infertile couple adoptive parents to be that the fertile parents did not have to come to terms with infertility or to deny it and therefore did not experience the same feelings toward an adoptive child. Infertile couples may see the child as a reminder of their failure and as a symbol of fulfillment which may put a strain on the adoptive relationship.

Witmer (1963) studied independent adoptions that are done without an agency involvement. Between one-fifth and one-fourth of the homes studied were classified as

unsatisfactory. The way the adoption was working out ten years after it took place seemed to be influenced by whether or not the adoptive parents had had contact with the biological parents of the child they had adopted and consequently developed feelings of rejection toward the child.

Tizard (1977) defined criteria by which the success of adoptions can be assessed. These include: (a) stability of placement - "If the child has to be moved because the parents no longer want or are no longer judged fit to look after him the placement has failed" (p. 212); (b) parent satisfaction; (c) development of mutual attachment; (d) above-average I.Q. and school attainments; (e) behavior in the home; (f) acceptable behavior at school; (g) age at leaving the institution - "Children up to the age of at least seven can be successfully incorporated into a family, but an essential ingredient of the success appears to be a major commitment in time and energy on the part of the parents - and this remains true whether the child is aged two or seven" (Tizard, 1977, p. 216).

According to Kagan (1980), preadoptive children

grapple with identity, and detachment
from previous parental figures.

Optimally, this includes developing a
positive perspective about oneself and
one's potential.... reattachment - the

formation of primary bonds with a new family. At this time, intense feelings about separation emerge again. The child provokes rejection to test whether the adoptive parents will respond as she [sic] perceived her biological parents to respond (p. 553).

Joe (1979) recognized that those adopted as infants suffered from a belated sense of loss while those who were older adoptees suffered multiple bereavements as a result of their multiple placements. Previous studies of adoption outcome are deficient because of lack of control groups, too few children being studied, and the use of interviews rather than objective or standardized techniques. Joe (1979) concluded: "The agency's role is not so much a matter of taking a child and then finding the right family as of helping a child and a willing family make a go of a relationship" (p. 76).

Eldred, Rosenthal, Wender, Kety, Schulsinger, Welner, and Jacobsen (1976) concluded that "the relationship between age of separation from the natural mother and outcome may be curvilinear rather than linear" (p. 280). They studied 26 adult adoptees in Denmark who had been adopted between 1924 and 1947. There were three groups: (a) the index group of 79 had a biological parent who had been diagnosed as schizophrenic or manic/depressive; (b) the control group of

99 had biological parents with no history of psychosis; and (c) the cross-fostering group of 38 whose adoptive parent was diagnosed as schizophrenic or manic-depressive, but the biological parent had no history of psychosis. These were compared to 216 random sample adoptees with no psychiatric association.

The age at placement of the index subjects was consistent with the linear hypothesis. With the control subjects, there was support for the curvilinear hypothesis. "Neither age at separation from their natural mothers, nor number of changes in domicile they experienced prior to placement proved related to either the psychopathology or the parent-child relationship scores" (Eldred et al., 1976, p. 285). They concluded that it was the quality of the adoptee's experience prior to placement and whether that included the rupture of an intense relationship that may be more important for future psychological development than either age at placement or time spent in an institution.

Barinbaum (1974) found greater confusion during the identity crises for adopted children because they did not have a reality check for their imagination about their real parents. They may interpret conflict with the adoptive parent as a sign of incompatibility or that the adoption is unsuccessful. The adopted adolescent also has guilt feelings when quarreling with the adopted parents who did the best possible job of rearing a child not belonging

biologically. They also have ambivalent feelings about the unknown real parents. Adoptive parents are sometimes ambivalent about the aggressive, anti-social, troublesome behavior of adoptive adolescents and may wish to set aside the adoption decree especially in times of conflict.

Simon and Senturia (1966) studied 35 extrafamilial adoptees and six intrafamilial adoptees admitted to the Department of Psychiatry of Jewish Hospital in St. Louis over a three-year period. They were drawn from the total of 1371 admissions. Personality disorders and situational personality disorders that were transient made up 60% of the diagnoses of the adoptees. As they studied the adolescents, they found that adolescence is a time of special importance to adoptees because, with increased mobility and independence, there is more opportunity to begin the process of searching for one's birth parents. "The search is both an internal and external one. The symptomology of the acting-out adolescent adopted child frequently is an effort to try out a series of identities related to his [sic] fantasies about the biologic parents. The child plays out, in a fragmented way, a series of roles which attempt to establish a likeness to the fantasied biologic parent" (Simon & Senturia, 1966, p. 864).

Offord, Aponte, and Cross (1969) asked questions about whether emotionally disturbed adopted and nonadopted children differ. They studied 25 extrafamilial adopted

children and 25 children living with biological parents who had been referred to the Division of Child Psychiatry, Shands Teaching Hospital, Gainesville, Florida, over a five-year period for emotional problems. They used the mothers' statements about the child's emotional difficulty to assign a rating of severity of disturbance and classified the children as behavior disordered, internalized neurotic disordered, or other. They also focused on the area where the acting out of aggressive and sexual anti-social behavior was found with a rating of the severity of the behavior problems assigned.

There were no significant differences found on total severity of illness between groups. The adopted children had more behavior problems while the nonadopted had more neurotic problems. The adopted children exhibited anti-social symptoms significantly more in school and the community than the nonadopted children and had significantly more severe anti-social behavior than the nonadopted group.

When Schechter (1960) studied adoptees, he found that many parents reported aloofness and distance in the children that made closeness impossible, and that this was particularly evident when discipline was necessary. The child would be provocative; and when the parent talked, it was like talking to a stone wall. No response would be obtained, or the response would be inappropriate to the situation. Sometimes the child showed only momentary

contriteness with repetition of the forbidden act. These adoptees may have experienced difficulty with attachment behaviors, as previously reviewed.

Bass (1975) in a California study of adoptions between 1972-1974, found the most frequently stated reasons for placement failures were (a) behavior problems of the child; (b) disruption of family functioning; (c) inability of the child to meet the family's expectation; and (d) internal marital/family problems.

McEwen (1973) studied the process of readoption after a failed placement and concluded that not all adoptive placements will live happily-ever-after, and that some placements will end with the child and the adoptive parents separating, similar to the process of divorce for failed marriages. What is important is to see the "failed" placement as an opportunity to make use of innovative styles of re-placing the child in an environment that is conducive to psychological growth and to make the process as painless as possible for all persons concerned.

Bellucci (1975) used group treatment for newly-placed 9-13-year-old adoptive children who had experienced at least five foster home placements. The children shared fears of rejection and painful feelings. There was a lot of confusion about the number of foster homes they had previously been in. The adoptive children felt unwanted and yet omnipotent as if they had caused the marital trouble,

divorce, and death they had known in the foster homes. They reported feelings of being second-rate, of not belonging, and lots of sibling rivalry whether the sibling was natural or adopted. Their experiences underscored feelings of anger. "As commendable as most foster families are, their expectations of and demands upon their children are not the same as those of more academically oriented, culturally enriched adoptive families" (Bellucci, p. 299). At times, though, the adoptees longed for the less demanding placements where their own wishes often were more gratified and where there was less pressure to meet parental demands.

Adoption has to be seen as an adult device that has been set up to meet a child's undeniable right to a family. The older the child is at age of adoption, the more mixed feelings remain. The adoptive parents Bellucci studied felt that their primary motivation for adoption was the need for a cohesive family with integrity. They rejected the child's past and sometimes the child as a person but were not intellectually prepared for the child to be resistant to them and rejecting of them. The families seemed to maintain a deep commitment, even under the stress of rejection, and that type of commitment is necessary in the adoption of older children (Bellucci, 1975).

Ripple (1968) emphasized that later adjustment of infants who are placed in adoptive homes is not affected by the number of preadoptive placements or the number of

separations from caretakers, but what affects outcome is the quality of the parenting the children receive. While it may be true that infants do not experience adjustment difficulties from numbers of placements prior to adoptive placement, the same does not hold true for adolescents.

Addis, Salzberger, and Rabl (1954) studied 163 adoptions by analyzing case records from the agencies that made the placements. They found that the older the child at the time of the adoption, the more home changes were experienced. "Almost half had been deprived of a constant relationship during the first 18 months of their lives" (p. 46).

Wolff (1974) reviewed adoption research and looked at what determined successful adoptions. Age at placement presented as a primary factor in all studies reviewed except for the Jaffee and Fanshel (1970) study which was methodologically poor. "The later adjustment of adopted children and the satisfactions of their adoptive parents are better when placement is early rather than late" (Wolff, p. 168).

Greenspan and Fleming (1975) found that there were some correlates that went along with age at which the adoption took place that affected how the adoptee perceived self. These included: (a) whether there were memories of the biological parents; (b) what, when, and in what manner the child had been told of the adoption; (c) whether the information given was consistent or confusing; (d) fantasies

about the biological parents; and (e) what information about the biological parents the adoptees sought.

Edwards (1954) followed up on 79 adoptive placements that had been made by the Catholic Welfare Services. The children had been in placement for five years when the reported results included, "The older the children when placed, after their first birthday, the greater the risk and this increases steadily and rapidly, both for boys and girls" (p. 45). Bluth (1967) compared independent and agency adoptions. Of the independently placed infants, 74% were placed in the first three weeks of life compared to only one agency infant placed by that time. Ninety-one percent of the independent infants under three months old had been placed, but only 58% of the agency-placed infants were under three months old. The median age of the independently placed infants was four days while for agency placements, it was three months.

Jaffee (1974) and Jaffee and Fanshel (1970) looked at when the adoptee was told of the adoption status as a crucial factor in the trust between the adoptee and the adoptive parents. How the subject of adoption was handled seemed to affect the adult adoptee's self-concept and consequent functioning as an adult. Skodak and Skeels (1945) studied children from socially, economically, and culturally inferior homes who were placed in superior or above average adoptive homes. During the follow-up period, the

development of the adoptees was equal to what was expected of biological children in the same homes. No conclusion was drawn about the influence of environment or heredity.

Marquis and Detweiler (1985) studied 167 subjects, of whom 46 were adopted and 121 nonadopted. They were between the ages of 13 and 21. They were trying to discern if adopted adolescents felt differently about themselves from other adolescents. They concluded that "adopted persons see themselves as being more in control of their lives than do the nonadopted.... They demonstrated their expectancy to be in control by measuring significantly more internal on the Locus of Control Scale than did the nonadopted. They also demonstrated...more confidence in their own judgment than did the nonadopted group" (Marquis & Detweiler, 1985, p. 1062).

Because of the methodology that Marquis and Detweiler employed in using community groups as opposed to an institutional population of adoptees, they felt that their conclusions have more validity than those of other researchers who have concluded that the effects of adoption are all negative. They could not find evidence of any dependency, fearfulness, poor self-image, or abnormality in the adopted group they studied. They wanted the stereotypic view of the adoptee being at risk debunked.

Foster Family Structures

Summary of the Foster Care Literature:

Eastman (1979) and Maluccio (1985) looked at foster care outcome from the perspective of the foster family as a unit and how it integrated itself into the community, including a relationship with the biological family. Cox and Cox (1985) provided an overview of why children are placed in foster care and what the system looks like demographically.

Once children are in foster care, there are several issues that must be dealt with, and these include family loyalty issues and residual anger toward the parents (Anderson, 1982), the pain of separations and capacity for attachment to the foster family (Stone & Stone, 1983), and role expectations as they affect adjustment (Pardeck, 1982). How long foster care will last is a crucial question, and Bryce and Ehlert (1971) and Maluccio and Fein (1980) talked about the effects of planning to end the limbo. Prosser (1978) studied the effect of duration of placement on self-concept, and Lemmon (1975) found that foster care does not result in lowered self-concept. Cox and Cox (1985) provided an alternative view. Carter (1968), Watson and Boverman (1968), and Joseph (1971) reported on therapeutic efforts to help those adolescents who did have adjustment difficulties to foster care, and Edelstein (1981) focused on the grief foster families experience when the placement ends. Fine (1985) concluded that foster care has both

positive and negative impacts on adolescents, and the adults involved can be a determining factor in the outcome. The literature review follows.

"The foster family differs from the modern nuclear family in that the foster family is an open system, whereas the nuclear family is semiclosed" (Eastman, 1979, p. 564). One consequence of this openness may be that the foster family does not integrate any new person into the family system fully. They question to whom the foster adolescent really belongs, how long the placement with the foster family will last, and what the outcome of the foster placement will be. The foster family may feel a threat of a loss of its identity if too many diverse individuals are placed therein. It is difficult to maintain a sense of lack of attachment to the adolescent as the foster placement lengthens. With the attachment comes anxiety.

Is the family violating a norm of society related to foster families? Are they able to function if they get emotionally involved with the adolescent? What grief will accompany the time that the foster placement ends and return to biological parents or placement in an adoptive home or emancipation occurs? Maluccio (1985) found that foster care

negatively impacted biological families and damaged the relationships between parent and children therein; it also strained the parental ability to provide care for the children. There are indications that the danger of prematurely terminating parental rights and rushing to place in adoptive homes older children who have continued ties to their biological families may be two of the unintended consequences of the 1980 Adoption Assistance and Child Welfare Act regarding permanency planning for children in foster care.

Cox and Cox (1985) presented a picture of what the foster care system in America looked like. They found that the average age of foster care children was 10.5 years, and the average age at which children entered the system was 4.5 years. Since a recent trend has seen more children entering the system because of their own behavioral difficulties, the age of entry may be on the rise. There is an approximately equal number of males and females in the system, but minority children are statistically overrepresented. Most of the children in foster care come from single-parent families which ties in with the fact that the socioeconomic status is low for most children who go into foster care. The reasons children are placed in foster care include:

- (a) child abuse or severe neglect - about
10 to 15% of the cases...
- (b) physical illness of parent -

approximately 10% in most studies...

(c) mental illness of the child-caring person - ranging from approximately 13% of cases... to approximately 23% of cases...

"family problems"...include such things as desertion, incarceration of parents, unwillingness to continue care, divorce, death of parent, and alcoholism or addiction of the parent (p. xviii).

Family loyalty causes confusion for the foster adolescent. "Loyalty refers to the sense of allegiance and obligation one has to one's parents for having given life and that requires of each person to attend to parental expectations to sustain self-respect and confirm identity" (Anderson, 1982, p. 40). Foster children have a lot of anger over their biological parents not being able or willing to care for them, and they thus tend to be ungrateful or not willing to acknowledge the gratitude they feel. Foster parents need to be able to discuss the meaning of the adolescent's behavior and to give appropriate responses to it with a degree of objectivity. This can best be accomplished when the family is differentiated, or recognizes itself as different from others.

When Anderson (1982) studied foster children, she

concluded: "Foster children tend to be ungrateful or at least not willing to acknowledge their gratitude because they are angry about not being care for by their biological parents" (p. 41). This anger can cause communication problems within the foster family, and it can add to the stress that is inherent in having another person in the home. Foster families need to be able to communicate clearly under times of stress, and that communication pattern may need to be enhanced with skill training by the placing agency, if necessary.

Another strength that foster families need to exhibit is the ability to keep the foster adolescents from becoming entangled in the problems that do not concern them, and to keep them from applying more pressure on the family while the vulnerabilities are exposed. It is also helpful if the foster parents can avoid triangling the foster adolescent into the communication process with the placing agency. Since the presence of a foster child in the family creates an additional stress by the very nature of another person being present, the communication within the family needs to be addressed, and congruency needs to be enhanced. It is important that agencies do a thorough assessment of foster family applicants so that those chosen are highly competent and emotionally healthy. These families will be called on to deal with aggressive, rather than inhibited, adolescents, as a rule, and it is important that the foster family be as

strong as possible so that placement breakdown does not occur, and "the act of separating the child from his or her parents [does not become] only the first in a series of painful separations the child will face" (Stone & Stone, 1983, p. 15).

In a study of 64 foster care placements, the Stones found that the less aggressive children who had better socialization and were able to show positive attachment to their parents, caseworkers, and teachers remained in their assigned placements longer than more aggressive persons. By adolescence, though, many of those desired virtues have been destroyed by the experiences of loss the persons have endured. Foster placement breakdown occurred in 48.5% of the 64 case records they examined. These breakdowns were defined as the foster children being removed from the foster home prior to the completion of the agency plan for removal. Not only is the self-image of the foster adolescent affected by such an event, but the foster family questions its own quality. This is thought to lead to foster family burnout and a resultant reduction in the quantity of placement homes available.

Pardeck (1982) studied the stability and continuity of foster care and discovered that one reason older adolescents have difficulty adjusting to foster care is that they are unsure of their role expectations. They may have come from a biological family situation where the parents were

inadequately fulfilling their roles. The adolescent may not know how to fit into a smoothly-functioning family. The norm may have been chaos, and that is all the adolescent knows. The chances that the foster adolescent will be re-placed in another foster home are thus increased if the problem that underlies the disruptive behavior is not understood. The cyclical nature of foster care re-placement becomes evident when one notices that each time the adolescent is re-placed, there is an intensification of behavioral and/or emotional problems, thus creating a situation where another placement may become necessary.

Bryce and Ehlert (1971) studied 144 foster children and concluded: "children cannot grow emotionally while still in limbo never really belonging to anyone except on a temporary and ill-defined basis. To remain superficially involved can be an advantage in the temporary foster care arrangement but is disastrous on a long-term basis" (Bryce & Ehlert, 1971, p. 51). As planners and administrators have studied the foster care system, they have recognized the need for permanency planning for the children involved therein. Too many children were being placed in foster care and forgotten. As a result, the federal government passed the Adoption Assistance and Child Welfare Act of 1980 that mandates a permanent plan for children coming into the public child welfare system. "Permanency planning implies the right of every child to a stable home, quickly, and with

as few moves or temporary situations as possible. It demands increasing efforts to keep children out of foster care or, once here, to move them back quickly into their own homes, into adoptive homes, or into some other permanent living arrangements" (Maluccio & Fein, 1980, p. 113). It is still too soon to tell the long-term effects of this policy or to evaluate clearly its effectiveness in reducing the number of children lost in the foster care system. One result has been that the biological family has been seen as a unit for child welfare service, and more attention has been given to increasing their resources and adaptive capabilities.

Prosser (1978) emphasized the emotional attachment to the natural mother that a foster child has developed and the care the mother provided prior to placement as factors that influence the duration of foster care placements. Another consideration is the amount and frequency of contact between the foster child and the parents during the placement. Recently, clinicians have been placing more emphasis on the necessity/value of such contact, an aspect of care that was ignored/forgotten for a long time. Another area that is under-researched is the impact of the child in foster care knowing why he or she was placed therein, and having a clear, accurate picture of the reality of the biological family situation.

Lemmon (1975) studied the legal and administrative

implications of self-concept and the foster care adolescent and was unable to find any evidence that being in foster care lowered the self-concept score of the 70 foster children between ages 12 and 15 from whom he collected his data. On the other hand, Cox and Cox (1985) found that

A foster child who moves many times, or who constantly fears that he [sic] may have to move, can suffer devastating effects on his emotional health. He may become defensive, fearful, suspicious, and after repeated moves, he may eventually protect himself from further disappointment and rejection by being less willing to invest in child-parent relationships. Eventually, he loses the capacity (p. xiv).

As Carter (1968) did group counseling with adolescent foster children, it became clear that the youth had deep insecurities about living with families to whom there was no biological tie, and they felt unsure about making the normal parent/adolescent demands on foster parents. Watson and Boverman (1968) also used group counseling with foster children and found the following questions to be asked by the groups on a continual basis: "1) What is wrong with me that my parents are not raising me? 2) Who will take care of me tomorrow? 3) Who am I and what will I be like when I

grow up? - i.e. The children were concerned about self-worth, dependency and identity, subjects which concern all children but the more so the foster child because he [sic] is being brought up by people to whom he does not really or wholly belong" (p. 100).

Joseph (1971) used group therapy with foster care adolescent girls. He helped them deal with body changes, sexual and psychosexual drives, a sense of identity, sex role learning, synthesis of personality, balancing the struggle for independence from the family and emancipation issues, and learning to be whole. One conclusion he reached was that those who had not had gratifying experiences with their parents during childhood had marked anxiety about the loss of parental nurturing. This concern also manifested itself when the girls were given opportunities to leave the group care facility and visit with caring foster families, even for a day. The girls wanted to go with the families for the fun and excitement such a day would provide. They were ambivalent about having fun because they felt guilty if the foster parents would meet their needs for nurturance. They would have to deal with the fact that strangers treated them better than their own biological families had done.

As Edelstein (1981) viewed foster families, she realized that grief is made more difficult if the relationship with the person who is leaving has been characterized by ambivalence or hostility. Since foster children are often

emotionally troubled, the relationships with them may be very strained, and ambivalence/hostility result. This does not negate the sense of loss; it may make it more difficult to be dealt with openly.

The boundary issues for foster families are a major source of concern, and the gate-keeping function of the system governing who is in and who is to exit gets assumed by an agency rather than the family. There is also the issue of psychological inclusion or exclusion that is even more important than who is physically present or absent.

Who assumes what role within the foster family is another area that gets redefined continually. This can lead to a lack of role clarity and a question about definition of norms. It is thought that the children who are reared in environments where the norms are clear are happier and more able to adjust to the school and play norms. Foster children who make frequent moves, which has been the tradition of the past, seem to have a difficult time knowing where they belong, and their sense of well-being and identity consequently suffers.

As Fine (1985) discussed the clinical aspects of foster care, he emphasized the effect of foster care on adolescents. He saw them becoming self-involved and feeling dependent. This led them to fluctuate between idealism and disillusionment. They would then get involved in approach-avoidance relationships with people they loved as a

way to become more individuated. The pain adolescents feel in mourning the secure childhood they never had may cause them to withdraw, become anti-social, or be overwhelmed with anxiety. This may be an antecedant for suicide. Adolescence also offers another chance for individuation, though, and with help from concerned adults can be a springboard for maturity.

There is another aspect to case management that has been studied by Claburn, Magura, and Chizeck (1977). They looked at case reopening after a child has been in foster care and returned to the biological parents. They concluded that "the more case openings and reopenings a child has had, the more likely he [sic] is to reenter the system once again" (p. 661). The cyclic nature of foster care continues in yet another form.

Self-image, self-concept, self-esteem

Self-image literature summary:

Definition of the terms listed above has been provided by Petersen (1981), Coombs (1981), Erikson (1968), Rosenberg (1965), Simmons, Rosenberg, and Rosenberg (1973), and Hauser and Shapiro (1972). Most theorists tie self-image with the identity crisis of adolescence (Petersen & Offer, 1979; Campbell, Adams, & Dobson, 1984; Katz & Zigler, 1967), and some feel adolescence is a time of psychological turmoil (Douvan & Adelson, 1966; Offer & Offer, 1975). Others see puberty as a normal process of development that can be

assimilated by the adolescent (Sameroff, 1977; Petersen & Taylor, 1980; Offer, 1969; Offer, Ostrov, & Howard, 1984; and Barnes & Farrier, 1985).

Factors that affect an adolescent's ability to deal with the emerging self include being able to think in abstract terms (Inhelder & Piaget, 1958; and Montemayor & Eisen, 1977); social cognition (Hill & Palmquist, 1978; Keating, 1980); being able to understand self as different from others (Grotevant & Cooper, 1985); and family interactions and communication (Himes-Chapman & Hansen, 1983; Offer, Ostrov, & Howard, 1982; Koenig, Howard, Offer, & Cremerius, 1984; and Coleman, 1977).

Other factors that affect self-image include separation issues in late adolescence (Blos, 1962); influence of peers (Nesselroade & Baltes, 1974); where one lives (Petersen, Offer, & Kaplan, 1979); and gender (Abramowitz, Petersen, & Schulenberg, 1984; Gove & Herb, 1974; Offer & Howard, 1972; Offer, Ostrov, & Howard, 1977; and Simmons & Rosenberg, 1975).

Some theorists see the self-concept remaining stable throughout adolescence (Monge, 1975) while others see it becoming more negative over time (Simmons, Blyth, VanCleave, & Bush, 1979). Wallace, Cunningham, and DelMonte (1984) see self-esteem increasing, and Rosenkrantz, Vogel, Bee, Broverman, and Broverman (1968) emphasized the patterns persisting into adulthood. There are issues that one deals

with as maturity approaches, and among these are occupational issues (Havinghurst & Gottlieb, 1976). If one has low self-esteem, there is increased vulnerability when dealing with such issues (Elliott, 1984; Ostrov, Offer, & Hartlage, 1984). Petersen (1977) cautioned about making rigid conclusions from data unless more than one person gave input to get a clearer perspective. The literature review follows.

In the literature, self-concept and self-image have been used interchangeably (Petersen, 1981). Coombs (1981) defined self-image as the "phenomenological organization of individuals' experience and ideas about themselves in all aspects of their life" (p. 20). He clarified the difference between self-esteem and self-image by saying that self-image provides an assessment of how people see themselves in any of the various domains of life. Erikson's (1968) theory of development of identity comes the closest to a theory addressing the development of self-concept in adolescence. Rosenberg (1965) defined self-image as an attitude toward an object. The attitude is composed of the facts, opinions, and values with regard to the self, as well as a favorable or unfavorable orientation toward the self. He discovered that depression accompanies low self-esteem as does

unhappiness, gloom, and discouragement. "Adolescents who report close relationships with fathers are considerably more likely to have high self-esteem and stable self-images than those who describe these relationships as more distant" (Rosenberg, p. 44). The combination of a very young divorced mother with a very young child is conducive to the development of emotional disturbance in the child which leads to low self-esteem in the child.

Another association with low self-esteem in children is exceptional maternal and paternal indifference. The report card from school holds a special, almost unique significance in the development of self-concept as it is a measure of an individual's worth. Most parents who are uninterested in school performance are likely to be uninterested in their child. "Very likely such lack of interest in the child goes along with a lack of love, a failure to treat the child with respect, a failure to give him encouragement, a tendency to consider the child something of a nuisance and to treat him with irritation, impatience, and anger" (Rosenberg, 1965, p. 146). Low self-esteem is distressing in itself, and it seems to lead to a state of anxiety that is also distressing. It is important to learn how self-images of individuals change as a result of their life experiences.

Simmons, Rosenberg, and Rosenberg (1973) identified four dimensions of self-image: (a) self-consciousness or the salience of the self; (b) stability; (c) self-esteem which

is the attitude one has toward self; and (d) the perceived self. They concluded that older adolescents showed higher global self-esteem than young children and early adolescents. They recognized that there are consistent age differences between childhood and early adolescence and concluded, "Perhaps puberty does not in itself disturb the self-image but heightens vulnerability to environmental circumstances which threaten the self-concept" (p. 565). It is in the transition from elementary to junior high school that there is the greatest decrease in self-esteem.

Hauser and Shapiro (1972) studied the multiple self-images held by persons in a sample of 58 adolescents. The patient group consisted of all patients admitted to the Adolescent Unit at the National Institute of Mental Health between the fall of 1969 and the fall of 1971. These were diagnosed as having an adolescent adjustment reaction or a personality disorder. There were also 23 non-psychotic adolescents from a private day hospital in the Washington area who were self selected. The control group was 35 high school and early college students who were self selected from a private high school in the Washington area and from the normal volunteer population living at NIMH. They used a Q-sort of "I" statements that the groups generated in relation to a series of self-images. They found that certain self-images may be responsive "barometers" of nonpsychotic adolescent psychopathology. The self-image

corresponding to the ego ideal seems to be the most sensitive, followed by other idealized self-images and then the future self. It is important to consider the repertoire of self-concepts that a person has. These are underlaid by one's personal history and current sociocultural context. It is necessary to see that multiple personality processes interact with one's self-images.

Erikson considers self-image one of an eight-part conflict in the development of identity at adolescence (Petersen & Offer, 1979). How adolescents form their identities was an area studied by Campbell, Adams, and Dobson (1984). They studied 286 undergraduate students living in two campus dormitories and one large undergraduate apartment complex close to a western university campus. They used the Objective Measure of Ego-Identity Status and the Parent-Adolescent Relationship Questionnaire to arrive at their conclusion that there needs to be a moderate level of affectional tie to the mother and a reasonable degree of independence from the father in order to establish an identity-achieved or moratorium status during adolescence. A "balance in family connectedness and encouragement of individuality may be necessary to facilitate healthy adolescent identity formation" (Campbell et al., 1984, p. 523).

Katz and Zigler (1967) studied 120 children randomly selected from all fifth, eighth, and eleventh grade classes

at Carl Place, Long Island, public schools. They administered items from Coopersmith's scale of self esteem and a list of 20 adjectives to assess the real, ideal, and social self. They concluded that there was an increase in self-image disparity with increasing maturity. This increasing disparity appears to accompany attainment of higher levels of development and greater cognitive differentiation which lead to a greater capacity for self-derogation, guilt, and anxiety. Early adolescence is a pivotal point in the development of the self-image disparity.

Erikson (1968) along with other theorists (Douvan & Adelson, 1966; Offer & Offer, 1975), considers psychological turmoil at adolescence necessary and universal. According to Sameroff (1977), a transactional model of self-concept allows one to see puberty as a process that affects development profoundly since all young people experience normal biological change at that time (Petersen & Taylor, 1980). The developing individual changes drastically in appearance and is perceived and responded to differently by self and peers.

Simmons, Blyth, VanCleave, and Bush (1979) indicated that the self-concept becomes less stable and more negative during early adolescence. In their study, girls show heightened self-consciousness, greater instability of self-image, and a lower self-esteem when compared to younger

children. Older adolescents improved on these dimensions. There was an increase in the positiveness of self-image with each increasing grade in school. In comparisons across sex, there were significant increases in self-image over the high school years shown in Family Relations, Vocational and Educational Goals, and Superior Adjustment as measured by the Offer Self-Image Questionnaire (OSIQ).

Offer (1969) studied modal adolescents and found that there was not a tremendous generation gap between them and their parents but that there were a lot of shared values. There were small gaps that were easily bridged. Open, flowing communication and a willingness to empathize were found as ways for potential growth through learning. The modal adolescents found that controlling their own aggression was the most difficult task they faced, even more difficult than handling their sexual urges/impulses. The males sublimated aggressive impulses into competitive sports and used sports more than intellectual pursuits. Any direct angry outbursts were a way of ventilating aggression, and this anger was most often directed toward siblings who were handy targets.

He found that adolescents admit to transient periods of loneliness, feeling isolated from peers, having a difficult time with parents and teachers, and wondering what they were doing and where they were going. This led to the conclusion that "stability, not change, is the overriding

characteristic in the psychological patterns of reaction of these modal adolescents" (Offer, 1969, p. 222).

"Gradualism, as contrasted to volcanic eruptions, best describes the development of the modal adolescent sample" (p. 224).

When Offer, Ostrov, and Howard (1984) looked at the self-image of normal adolescents, they found that adolescents of the 1980s were inclined to feel that their parents were satisfied with them, but the adolescents were not necessarily satisfied with their parents. There seemed to be more distance in the families of the 1980s, less cohesion, and more taking sides than had been found in the previous study of modal adolescents. Normal adolescents had conflicts and problems and at times exhibited disruptive behavior, but they had the potential to be happy, relating well with peers, parents, and others, and could cope well with their external and internal environments.

Barnes and Farrier (1985) reported results of a longitudinal study of low income youth who showed a slight increase in self-concept from 1969 to 1978. Females in their study had lower self-concepts than males, and their results supported Coleman's (1977) focal theory that adolescence is a time of minor and gradual adjustment. Yet, there is continuity to the self-concept over time as reflected in their conclusion, "If one has a negative self-concept when entering adolescence, one will enter

adulthood with the same negative feelings" (Barnes & Farrier, p. 203).

Piaget's theory of cognitive development, the capacity for formal operational thought that first emerges at adolescence, enables the adolescent to think about self as an abstract entity (Inhelder & Piaget, 1958). Montemayor and Eisen (1977) found that self-concept development, like cognitive development, proceeds from the concrete to the abstract. Their study used self-descriptive categories that were likely to change during the adolescent transition period because of changing cognitive capacity as well as the change in roles that adolescents experience. The recent research on social cognition that has followed Piaget's research shows promise of expanding our understanding of the development of the self-concept (Hill & Palmquist, 1978; Keating, 1980).

Grotevant and Cooper (1985) studied 84 Caucasian, middle-class, two-parent families with an adolescent who was a high school senior and had either one or two siblings. They administered the Family Interaction Task, the Ego Identity Interview, the Extended Range Vocabulary Test, and the Strong-Campbell Interest Inventory to the youth. They found that sources of family influence on female identity exploration were more diverse than for males. This is consistent with Erikson's (1968) view that identity formation involves a definition of a sense of self as

distinctive from others. "In late adolescence, acknowledgement and coordination of such differences in family interactions, as seen in permeability and mutuality, offer a context in which adolescents may consider and refine options for their identity" (Grotevant & Cooper, 1985, p. 425).

Himes-Chapman and Hansen (1983) compared groups of 20 subjects in each of the following categories: (a) adolescents hospitalized at a mental health facility; (b) adolescents placed in youth homes on probation; and (c) a normal group of adolescents from high schools. They administered the Family Environment Scale, the Parent-Child Relations Questionnaire, and the Tennessee Self-Concept Scale. They found that adolescents in youth homes viewed their parents as setting higher standards of accomplishment, having strict rules, and being punitive and over-involved in their lives. The youth homes and the mental health groups perceived their parents as: not paying attention to them, being responsive if parents were not busy, not taking the youth into consideration, not planning for them, and not talking to them very much. The persons with low self-concept scores were doubtful of their own worth, saw themselves as undesirable, felt anxious, were depressed, unhappy, and had little faith/confidence in themselves. They concluded from this that "If youth are to succeed when discharged from a hospital or home, the entire family will

need modification" (Himes-Chapman & Hansen, 1983, p. 298).

In 1979, Offer, Ostrov, and Howard (1982) studied 106 normal families from three middle-class suburban Chicago high schools. They defined normal adolescents as those free from incapacitating psychopathology. They administered the OSIQ and the Offer Parent-Adolescent Questionnaire. They concluded that the quality of the child's self-image correlates with parent-child communication. They found positive self-perceptions among the adolescents, and good parent-adolescent communication in smoothly-functioning family systems. The mother-daughter communication strongly related to the self-image of the adolescent girl, and daughters' self-image was more dependent on the quality of the parent-adolescent relationship than was sons' self-image. The more the parents agreed with each other and with the adolescents' self-perceptions, the healthier was the adolescents' self-image.

Koenig, Howard, Offer, and Cremerius (1984) studied adolescents aged 12-19 from six psychiatric facilities in the United States. They grouped the subjects by diagnostic categories, including depressed, conduct-disordered, eating-disordered, and psychotic adolescents. They concluded that the depressed adolescents who had been categorized by their scores on the Beck Depression Inventory reported a conflictual atmosphere in their homes and reported that they did not get along well with their

parents. The conduct-disordered adolescents had the lowest family relationship scores of all the groups tested and were characterized by severely dysfunctional family interactions. The adolescents with eating disorders did not report conflict within their families but did report having positive feelings for them. This may, in fact, reveal that they were enmeshed in their families. The psychotic adolescents reported conflictual relationships between themselves and their parents.

Coleman (1977) felt that parental pressure peaked at mid-adolescence as a reflection of the anxiety some parents experience when their children reach puberty. He also recognized the increase in the relative importance of peer groups during mid-adolescence. Blos (1962) recognized that many youths struggle with issues of separation from their families of origin, but this process usually happens in late adolescence, or the post high school years. At that time, there is greater emphasis on heterosexual relationships (Coleman, 1977), and occupational issues become more important (Havinghurst & Gottlieb, 1976).

Nesselroade and Baltes (1974) concluded that historical effects were important variables in adolescent development. They felt that cohort effects were more extreme in adolescence than other life periods because of the peer importance. In a comparison of 1970s youth to those of the 1960s, the 1970s youths were found to show lower self-image

scores than the 1960s youths on every scale on which they were measured by the OSIQ. The largest differential effects were shown in the Impulse Control and Morals Scales.

Rural youth tended to report a lower self-image than those from urban areas, and suburban youth had higher self-images than those from rural areas (Petersen, Offer, & Kaplan, 1979). There were statistically significant differences on the Morals, Psychopathology, and Superior Adjustment Scales of the OSIQ between the rural and urban youth. Rosenberg's (1965) study of self-concept found that the adolescent referent group had an impact on the youth's view of self, but there have been mixed results on the effect of socioeconomic status and ethnicity from other research studies. In fact, the effects of ethnicity have been shown to be ambiguous.

Abramowitz, Petersen, and Schulenberg (1984) studied 254 young adolescents drawn at random in the late 1970s from two consecutive cohorts of sixth graders in two predominantly white, middle-class to upper-middle-class suburbs of a major midwestern city. They administered the Self-Image Questionnaire for Young Adolescents (SIQYA). Boys had higher self-image scores than girls in this sample. Girls were better adjusted than boys at home and school and had less trouble handling impulses than boys. They concluded that "early adolescence is one of the most difficult phases of the life span....These data highlight the tremendous

resilience and coping capacity that most young people can marshal to deal with the stressors of early adolescence" (Abramowitz et al., 1984, p. 26).

Girls have been shown to have poorer self-images than boys at adolescence in studies by Gove and Herb (1974); Offer and Howard, (1972); Offer, Ostrov, and Howard, (1977); and Simmons and Rosenberg (1975). When measured by the OSIQ, males were found to score higher than females on Emotional Tone, Body and Self-Image, and External Mastery. Females scored higher than males on the Morals scale (Offer et al., 1977). When Monge (1975) looked at qualitative changes in self-image, he found self-image to be continuous throughout the pubertal years, and that the structure of the self-concept remains similar from the sixth through the twelfth grades. He based this conclusion on the semantic differential scales he administered to adolescents.

Wallace, Cunningham, and DelMonte (1984) studied 152 students from third and fourth grades of a rural school district by using Coopersmith's Self-Esteem Inventory. They retested 70 of these students in 1978 and found that they were able to extend the positive relationships between age and growth of self-esteem to a younger age range. They did not find a gender difference on the Self-Esteem Inventory school scale for the 14-year-olds and concluded that there was an increase in self-esteem during early adolescence that results from the greater sense of competence that

accompanies the marked physical growth of the period.

These patterns seem to persist into adulthood (Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968). Elliott (1984) studied 1098 adolescents ages 12-19 in Baltimore City public schools in grades 3-12 in 1968. He used a measure of self-esteem, vulnerability, fantasy, self-consciousness, and social anxiety. He found that individuals with low self-esteem felt greater vulnerability to the criticism others offered, which leads to a greater focus on one's own internal state. There was a relationship also found between those with low self-esteem who tended to fantasize more and to have greater private self-consciousness.

Ostrov, Offer, and Hartlage (1984) studied the quietly disturbed adolescent by randomly sampling 260 students in a suburban Chicago high school. They used the OSIQ and the Delinquency Check List as well as a survey of the mental health services the students had used and some open-ended questions about problems they felt they needed mental health help for but had not received. "About 20 percent of the adolescents in our study were emotionally disturbed to some degree....50 percent of disturbed youths have not received significant help or come to the attention of authorities" (Ostrov et al., 1984, pp. 79-80).

One factor may be biasing the information on self-image reported herein, and that is social desirability. Petersen

(1977) talked about the bias in self-reports from that source. She suggested collecting data from the adolescents and their parents as a way to combat the problem.

Adoption and self-image

Adoption and self-image literature summary:

Adoptees are presented as having complicated self-image problems due to being relinquished by their birth parents (Hodges, 1984), and they need to find their place (Schechter & Holter, 1975). The adoptive family experiences strains that biological families do not have (Kirk, Jonassohn, & Fish, 1966). Gallagher (1967) studied the adjustment of adoptees as did Kaye (1982) who emphasized the continuity of the self. Novell and Guy (1977) concluded that adoption does not lower self-concept. The review of the literature follows.

Hodges (1984) recognized that adoptive children have to face coming to terms with the awareness that they are born to, and relinquished by, their first parents. As a result, adoptees question who their parents were, what they were like, and why they gave them up. When trying to understand why, the area of self-representation involved is feelings of self-worth or self-esteem. The adoptee seems to take part of the blame for being given up, either consciously or

unconsciously. The child fantasizes about either deserving or provoking the rejection. Thus, the self-representation is damaged as is the sense of self as valuable. It is difficult to maintain self-esteem when one sees oneself as less than valued and precious.

Schechter and Holter (1975) saw that during late adolescence and early adulthood, there was a desire on the part of the adoptees to find their "biologic parents so that they can discover their own place in the continuum of mankind" (p. 657). This is one explanation for the identity problems that adoptees face as they enter young adulthood.

Kirk et al. (1966) recognized that adoptive relations are subject to strains not typically part of the structure of the nuclear family. Adoptive parents tend to respond to these basic strains by behavior that is conducive to poor integration of the adoptive family unit. Gallagher (1967) wanted more study done of the adjustment of adoptees so that better adoption practices could be accomplished. It is necessary to identify the problems and point out the stresses and strains on both the adoptee and the adoptive parents since there are children's lives behind each of the adoption statistics.

Kaye (1982) looked at the self-image of adopted children in particular. "The adopted child has experienced a massive disruption in this [past self, future self, and presently perceived self] continuity of experience with likely impact

upon the self-referent system" (p. 175). Adopted children experience curiosity about roots/origins as dangerous. That the adopted child has been abandoned by biological parents is reflected in self-representations. The adopted children fight to avoid implications of earlier rejection and abandonment as purposeful so they must deny all purpose. They are embedded in a fantasy of a world without meaning so that there is a basic absence of a sense of autonomy in the self system. The adopted child may not meet the demands of the adoptive family by acting out those impulses that will lead to more rejection. One way to do this is to intensify any identification with behaviors that represent the biological parents. They may also represent the adoptive parents' fantasies about the biological parents. Adoptive children and their parents seem to have problems in the resolution of ambivalence and working it through. "A central dilemma for many adopted children would then be the great need to experience the self representation as wanted, while actually 'knowing' himself to be tainted and defective, as, indeed a way of accounting for being discarded" (Kaye, 1982, p. 178). The immature ego cannot adequately cope with abandonment by original parents and the severe narcissistic injury that follows. Novell and Guy (1977) compared the self-concept in adopted and nonadopted adolescents using the Barger Self-Concept Scale. They could not find a significant difference between the two groups and

concluded that the adoption itself does not lower the self-concept, nor can the status of being adopted alone produce a negative identity. What seems a key to the adjustment of the adoptee is the initial motives that the parents have for wanting to adopt. What also seems an important consideration is that the adoptee may have had a limited opportunity to be with a stable family and to identify with them which may lead to feelings of insecurity and guilt.

Family Cohesion, Adaptability, and Communication

Family cohesion, adaptability, and communication summary:

There are several definitions of cohesion that have been offered in the literature by Olson, Portner, and Bell (1982), Minuchin et al. (1967), and Minuchin (1974). Olson, Sprenkle, and Russell (1979) looked at how cohesion changes with the varying developmental patterns of families. Olson, Russell, and Sprenkle (1980, 1983) devised the Circumplex Model to conceptualize the adaptability and cohesion dimensions of families.

Numerous researchers have tested that model, including Barnes and Olson (1985) who added in the communication dimension. Russell (1979) supported the curvilinear hypothesis of the model with her research, and Portner (1981) provided empirical validation as did Bell (1982). Stierlin (1974) used different terminology for the cohesion

dimensions, but Olson and others agreed with Stierlin that the optimal functioning for families is in the balanced area of the models. Beavers and Voeller (1983) used Stierlin's centripetal and centrifugal force ideas in their model. Others who thought that the balance in families is functional include Rosenblatt and Titus (1976), Baker (1976), who looked at "fused" families; Bowen (1972) who described the "undifferentiated family ego mass"; and Boszormenyi-Nagy (1965) who wrote of the "amorphous we experience."

Druckman (1979), Hoffman (1975), Klugman (1975), Reiss (1971), Sauer (1982), Fogarty (1980), Hess and Handel (1959), and Kantor and Lehr (1975) used cohesion as a concept in their studies and concurred with the balance in families being a functional concept. Glueck and Glueck (1950) did not support the idea of families functioning best in mid-range, nor did Lowe (1983). Olson, Russell, and Sprenkle (1983) reconsidered family togetherness as being dysfunctional as a result of dealing with some enmeshed families wherein everyone agreed to the expectations.

Lewis, Beavers, Gossett, and Phillips (1976) found that families do modify their behavior, and Nye and Rushing (1969) emphasized the importance of the family sharing values as a springboard for the behavior changes necessary to the survival of the family. Lidz (1979) emphasized the value of a strong parental coalition for family functioning.

Not everyone has accepted the Circumplex Model; Bilbro and Dreyer (1981) questioned the relationship between the concepts of disengagement and enmeshment, and Beavers, Hampson, and Hulgus (1985) pointed out that labeling of families can cause some problems. Richardson, Abramowitz, Asp, and Petersen (1986) looked at other areas besides the ones Olson and his associates considered as affecting families as a way to understand the functioning of families further. The literature review follows.

Family cohesion describes the feelings of being separated from or connected to the family. Olson, Portner, and Bell (1982) define cohesion as "the emotional bonding that family members have toward one another" (p. 1). Minuchin et al. (1967) introduced the concept of cohesion when they described families with delinquent children on an "enmeshment-disengagement" continuum. Enmeshed families showed high cohesion (tight connection), wherein individuals had little room for autonomy or independence. Disengaged families with low cohesion reflected very little togetherness or belonging. Minuchin (1974) found the extremes on the continuum reflective of problem families whereas nonproblem families were mid-range in levels of cohesion.

Developmental cycles through which families grow reflect different levels of family cohesion (Minuchin). As adolescents mature, healthy, nonproblem families facilitate

their emancipation by becoming more disengaged. Those families that were at extremes on the cohesion continuum before the adolescents matured have more difficulty achieving emancipation.

Family cohesion needs to change with the developmental stage of the family. Extremes may be functional at some times for certain families (Olson, Sprenkle & Russell, 1979), but if the extreme ceases to be appropriate, the family may become dysfunctional. Olson and his students at the University of Minnesota designed the Circumplex Model to analyze family functioning from the cohesion and adaptability dimensions (Olson, Russell, & Sprenkle, 1980, 1983; Olson et al., 1979). As Olson et al. (1979) studied families of adolescents, they found nonproblem families to be "separated" or "connected" while problem families were "enmeshed" or "disengaged" in the Circumplex Model matrix.

When Barnes and Olson (1985) tested the Circumplex Model with parent-adolescent communication, they concluded that "families with better parent-adolescent communication were higher in family cohesion, family adaptability, and family satisfaction ... and were also satisfied with their overall quality of life" (pp. 444-445). Russell (1979) supported the curvilinear relationship between cohesion and adaptability in her study of 31 families wherein the SIMFAM technique was used to assess family functioning.

In addition to Russell's study where empirical

validation of the model was revealed, Portner (1981) used the Family Adaptability and Cohesion Evaluation scales (FACES) to compare 55 therapy families with 117 nontherapy families. Nontherapy families clustered toward mid-range on cohesion and adaptability while clinical families were more disengaged. All these families had one adolescent as well as both parents included in the study. Bell (1982) used the same 117 nontherapy families as Portner and compared them with 33 families with runaways. In nontherapy families, mothers' and adolescents' perceptions were more balanced on adaptability and cohesion than were the runaway families. Nontherapy fathers did not have the same perceptions as the mothers and the adolescents. There was a statistically significant number of runaway families at the disengaged end of the continuum as compared to the nontherapy families.

Cohesion has been described by Stierlin (1974) as a contest between the opposing pulls of centripetal force pulling toward emotional oneness within the family and centrifugal force that pulls people away from the family system. Beavers and Voeller (1983) reported on the clinical usefulness of the Beavers Systems Model that employs the same concepts of centripetal and centrifugal forces within the family. Stierlin, Beavers, and Voeller noted that healthy family functioning results from these forces being in balance rather than one or the other predominant.

Rosenblatt and Titus (1976) viewed cohesion on a

"togetherness-apartness" continuum and identified healthy family functioning as being a result of a balance between the two ideas. Adolescents can handle the autonomy crisis more adequately when they have the support from their families, or are mid-range on the "togetherness-apartness" continuum. Families that stress extreme togetherness sabotage autonomy while those who are apart provide a negligible amount of support.

Baker (1976) referred to "fused" families wherein there is no "relationship dialogue" (p. 4). This is similar to Bowen's (1972) "undifferentiated family ego mass" or Boszormenyi-Nagy's (1965) "amorphous we-experience". Here "the fused family is one in which the members have joined forces to help each other avoid the pain of emotional growth" (Baker, 1976, p. 5). Minuchin (1974) identified the lack of awareness enmeshed families have when they describe themselves as loving and/or close when what is really present is an injunction against differentiation. Such a failure to achieve differentiation is seen in fusion and disengagement and is characteristic of people failing to listen to each other (Bowen). Baker concluded that the "enmeshed family ... is ... characterized by rigid rules, double binding, disqualification of messages, reflexive triangles or dysfunctional sets, and system stasis" (p. 21).

How individuals function autonomously has been studied in the context of family cohesion by numerous family

therapists (Bell, 1982; Druckman, 1979; Hoffman, 1975; Klugman, 1975; Lowe, 1983; Minuchin et al., 1967; Portner, 1981; Reiss, 1971; Rosenblatt & Titus, 1976; Russell, 1979; Sauer, 1982). Cohesion has been presented as a continuum from disengagement or total separateness of family members to enmeshment where there is total togetherness. The optimum functioning seems to be mid-range Fogarty, 1980; Hess & Handel, 1959; Kantor & Lehr, 1975; Olson et al., 1979). Level of cohesion seems to differentiate problem from nonproblem families (Lowe).

Glueck and Glueck (1950) assessed family cohesion in families with juvenile delinquents. They presented a three-stage model for family cohesion, with stage one being cooperation, affection, and group interests. The mid-range group (stage two) showed cohesiveness and distance of some family members, while the third stage had individual interests taking precedence over those of the group. Their most functional group, the nondelinquent families, were in stage one or "togetherness."

Reiss (1971) focused on normal, delinquent, and schizophrenic family cohesion behavior patterns. His three categories included: (a) interpersonal distance-sensitive families where he found delinquents; (b) environment-sensitive families where normal families balanced autonomy and togetherness; and (c) consensus-sensitive families wherein he found

schizophrenics. Mid-range families are the most functional in this schema. Reiss' categories are similar to Minuchin's disengaged, normal, and enmeshed patterns.

Druckman studied family cohesion of 29 families of female status offenders (ages 12-17). Using pre- and post-test scores on the Moos Family Environment Scale, she divided those families who followed through on a family therapy referral from those who did not follow through. She found that extreme scores on cohesion were found in families where the female offender was reappearing in court or could be classed as a recidivist, following completion of the treatment program.

It has generally been the consensus of family therapy theorists that healthy families are at the mid-point on the family cohesion continuum. Olson, Sprenkle, and Russell (1983) have reconsidered this position because they have noted that a sizable minority of families emphasize togetherness even at the expense of individual autonomy but cannot be classified as dysfunctional. Certain cultural groups including Slovak-American, Italian, Puerto Rican as well as Amish and Mormon families experience a strong sense of family loyalty. What differentiates these "enmeshed" families from those who are dysfunctional is that all members seem to concur with the family togetherness expectation. It then becomes necessary to determine an individual's level of satisfaction with the family's level

of cohesion. This can be achieved by obtaining a description of the system as it is perceived and as the person would like it to be, the ideal. The discrepancy would be indicative of level of satisfaction, with greater discrepancies indicating low levels of satisfaction. How a family functions depends on the level of congruence between perceived and ideal for all family members (Olson et al., 1983).

Lowe (1983) found higher levels of family cohesion to be associated with the higher quality evaluations adolescents gave of their relationships with their parents, contrary to the mid-range expectation. This study supported the findings of Glueck and Glueck. The results are consistent with recent understandings about family agreement about levels of cohesion (Olson et al., 1983). Farley discussed the acceptable range of cohesion that individual families develop. There are ranges of behavior between high connectedness and individuation wherein individuals within the family may be considered as having appropriate levels of cohesion.

Fogarty (1980) studied family connectedness in contemporary society and concluded that normative families have a sense of closeness of their members, and that personal relationships are important to the family since it may be the only source of high levels of cohesion and trust. "The purpose of all families is to foster systematic values

which lead to one-on-one relationships" (p. 95).

Lewis, Beavers, Gossett and Phillips (1976) emphasized the dynamic nature of family relationships and found that one of the strengths that families show is that they can recognize change and thereby modify behavior. They interviewed 44 families who were part of a volunteer study of family strengths. They were given tasks to perform and were videotaped. Analysis of the tapes differentiated healthy families from pathological ones in the area of strong parental coalitions as well as recognition of growth/change.

Kantor and Lehr (1975) presented cohesion in terms of distance regulation among members. This distance is influenced by events and circumstances within the family context and the family in a social context. Distance among family members has a bearing on their sense of cohesion/closeness. Nye and Rushing (1969) found that cohesion is developed from the shared values within the family as well as the family belief system and goals. These provide continuity and family stability. They called the family's functioning as a unit, family integration.

Lidz (1979) found in a literature review that cohesion resulted from a strong parental coalition and the establishment of family boundaries that provide a framework within which children can develop. When the parental coalition maintains appropriate generational boundaries,

personality development is enhanced. The family's overall flexibility is related to the flexibility of its boundaries and the definition the family has of its own closeness.

Hess and Handel (1959) studied 33 families before they developed their separateness-connectedness continuum. Each family defines for itself the appropriate level of interaction among its members, with the level being a dynamic condition that changes with developmental and other needs of children and adults.

Bilbro and Dreyer (1981) evaluated cohesion as measured by FACES (the original questionnaire) and questioned the relationship between disengagement and enmeshment, stating that "it is possible for a family or family members to be enmeshed and disengaged at the same time" (p. 420). Their conclusion was that independence as Olson and his colleagues define it ("individual autonomy a person has in the family system") (Olson et al., 1979, p. 3) may not be a part of family cohesion but some other family dimension. Beavers, Hampson, and Hulgus (1985) felt that Olson's use of cohesion and adaptability as labeling terminology may cause some interpretation problems. They pointed out that Olson operationally defined the terms, and thus altered the denotations. "The danger of misidentifying things, labels, system levels, and concepts is well illustrated in...citing...Olson's nonclinical families being given pathological clinical labels because they answered questions

in a way that scored high on family satisfaction as well as cohesion!" (p. 402)

Since the hypothesis about how the family feels about their cohesiveness has not been empirically validated, more research needs to be done in this area to determine the impact of various levels of family cohesion on adolescent psychological adjustment. Previous research has also focused on a definition of cohesion, how to measure it, and what normative cohesion is (Olson et al., 1982), but little research has been conducted with families where special relationships exist because of unusual family structure as in adoptive and families.

Adaptability as Olson et al. (1979) define it is "the ability of a marital/family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (p. 12). Adaptability incorporates both change and stability. According to the Circumplex Model, there needs to be a balance between the change and stability for the family to be functional. A part of the process of maintaining this balance is the feedback that the family members give to each other. Positive feedback encourages the system to grow, while negative feedback tries to keep the system from changing. Families are capable of change in response to feedback, according to the developmental approach. There are situational crises to be dealt with as well as the ones

inherent in the life cycle, based on the development of individuals over time. There are normal transitional experiences that must be incorporated into the family with the passage of time and the maturing of individuals.

In dividing the concept of adaptability into smaller pieces, Olson et. al (1979) looked at the power structure of the family; their styles of negotiation; the relationships between the roles therein; the rules for relationships; and the feedback mechanisms. This concept has been researched in marital relationships by looking at the levels of flexibility, empathy, and motivation that a spouse used to deal with problems. Tied in directly with the measurement of cohesion and adaptability is the communication of the family. Olson et al. (1979) described communication as the facilitative factor in family functioning.

Other theorists have identified other factors that they feel affect parent-child relationships, and Richardson, Abramowitz, Asp, and Petersen (1986) studied family size, sibling spacing, and gender as they affect the relationship with parents. Their sample consisted of 96 eighth graders from intact families with at least two children. Gender influenced the mother-child relationships in early adolescence as girls reported spending more time with their parents than boys did. Relationships with fathers were most influenced by sibling spacing, with siblings who are further apart spending more time with their fathers than those who

have siblings closer in age to themselves. It would appear that the family adaptability and cohesion as well as communication processes would be affected by the same factors, and are not accounted for directly in the Circumplex Model.

Gaps in the present research

To date, there have been isolated studies of the phenomena surrounding adoption and foster care as they affect self-image. Likewise, researchers have sought to understand family dynamics as they relate to the ability to withstand challenges to the family's sense of bonding or cohesiveness. No one has put these concepts together and applied them to adoptive and foster families to try to target the differences that adoptees and foster adolescents experience from other adolescents.

Chapter 3
Methodology
Sample

Fifty-five adolescents in Virginia and Kentucky were sampled. There had been 200 questionnaires sent out. Of the ones returned, 12 were adoptees, 18 were foster adolescents, and 25 were the comparison group from biological families. The adoptees and foster adolescents were recruited from placements made through the Virginia Department of Social Services, the Kentucky Cabinet for Human Resources, and the Children's Home Society of Virginia, an independent adoption agency. The Director of the Virginia Department for Social Services as well as the adoption liaison officer for that agency in the Roanoke area office, the area adoption/foster care coordinator for the Kentucky Cabinet for Human Resources in Jamestown, Kentucky, and the director of the Children's Home Society were contacted to allow the researcher to invite adolescents to participate.

Social workers providing adoptive/foster care followup in these agencies as well as agency directors were responsible for sending the questionnaires to the subjects. The Baptist Children's Home in Salem, Virginia, sent letters to 35 adoptive families, asking for their cooperation in the research, and no one responded. The Children's Home Society of Virginia sent 20 questionnaires to adoptees, and one

was completed and returned to the researcher. The Department for Social Services in the Roanoke, Virginia, regional office sent 20 questionnaires to adoptees, and none was returned. The Cabinet for Human Resources in Jamestown, Kentucky, sent 20 questionnaires to adoptees, and two were completed. The other adoptees in the sample were from 15 other contacts the researcher made with families wherein an adoptee was present. Some of these had been independent adoptions, and others had been completed by out-of-state agencies.

The foster care sample came from 30 questionnaires that were distributed by the Roanoke, Virginia, regional office, of which 12 were returned, and from 30 questionnaires that were distributed by the Jamestown, Kentucky, office of the Cabinet for Human Resources, of which 6 were returned. The biological sample came from 65 questionnaires that were distributed through the ministers of youth at two Blacksburg, Virginia, area churches, and 25 of them were returned.

The researcher only knew who was invited to participate by the ones who returned the forms; there was no contact allowed with the others who were invited to participate so as to protect their confidentiality. The study was explained by a letter to the adolescents (see Appendix A for the letter to participants) and a letter to the parents/guardians (see Appendix B for the letter to the

parents/guardians). The parents also received informed consent agreements to be signed and returned to the researcher (see Appendix C for the Informed Consent Agreement). Confidentiality was explained in the letters, and was guaranteed. Participants were told that all their responses would be kept confidential and that identifying information would be destroyed after data collection.

The Offer Self-Image Questionnaire (Offer, Ostrov, & Howard, 1982), FACES III (Olson, Portner, & Lavee, 1985), and the Parent-Adolescent Communication Scale (Barnes & Olson, 1985) were completed by all adolescents who agreed to participate in the study. Demographic data were collected at the time of administration of the questionnaires. They included age, subject's education, number of siblings, parents' marital status, parents' education and employment. There was also a question about the number of foster care placements prior to the present one. (See Appendix G for the background information form).

A minimum residency period of 6 months in both foster homes and the adoptive homes was set. The minimum was set based on the researcher's professional experience which indicates that there is an initial adjustment period when the placement first occurs that may not be representative of the family structure and communication patterns into which each family settles. This was a purposive sampling of adolescents in foster care and adoptive homes, and the

participants were self-selected to the extent that each person could refuse to participate.

Adolescent subjects for the study ranged from 12 through 17. There were 31 females and 24 males in the sample. (See Table 1 for a presentation of the demographic data about the sample). The marital status of the parents of the respondents as reported by the adolescents included: 36 married; 9 divorced; 4 one parent deceased; 4 never married; 2 not reported. Sixty percent (n=33) of the mothers were employed outside the home, and 40% (n=22) were not.

Instruments

Family Adaptability and Cohesion Evaluation Scales III

The Family Adaptability and Cohesion Evaluation Scales (FACES III) (Olson, Portner, & Bell, 1982) were developed to assess the cohesion and adaptability dimensions of family structure. FACES III is designed to identify both perceived and ideal family functioning. This is an inverse measure of family satisfaction. FACES III scales have been shown to discriminate between nonproblem and problem families. Chronbach's alpha for internal consistency has been found to be .77 for cohesion, .62 for adaptability, and .68 for the total score. On the test-retest reliability, Chronbach's alpha is .83 for cohesion and .80 for adaptability in a 4-5 week retest period for FACES II. The correlation between cohesion and adaptability has been reduced to .03 on FACES

Table 1

Demographic Characteristics

	<u>Adoptive</u> (n=12)	<u>Foster</u> (n=18)	<u>Biological</u> (n=25)	<u>Total</u> (n=55)
Age				
Range	12-17	13-17	12-16	12-17
\bar{X}	15	15.39	13.88	14.62
sd	1.28	1.2	1.13	1.35
Grade Completed				
Range	5-11	4-11	6-11	4-11
\bar{X}	8.17	8.61	8.32	8.38
sd	1.4	1.79	1.34	1.5
Mother Education ^a				
Range	6-21	3-18	6-21	3-21
\bar{X}	15	10.53	15	12.14
sd	4.57	3.4	3.66	5.87
Father Education ^b				
Range	3-20	3-21	9-21	3-21
\bar{X}	13.22	8.3	15.56	10.18
sd	6.2	5.44	3.73	7.47
Siblings				
Range	1-6	0-7	1-5	0-7
\bar{X}	2.83	3.67	1.88	2.67
sd	1.75	2.33	1.33	1.94
Previous Foster Care Placements				
Range	0-9	0-7	not applicable	
\bar{X}	1.58	1.56		
sd	2.5	1.2		

^an=10,15,24; ^bn=9,10,23.

Note: Specific frequencies for demographic characteristics are graphically presented in Appendix I.

III (Olson, Portner, & Lavee, 1985). A copy of FACES III is in Appendix D.

Family cohesion measures emotional bonding, supportiveness, family boundaries, time and friends, and interest in recreation. Family adaptability measures leadership, control, and discipline, and the combined concept of rules and roles.

Although Olson et al. (1982) suggests that the most reliable estimates of family cohesion are obtained when family members respond individually to FACES items, then comparisons are made, only the adolescents' responses will be used for this study. The rationale is that it is the adolescents' perceptions of the level of family cohesion and adaptability that will determine their levels of adjustment (Ferreira, 1966).

Steinberg (1987) used the cohesion subscale of FACES II to evaluate parent-adolescent cohesion in the 204 families with a firstborn child between 10 and 15. All family members completed the inventory separately. The study was assessing the impact of pubertal status and pubertal timing on the family relationships of the subjects. The mothers' reports of closeness showed that the boys' pubertal status is not related to the report the mothers gave of closeness with their sons. Mothers did report less cohesion with sons who matured later and more cohesion with those who matured early. The fathers' reports of closeness with their sons

were unrelated to the sons' pubertal timing or status. When the sons were reporting on their cohesion with their mothers, the more physically mature sons reported less cohesion than the less physically mature ones. Their reports of cohesion with the fathers did not have a relationship to pubertal status.

The situation with girls who reported closeness with their parents was similar to that reported by the sons. The physically mature girls reported less cohesion with their mothers than those less physically mature as well as less calm communication with their mothers. They also reported less closeness with their fathers than the less physically mature girls and less calm communication with the fathers as well. The mothers reported less cohesion with physically mature daughters than with less physically mature girls, but there was no relationship to pubertal status and mothers' reported closeness. This study confirmed the theory that closeness with parents decreases among adolescent boys and girls as well (Steinberg, 1987).

Walker and Greene (1987) used FACES II to study the relationship between negative life events, psychosocial resources, and the psychophysiological symptoms of adolescents. They studied 123 new patients in an adolescent outpatient medical clinic. The subjects ranged from 11 to 19 years old, and there were 73 females and 50 males. They chose to measure family adaptability and cohesion in this

context because they predicted that the adaptability of the family would protect the adolescents from the negative effects of stress and that the cohesion of the family would be important to the adolescents when stress increased. "If family cohesion buffers adolescents from the effects of stress, then at high levels of negative life events, adolescents with high family cohesion should report fewer symptoms than those with low family cohesion. In fact, adolescents with frequent negative life events reported high symptom levels regardless of their level of family cohesion.... Those with lowest family cohesion reported the most symptoms" (pp. 32-33). The conclusion with regard to adaptability was that greater adaptability may protect males from the effects of negative life events, and males may react to rigid family systems by feeling blocked in their efforts to cope. There was not an effect of adaptability for the females on their coping with negative life events.

Rodick, Henggeler, and Hanson (1986) used the original FACES in their study of 58 mother-son dyads from families where the father was absent. They concluded that FACES was proficient at differentiating between the delinquent and nondelinquent families in their study. The more seriously disturbed families they studied tended to fall in the chaotically enmeshed typology. This may be reflective of the fact that many lower-class families exhibit less organization and less adequate role performance by the

parents. There may also be a blurring of generational boundaries in such families which may be a reflection of their enmeshment pattern. To deal with these situations, a goal of treatment would be to create a workable structure for the chaotically enmeshed families and help them establish a responsibility hierarchy, with the parent being willing to assume the role of ultimate authority. This must be accompanied by effective communication by the mother of what her desires are for the behavior of the adolescent.

Bredehoft and Hey (1985) used FACES II with volunteer families of two parents and at least one adolescent, aged 11-19. There were 13 treatment subjects and 14 control subjects. They found the adolescents' self-esteem made a difference in the fathers' adaptability in dealing with the sons. These were highly educated professionals from the upper income bracket who might not have been predicted to be as adaptable as other types of families. Weber and Fournier (1985) used FACES with some modification of the scoring procedures to study family reactions to death experiences. They found that some family styles were more likely to exclude children from family death experiences, and that these children often have more need for support during life transitions due to greater confusion.

Pink and Wampler (1985) used FACES and the Parent-Adolescent Communication Scale with the mothers, stepfathers, and adolescents from 28 stepfamilies, and the

mothers, fathers, and adolescents from 28 first-marriage families as their sample. The adolescents were from 12-18 and were living at home. They used the PAC as an indicator of the quality of the father/stepfather-adolescent relationship as assessed by the mother, the father/stepfather, and the adolescent. They found that the members in stepfamilies described their families as less cohesive and less adaptable than the intact families reported themselves to be.

Offer Self-Image Questionnaire for Adolescents

This instrument measures psychological well-being and adjustment of adolescents ages 13-19 and has been administered to over 20,000 subjects in several different research settings (Offer & Howard, 1982). The OSIQ measures psychological adjustment in 11 different areas: impulse control, emotional tone, body and self-image, social attitudes, morals, sexual attitudes, family relations, external mastery, vocational and educational goals, psychopathology, and superior adjustment (Offer, Ostrov, & Howard, 1981). A copy of the OSIQ is in Appendix F.

Reliability estimates on the samples of 13-19 year olds tested between 1962-1971 revealed a high degree of homogeneity among the scales across the the various samples. The internal consistency of the measure was supported by intraclass correlations which were high for all scales

except the sexual attitudes scale (Offer & Howard, 1982). Validity was demonstrated in its ability to discriminate between samples studied. Older adolescents generally showed higher levels of adjustment than younger adolescents. Males scored higher on impulse control, body and self-image, sexual attitudes, and psychopathology scales while the females were better adjusted in social attitudes, morals, family relations, external mastery, and vocational and educational goals (Offer & Howard).

The most significant finding of the Offer and Howard (1972) study was that this instrument discriminated between normal and disturbed adolescents. A composite adjustment score was obtained by averaging the scores on the eleven subscales.

Half of the items on the OSIQ are written positively, while the remaining items are written negatively. This was done so as to minimize response set problems. The scores range from 1-6 on each item. The higher the score, the less adjustment to adolescence. The score of 1 indicates superior adjustment. Raw scores for each scale are determined by summing the values for all items and then dividing by the number of items in the scale (Offer, Ostrov, & Howard, 1981.)

The respondent indicated how well each item describes him/her. The six response alternatives include:
1=describes me very well; 2=describes me well; 3=describes

me fairly well; 4=does not quite describe me; 5=does not really describe me; 6=does not describe me at all (Offer, Ostrov, & Howard). For a group of 1,385 adolescents assessed during the 1970s, a standard scoring system was devised using a mean of 50 with a standard deviation of 15 for all scales except the sexual attitudes scale. A total score of 50 is equal to the normal reference mean. Scores that are less than 50 are the less adjusted, and scores equal to or greater than 50 are the more adjusted.

Coche and Taylor (1974) administered the OSIQ and the MMPI to 14 male and 26 female adolescents in a private psychiatric hospital. The subjects were 14-21 years old, white, urban, and suburban youth from across the social class continuum. They concluded that the OSIQ taps depression, anxiety, self-devaluation as these affect emotional tone, mastery of external problems, psychopathology, and adjustment. Hjorth and Ostrov (1982) used the OSIQ subscales and total score for 30 male and female adolescents who had sustained physical injuries from a family member and a control group of volunteers. The subjects were 12-16 years old from various ethnic backgrounds in California and included whites, blacks, Orientals, and Hispanics. The abused adolescents had significantly poorer self-images than the normal adolescents, especially in the realm of emotional tone and family relationships. Physical abuse affects not only the

physical well being of adolescents but their psychological functioning as well.

Kleiman (1981) studied 53 eleventh and twelfth graders enrolled in a private academy outside a major urban area. The subjects were male Caucasians from intact families with both parents living together. The OSIQ was given to the students, and their parents were given a structured interview based on the Family Structure Questionnaire. The audiotapes of the interviews were rated by two independent raters. The students were divided into "Normal" and "Healthy" groups based on their OSIQ score. The healthy families had significantly more effective parental coalitions and generational boundaries than the normal families.

A parental coalition was defined as both parents being united in their objectives about the child, and being able to reach consensus in areas of disagreement about child-rearing matters. The parents showed respect for the individuality of the spouse, supported the worth of the spouse to the child, and gave some evidence of a successful marriage. Generational boundaries were defined when the parents did not include the child in parental decisions, and were able to maintain marital life and activities that were separate from parenting activities. They did not bring the child into marital conflicts, displayed ambition for the child, and could discipline when necessary, using various

disciplinary techniques. They used their authority constructively, were able to hold the child responsible for behavior, tried to transmit values and standards to the child, and did not seem overly concerned with the child understanding them as individuals.

Offer (1966/1967) selected 106 typical adolescents in 1962 from a total sample of 326 freshmen boys in two Chicago suburban high schools and ended with 73 students whom he interviewed eight times in three years to establish his modal adolescents. Their answers fell within one standard deviation from the mean in at least nine out of ten scales on the OSIQ. Shavelson, Burstein, and Keisling (1977) felt that Offer recognized that self-image is multifaceted. Yet, they felt that the OSIQ is based on sampling procedures that may not permit generalization to others. "The use of repeated subsamples to obtain equal cell sizes and to protect against a type I error seems unnecessary and difficult to justify.... In the absence of a more complete construct definition and more comprehensive descriptive statistics,... we do not know how big an effect to expect" (p. 304).

Offer, Ostrov, and Howard (1977) collected samples from various national groups, including Australians, Irish, Israeli, and various diverse areas of American adolescents to test the variation in self-concept revealed therein. Cross culturally, the "normals showed the healthiest

self-concept and delinquents had a more positive self-concept than did emotionally disturbed adolescents" (p. 278).

Kertesz, Offer, Ostrov, and Howard (1986) used the OSIQ with 1163 younger and older male and female Hungarian adolescents and compared them with an American sample of seven separate groups of 504 subjects total. The Hungarian and American adolescents endorsed many items in the same way, and the similarities in endorsement patterns showed more in common than there were differences. Ostrov, Offer, and Howard (1982b) used the OSIQ to assess values and attitudes of three groups of adolescent males including two normal groups of students at an urban parochial and a suburban high school and a group of consecutive referrals to a juvenile delinquent treatment ward of a psychiatric hospital. The normals, even though from different social class and racial backgrounds, had a lot of overlap between values and self-conceptions. The delinquents had similar values to the normals only in the area of work-related values and attitudes. This study helped establish the validity of the OSIQ and seems to reflect the attitudes and values of the subjects responding to it.

Offer, Ostrov, and Howard (1984b) used the OSIQ with groups of adolescents suffering from asthma, cancer, cystic fibrosis, and a group whose parents had multiple sclerosis. Their findings were that the asthma and cancer groups had a

normal self-image when compared with the modal adolescents on which the OSIQ is normed. The adolescents with cystic fibrosis had major difficulties with their self-images, and the only part that remained intact was the familial self. The youth who grew up in the home with a parent with multiple sclerosis also had self-image problems, especially with the sexual self-image. The lingering pressure of an ill parent seemed to have a stressful effect on the adolescents' self-image. Physicians need to respond to the adolescents in line with their perception of themselves to be more effective communicators and to have more acceptance of the medical treatment necessary.

Offer, Ostrov, and Howard (1982) studied 3 middle-class suburban high school groups in the Chicago metropolitan area in the spring of 1981, with a sample of 241 adolescents between 15-17 years old. They used the OSIQ and the Offer Parent-Adolescent Questionnaire. They were interested in the congruence between the parents' and the adolescents' perceptions on 38 matched pairs of statements on the two instruments. They concluded that the daughters' self-image "is more dependent on the quality of the parent-child relationship than is the sons' self-image. The mother-daughter relationship apparently is crucial for the development of adolescent girls' self-image" (Offer, Ostrov, & Howard, 1982, p. 290). They also found a relationship between better parent-adolescent communication and positive

adolescent self-image. "Additional research is needed to determine whether good parent-adolescent communication leads to positive adolescent self-concept or whether adolescents' feeling good about themselves enhances parent-adolescent communication" (p. 290).

The Parent-Adolescent Communication Scale

This scale is composed of two scales, measuring the degree of openness in family communication and the extent of problems in family communication. There are 10 items for each scale that were developed from a factor analysis of data from a national study reported by Olson, McCubbin, Barnes, Larsen, Muxen, and Wilson in 1983. Alpha reliabilities are .87 for openness and .78 for family problems. The test-retest reliabilities are .78 for openness and .77 for family problems (Barnes & Olson, 1985). The responses are from a 5-point Likert-type scale that indicates the extent of agreement with the items (1=strongly disagree; 2=moderately disagree; 3=neither agree nor disagree; 4=moderately agree; 5=strongly agree). Adolescents are asked to answer each item twice, once as it relates to their father and once to the mother. A copy of the PAC is in Appendix E.

Adolescents in a pilot study were high school and college students, including 127 from high schools and 306 from college and university classes. The students were from

four different schools in Wisconsin and Minnesota. The majority were in the 16-20 age range, although the instrument was written so that youth age 12 and above could respond. The final sample on which the instrument was normed included 1,841 subjects.

Walker and Greene (1986) used the PAC to determine that the development of self-esteem was linked to the quality of interpersonal relationships, particularly the relationship with parents. The quality of attachment to the parents was a significant predictor of self-esteem. Their sample included 91 adolescents who were referred to an adolescent outpatient clinic. There were 38 boys and 53 girls, ages 11-18. The new patients were invited to participate in the study while waiting to be seen by a physician. The individual had not been previously involved in clinical care. "It appears that the quality of the relationship with one's parents continues to influence self-esteem after the child becomes an adolescent. In spite of increasing autonomy from the family, the importance of parental relationships to self-esteem did not diminish from early to late adolescence.... Results of the present study support more recent views of adolescence as a time of gradual change during which the family continues to be influential" (Walker & Greene, 1986, p. 320).

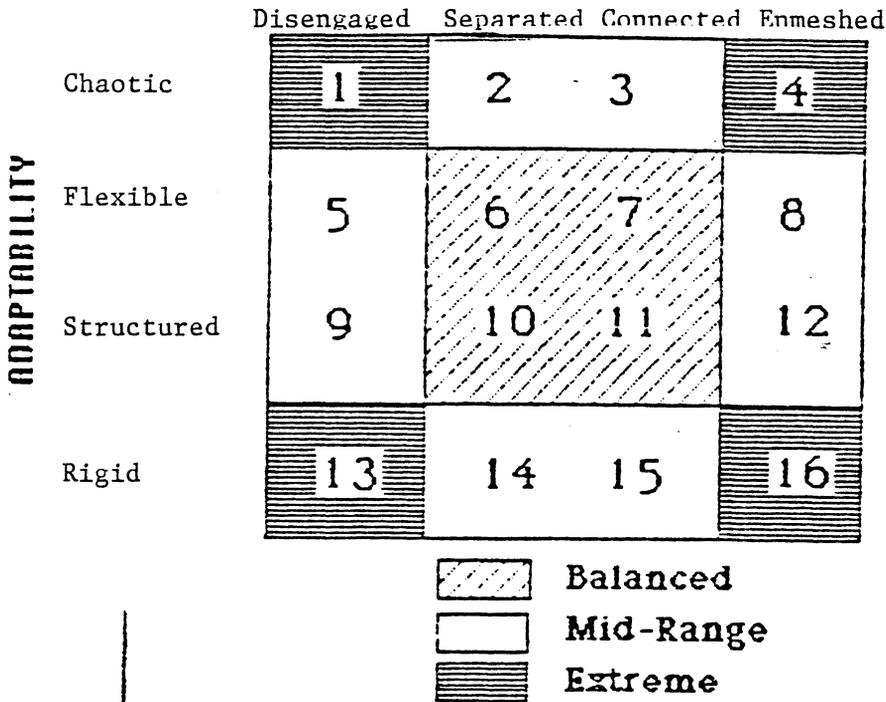
Chapter 4

Results

The primary purpose of this investigation was to link together the concepts of family cohesion and adaptability, family satisfaction, and communication between adolescents and their parents as these concepts influence the formation of the adolescents' self-image. The groups studied included adoptive and foster adolescents who were compared with biological adolescents. The independent variables examined were: 1) perceived family cohesion/adaptability; 2) ideal family cohesion/adaptability; 3) family satisfaction; 4) mother communication; 5) father communication; and 6) number of previous foster care placements. The dependent variable was self-image.

Individuals' positions within the Circumplex Model were based on their perceived cohesion and adaptability scores on FACES III. Figure 2 shows the designations of Circumplex theoretical types into balanced, mid-range, and extreme categorizations. Table 2 is a presentation of the categorizations for the sample studied (see pp. 88-92 in Chapter 3 for a detailed description of FACES). Individuals were also placed in the Circumplex Model categorizations of balanced, mid-range, and extreme based on their ideal cohesion/adaptability scores, the way the adolescents would like their families to be on the cohesion and adaptability dimensions. See Table 3 for these categorizations.

Balanced, Mid-Range, & Extreme COHESION



B=Balanced; M=Mid-range; E=Extreme

- | | |
|---|--|
| <p>Category 1 = Chaotically disengaged-E
 Category 2 = Chaotically separated-M
 Category 3 = Chaotically connected-M
 Category 4 = Chaotically enmeshed-E
 Category 5 = Flexibly disengaged-M
 Category 6 = Flexibly separated-B
 Category 7 = Flexibly connected-B
 Category 8 = Flexibly enmeshed-M</p> | <p>Category 9 = Structurally disengaged-M
 Category 10 = Structurally separated-B
 Category 11 = Structurally connected-B
 Category 12 = Structurally enmeshed-M
 Category 13 = Rigidly disengaged-E
 Category 14 = Rigidly separated-M
 Category 15 = Rigidly connected-M
 Category 16 = Rigidly enmeshed-E</p> |
|---|--|

Figure 2

Circumplex Model Categorizations

Table 2

Perceived Cohesion/Adaptability by Family Status

<u>Family Status</u>	<u>Perceived Cohesion/Adaptability</u>		
	<u>Balanced</u>	<u>Mid-range</u>	<u>Extreme</u>
Adoptive	6	5	1
Foster	5	8	5
Biological	7	8	10

Table 3

Ideal Cohesion/Adaptability by Family Status

<u>Family Status</u>	<u>Ideal Cohesion/Adaptability</u>		
	<u>Balanced</u>	<u>Mid-range</u>	<u>Extreme</u>
Adoptive	1	5	6
Foster	2	9	7
Biological	4	10	11

An analysis of the total self-image scores was done. The total self-image score is a summation of the standard scores on the 11 subscales of the Offer Self-Image Questionnaire. A comparison of the scores by family status is presented in Table 4.

A summary of the self-image scores indicated the following results. The mean self-image score for all 55 subjects was 533, with a standard deviation of 139. Initial analysis involved a comparison of the present sample with Offer's (1969) normative data. A t-test was used, and the results indicated no statistically significant differences between the present sample and the group on which the instrument was normed. One-way analyses of variance were done comparing the three sample groups (adoptive, $n=12$; foster, $n=18$; and biological adolescents, $n=25$) on perceived and ideal family cohesion and adaptability scores and on father and mother communication scores. There were no statistically significant differences found among the three groups on these variables, indicating that the groups were similar to each other on these measures. Further analyses of the data were done to test the relationship that was hypothesized between family cohesion/adaptability, satisfaction, and communication and self-image.

Family satisfaction was measured by the distance from the center of the Circumplex Model. "The Distance from

Table 4

Self-Image Scores by Family Status

	<u>n</u>	<u>Range</u>	<u>\bar{X}</u>	<u>SD</u>
Adoptive	12	207-825	521.1	166.9
Foster	18	334-804	530.2	139.1
Biological	25	242-827	541.2	129.8
Total	55	207-827	533.2	139.0

Center (DFC) is a linear score indicating the distance of an individual's cohesion and adaptability score from the center of the Circumplex Model.... The main limitation of the score is that it does not indicate the direction of the score from the center of the Circumplex Model but only the distance" (Olson et al., 1985, p. 33). The distance from center is considered to be an inverse measure of family satisfaction; that is, the higher the distance from center, the lower the satisfaction with the family. The distance was computed, using Olson et al.'s (1985) technique, by the following formula:

$$\sqrt{(\text{Individ. cohesion} - 39.8)^2 + (\text{Individ. adaptability} - 24.1)^2}$$

This yields a score that results in the following categorizations: balanced family = less than 7 units from the center of the model; mid-range family = greater than 7 but less than 13 units from the center of the model; extreme family = greater than 13 units from the center of the model. (See Table 5 for these categorizations).

Table 5

Distance from Center of the Circumplex Model by Family Status

<u>Family Status</u>	<u>Distance from Center of Circumplex Model</u>		
	<u>Balanced (≤ 7)</u>	<u>Mid-range ($>7 < 13$)</u>	<u>Extreme (≥ 13)</u>
Adoptive	6	5	1
Foster	8	7	3
Biological	9	9	7

Hypothesis 1a - Adolescents across three family statuses (adoptive, foster, and biological) who perceive their family cohesion as disengaged or enmeshed and their family adaptability as rigid or chaotic will have lower self-image scores than those who perceive their families as balanced on family cohesion and adaptability as measured by the Circumplex Model.

The subjects responded to the questions on FACES III as they saw their family currently (perceived) and as they would like for their family to be (ideal). These procedures gave the subjects an opportunity to express which areas of family cohesion and adaptability they would like to see changed and which areas they wanted to remain the same.

For hypothesis 1a, a two-way analysis of variance, using unweighted cell means, was completed. In this analysis, the two independent variables were family status and family type, with the dependent variable being self-image. The self-image scores of adoptive, foster, and biological adolescents were placed according to their family type on the Circumplex Model (balanced, mid-range, and extreme). The analysis of variance showed the following results: family status $F(2,47)=2.88, p>.05$; Circumplex family type $F(2,47)=11.29, p<.05$; family status by family type $F(4,47)=6.4, p<.05$. Means and standard deviations for the self-image scores by perceived family type are found in Table 6.

Table 6

Self-Image Scores by Perceived and Ideal Cohesion/Adaptability Scores by Status

Family Status	<u>Cohesion/Adaptability Scores</u>								
	<u>Balanced</u>		<u>Mid-range</u>		<u>Extreme</u>		<u>Total</u>		
	<u>Perceived</u>	<u>Ideal</u>	<u>Perceived</u>	<u>Ideal</u>	<u>Perceived</u>	<u>Ideal</u>			
Adoptive	n=5 \bar{X} =538.8 SD=105.1	n=1 \bar{X} =499.0 SD=0	n=6 \bar{X} =455.7 SD=169.0	n=5 \bar{X} =565.4 SD=152.6	n=1 \bar{X} =825.0 SD=0	n=6 \bar{X} =487.8 SD=198.2	n=12 \bar{X} =521.1 SD=166.9		
Foster	n=5 \bar{X} =529.6 SD=162.2	n=2 \bar{X} =605.0 SD=267.3	n=8 \bar{X} =503.8 SD=142.7	n=9 \bar{X} =451.9 SD=79.6	n=5 \bar{X} =573.0 SD=128.8	n=7 \bar{X} =606.6 SD=126.8	n=18 \bar{X} =530.2 SD=139.1		
Biological	n=7 \bar{X} =553.8 SD=123.2	n=4 \bar{X} =553.0 SD=107.9	n=8 \bar{X} =526.6 SD=99.1	n=10 \bar{X} =565.2 SD=85.4	n=10 \bar{X} =544.0 SD=163.9	n=11 \bar{X} =515.1 SD=70.4	n=25 \bar{X} =541.2 SD=129.8		
Total	n=17 \bar{X} =542.3 SD=123.1	n=7 \bar{X} =563.0 SD=131.2	n=22 \bar{X} =499.0 SD=133.0	n=24 \bar{X} =522.8 SD=110.7	n=16 \bar{X} =570.6 SD=159.2	n=24 \bar{X} =535.0 SD=166.4	n=55 \bar{X} =533.2 SD=139.0		

Since there was a statistically significant F value for the family type on the Circumplex Model, a Scheffe' test was completed to examine group differences. The results of the test indicated that the Circumplex extreme group mean self-image score (570.6) was significantly different from the mean self-image scores of the balanced (542.3) and mid-range (499.0) groups. The results did not support the hypothesis that mid-range and extreme groups would have the lower self-image scores. Persons in the Circumplex extreme group had a higher self-image mean score.

The interaction between Circumplex family type and status of the family was also statistically significant. As can be seen from the plot of the cell means, (see Figure 3), the line segments are not parallel. The scores for the adoptive status in the Circumplex extreme group are much higher than for any of the other categories. This finding should be interpreted with caution as there was only one subject in the Circumplex extreme group of adoptees. The biological group has the least amount of self-image score difference across categories of the three family status groupings.

Hypothesis 1b - Adolescents across the three family status categories who see their ideal family cohesion as disengaged or enmeshed and their ideal family adaptability as rigid or charotic will have lower self-image scores than those who

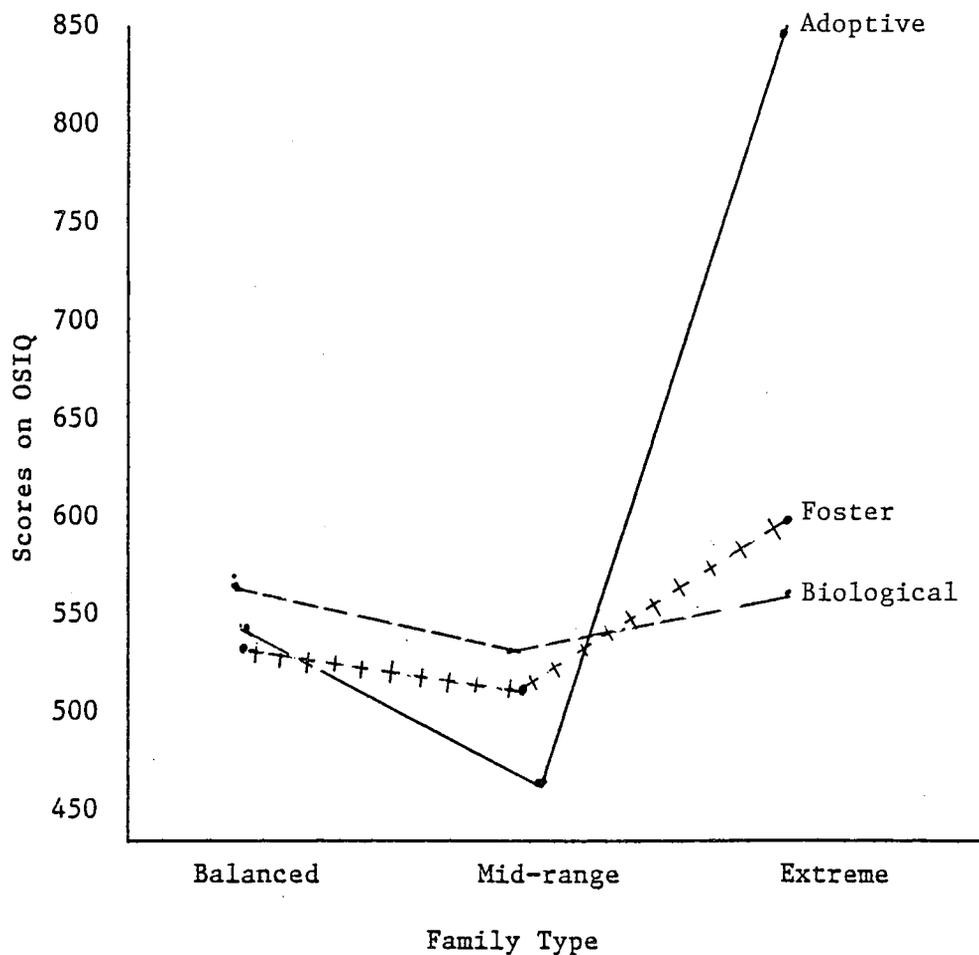


Figure 4

Plot of Cell Means - Family Type on Circumplex Model by Score on OSIQ

see their ideal family as balanced on family cohesion and adaptability as measured by the Circumplex Model.

For hypothesis 1b, a two-way analysis of variance, using unweighted cell means, was also completed. The two independent variables were family status and ideal family type, with the dependent variable being self-image. Hypothesis 1b was not supported by the data analysis. There was no statistically significant difference between the balanced, mid-range, and extreme groups on ideal cohesion and adaptability as they affect self-image. When the analysis of variance was completed, the following results were indicated: family status $F(2,46)=.228, p>.05$; Circumplex family type $F(2,46)=.111, p>.05$; family status by family type $F(4,46)=.921, p>.05$. Means and standard deviations for the ideal family types are also found in Table 6.

Hypothesis 2 - Adolescents across three family statuses (adoptive, foster, and biological) who achieve a higher family satisfaction score, as shown in the distance from the center of the Circumplex Model, will have higher self-image scores than those who achieve a lower family satisfaction score.

The self-image scores for the three statuses were ordered according to their family satisfaction score on

family cohesion and adaptability. A two-way analysis of variance using unweighted cell means was completed. The two independent variables were family status and family satisfaction category (balanced, mid-range, extreme). Since there were no statistically significant differences indicated, the hypothesis of no difference between the balanced, mid-range, and extreme groups on family satisfaction was retained and the above hypothesis was not supported. The means and standard deviations for the family satisfaction types are found in Table 7.

The results of the two-way analysis of variance include: family status $F(2,46)=.249, p>.05$; family satisfaction $F(2,46)=2.94, p>.05$; and family status by family satisfaction $F(4,46)=.213, p>.05$.

Hypothesis 3 - Adolescents across three family types (adoptive, foster, and biological) who report higher levels of father and mother communication will have higher self-image scores than those who report lower levels of father and mother communication.

In analyzing this hypothesis, the independent variables were family status and father and mother communication. The dependent variable was self-image scores. The self-image scores of the three groups were analyzed according to high or low father and mother

Table 7

Self-Image Scores by Family Satisfaction Scores by Status

<u>Family Status</u>	<u>Family Satisfaction</u>		
	<u>Balanced</u>	<u>Mid-range</u>	<u>Extreme</u>
Adoptive	n=6 \bar{X} =569.8 SD=119.0	n=5 \bar{X} =481.2 SD=226.3	n=1 \bar{X} =428.0 SD=0
Foster	n=8 \bar{X} =591.6 SD=150.2	n=7 \bar{X} =488.3 SD=91.5	n=3 \bar{X} =464.0 SD=180.4
Biological	n=9 \bar{X} =583.8 SD=140.6	n=9 \bar{X} =576.9 SD=85.0	n=7 \bar{X} =440.6 SD=122.5
Total	n=23 \bar{X} =582.9 SD=132.9	n=21 \bar{X} =524.6 SD=133.4	n=11 \bar{X} =445.8 SD=125.2

communication in two separate analyses (high = equal to or greater than the total group mean; low = less than the total group mean). Two-way analyses of variance using unweighted cell means were completed. Forty-nine of the 55 subjects reported data about father communication. The independent variables were family status and father communication. The dependent variable was self-image score.

The results of the analysis of variance for father communication were: family status $F(2,43)=.029, p>.05$; high/low communication $F(1,43)=3.8, p>.05$; and family status by communication $F(2,43)=.105, p>.05$. Since there were no statistically significant differences indicated, the hypothesis of no difference between the high and low father communication groups must be retained and the above hypothesis for father communication not supported. Table 8 contains the means and standard deviations for father communication.

For mother communication, the results of the analysis of variance were: family status $F(2,49)=.135, p>.05$; high/low communication $F(1,49)=9.67, p<.05$; and family status by high/low communication $F(2,49)=1.69, p>.05$. The means and standard deviations for mother communication are found in Table 8.

The statistically significant F -ratio for mother communication indicates that the difference in communication means averaged across all three family types was too great

Table 8

Self-Image Scores by Father and Mother Communication Scores by Status

<u>Family Status</u>	<u>Father Communication</u>			<u>Mother Communication</u>		
	<u>High (≥ 53)</u>	<u>Low (< 53)</u>	<u>Total</u>	<u>High (≥ 56)</u>	<u>Low (< 56)</u>	<u>Total</u>
Adoptive	$\bar{n}=6$ $\bar{X}=583.0$ SD=154.3	$\bar{n}=5$ $\bar{X}=475.6$ SD=182.6	$\bar{n}=11$ $\bar{X}=534.0$ SD=168.0	$\bar{n}=7$ $\bar{X}=602.6$ SD=150.1	$\bar{n}=5$ $\bar{X}=407.0$ SD=122.3	$\bar{n}=12$ $\bar{X}=521.1$ SD=167.0
Foster	$\bar{n}=7$ $\bar{X}=549.6$ SD=113.5	$\bar{n}=7$ $\bar{X}=489.7$ SD=151.0	$\bar{n}=14$ $\bar{X}=520.0$ SD=132.0	$\bar{n}=11$ $\bar{X}=540.8$ SD=144.0	$\bar{n}=7$ $\bar{X}=513.4$ SD=140.4	$\bar{n}=18$ $\bar{X}=530.2$ SD=139.0
Biological	$\bar{n}=17$ $\bar{X}=559.1$ SD=120.1	$\bar{n}=7$ $\bar{X}=477.0$ SD=140.6	$\bar{n}=24$ $\bar{X}=535.2$ SD=129.0	$\bar{n}=16$ $\bar{X}=587.2$ SD=103.4	$\bar{n}=9$ $\bar{X}=459.4$ SD=137.0	$\bar{n}=25$ $\bar{X}=541.2$ SD=129.8
Total	$\bar{n}=30$ $\bar{X}=561.6$ SD=121.9	$\bar{n}=19$ $\bar{X}=481.0$ SD=147.0	$\bar{n}=49$ $\bar{X}=530.5$ SD=136.6	$\bar{n}=34$ $\bar{X}=575.4$ SD=126.0	$\bar{n}=21$ $\bar{X}=465.0$ SD=134.5	$\bar{n}=55$ $\bar{X}=533.2$ SD=139.0

to attribute to random sampling fluctuation. The high communication group had the higher self-image scores. Those who reported higher levels of mother communication had higher self-image scores ($\bar{X}=574.4$) than those who had lower levels of mother communication ($\bar{X}=465.0$).

Hypothesis 4 - Adolescents in adoptive and foster families who have been in two or fewer foster care placements will have higher self-image scores than those who have experienced more than two previous foster care placements.

In the analysis used to test this hypothesis, only the adoptive and foster subjects were considered. The second independent variable was the categorization of the number of foster care placements: 1) two or fewer and 2) more than two. The means and standard deviations of the self-image scores for this 2 X 2 design are found in Table 9. The results of the analysis of variance indicated no difference for family status ($F(1,19)=.163, p>.05$), no difference for placements ($F(1,19)=.808, p>.05$) and no interaction for family status by placement ($F(1,19)=.242, p>.05$). Since no significant F values were found, the hypothesis of no difference between those with two or fewer foster home placements and those with more than two foster care placements as the number of placements affect self-image must be retained, and the above hypothesis was not supported.

Table 9

Self-Image Scores by Foster Home Placements by Status

<u>Family Status</u>	<u>Foster Home Placements</u>		
	<u>High (≥ 3)</u>	<u>Low (1-2)</u>	<u>Total</u>
Adoptive	n=2 \bar{X} =463.0 SD=49.5	n=6 \bar{X} =493.2 SD=178.6	n=8 \bar{X} =485.6 SD=152.7
Foster	n=5 \bar{X} =456.4 SD=142.8	n=10 \bar{X} =559.7 SD=145.2	n=15 \bar{X} =525.3 SD=148.0
Total	n=7 \bar{X} =458.3 SD=118.4	n=16 \bar{X} =534.8 SD=156.1	n=23 \bar{X} =511.5 SD=147.4

In summary, the various analyses showed that family status was not statistically significant in relationship to self-image scores. The main effects that were found to be statistically significant included perceived family cohesion/adaptability and mother communication. Ideal family cohesion/adaptability, family satisfaction, and father communication did not prove to be statistically significant main effects in relationship with self-image. The interaction effects that were statistically significant were perceived family cohesion/adaptability with family status. Other interactions that were tested but not found to be statistically significant included ideal family cohesion/adaptability with family status, family satisfaction with family status, mother and father communication with family status, and foster care placements with family status. Table 10 contains a summary of the various analyses of variance that were completed.

Table 10

Analysis of Variance Summary for Self-Image Scores

Source of Variance	Degrees of Freedom	F
Hypothesis 1a		
Status	2,47	2.88
Perceived cohesion/adaptability family type (Circumplex)	2,47	11.29*
Status by family type	4,47	6.4 *
Hypothesis 1b		
Status	2,46	.228
Ideal cohesion/adaptability family type (Circumplex)	2,46	.111
Status by family type	4,46	.921
Hypothesis 2		
Status	2,46	.249
Family satisfaction	2,46	2.94
Status by family satisfaction	4,46	.213
Hypothesis 3 - Mother communication		
Status	2,49	.135
Mother communication	1,49	9.67 *
Status by mother communication	2,49	1.69
Hypothesis 3 - Father communication		
Status	2,43	.029
Father communication	1,43	3.8
Status by father communication	2,43	.105
Hypothesis 4		
Status	1,19	.163
Placements	1,19	.808
Status by placements	1,19	.242

* $p < .05$

Chapter 5

Discussion, Conclusions, and Recommendations

The original assumption of the present study was that the cohesion and adaptability of the family as perceived and as wished for by adoptive and foster adolescents would render some indication of the sense of attachment the adolescents felt for the family with which they were living as noted by Kagan (1980). Similarly, Vernon and Leming (1984) pointed to the need for the entire family to become "adopted" which could be reflected in their attachment to one another. Dywasuk (1973) recognized the finality of the adoption process, while Himes-Chapman and Hansen (1983) emphasized the family being an integral part of the typical self-image formation process. The present study has reinforced these perceptions related to adoption, attachment, and the family being part of the self-image formation process for adolescents.

In the analysis of the difference between perceived and ideal states of cohesion and adaptability of the families for the subjects of the present study, one notices that in the Circumplex extreme groups there was no significant difference between perceived and ideal family states. Eight adolescents, seven of them biological adolescents, were identified as being either chaotically disengaged or chaotically enmeshed as assessed by FACES III and showed little or no difference between the perceived and ideal

cohesion and adaptability ratings of their families. This supported the picture presented by Pardeck (1982), Bryce and Ehlert (1971), and Bilbro and Dreyer (1981). The adoptees and foster adolescents were functioning, on the whole, in families perceived to be less extreme in terms of family cohesion and adaptability. Sixty-two of the 110 placements in the Circumplex Model were in the chaotic sections. The present study was not able to substantiate the claims of Olson et al. (1979), Beavers and Voeller (1983), Rosenblatt and Titus (1976), and Stierlin (1974) that balanced families are functioning best.

Many of the families in this study would fit Wynne's (1958) "pseudo-mutuality" category, and they seemed to have difficulty balancing separateness and connectedness as indicated by the number of families which were perceived to be enmeshed. This categorization indicates a pattern wherein individualization is not encouraged, and wherein persons in the family seem to know all about what is happening in each other's lives. Hess and Handel (1959) identified this lack of balance between separateness and connectedness as a problem. The Circumplex extreme families did not seem to be providing the dialogue and effort of each family member working to enhance the individual development of all others that Bosma and Gerrits (1985) recommended as a family climate conducive to identity formation. It did not appear that the Circumplex extreme families were able to

maintain cohesiveness and continuity and allow room for the adolescent to become increasingly independent.

The Circumplex extreme families may not have been able to adapt to the young person moving from childhood to adolescence, a need that Olson et al. (1979) pointed to as functional. The present sample reflected more the "fused" families described by Baker (1976), Bowen (1972), and Boszormenyi-Nagy (1965). The adolescents in this study were more likely to be categorized on the enmeshed side of the continuum, rather than the disengaged as had been previously reported by Portner (1981). This may fit Olson et al.'s (1983) rethinking of the family agreement regarding adaptability and what range is functional for families.

The number of subjects ($n=8$, 15%) who seemed to desire greater enmeshment was interesting. This was in line with Lowe's (1983) finding of a similar pattern. The literature would lead one to believe that adolescents are moving away from families, not becoming more involved in them (Callan & Noller, 1986; Offer et al., 1984; Coleman, 1977). Since the perceived cohesion of the family was a statistically significant factor in determining the self-image across all three family statuses, this study appears to substantiate the theories of Haley (1967), Minuchin et al. (1967), and Madanes et al. (1980) that family structure helps shape psychological adjustment. The study tied together theory and reality via empirical research, following the

recommendation of Teyber (1981).

The demographic picture presented by the subjects in the present study paralleled the findings of Bachrach (1986) and the conclusions of Skodak and Skeels (1949) and Skodak and Skeels (1945) regarding the kinds of families with which adoptees should be placed since the adoptive families had education levels beyond high school for both the mothers and the fathers and could be thought to be providing environments that were rich in intellectual stimulation and well-balanced emotionally. Even though the number of previous foster care placements did not prove to be statistically significant in this study, it is an element deserving further study as acknowledged by several researchers (Addis et al., 1954; Barth et al., 1986; Bellucci, 1975; Eldred et al., 1976; Fein & Maluccio, 1984; Joe, 1979; Ripple, 1968; Stone & Stone, 1983; and Tizard, 1977).

Communication contributes significantly to one's self-image (Offer, 1969; Offer et al., 1979), and facilitates family cohesion and adaptability (Anderson, 1986; Barnes & Olson, 1985). Mother communication was an essential ingredient for female identity formation according to the literature. Mother communication was statistically significant in its impact on the self-image of both male and female adolescents across all three family statuses in the present study. This finding corroborated the pattern Hall

(1984) found as well as the findings of Matteson (1974), Anderson (1982), and Offer et al., (1982). Prosser (1978) had emphasized the part communication played in foster care placements remaining intact. The present study was not able to corroborate Prosser's findings nor those of Rosenberg (1965) related to self-image and father communication. It did support the conclusion of Campbell et al. (1984) who indicated that there needs to be a moderate level of ties with the mothers and independence from the fathers in order for identity to be achieved during adolescence. Campbell et al. talked about the balance necessary between connectedness and individuality that was found important in the present study as well. This was evidenced by the number of adolescents who were identified on the FACES III ideal cohesion and adaptability scale as being enmeshed and who were shown to have statistically significant communication patterns with their mothers.

The present study has not shown statistically significant differences in ideal family cohesion and adaptability, family satisfaction, father communication, and number of previous foster care placements among the adoptees, foster care adolescents, and biological adolescents. This could be a function of the limited sample size.

There were many obstacles in collecting data for this study. One of the biggest obstacles was obtaining access to

the adoptive and foster adolescents. The overall return rate of 25% is very low. The agencies the researcher had contacted to recruit adoptees for the study were more than willing to cooperate, but they were only able to send the questionnaires to the last-known address of the adoptive parents with whom they had placed children. In some instances, they had not had contact with the families for between 12 and 17 years. Many families could have moved in this time. Follow-up calls were made by the researcher to each agency one month after the questionnaires were distributed to the agencies to enhance recruitment. However, no further follow-up attempts were made.

Another possible cause of low response rate could have been the way data had to be collected anonymously. It is speculated that some of the adoptive parents might not have let their children know about the study because they had not revealed or discussed the adoptive status with their adolescents. It was also possible that some adoptive parents might have felt that an agency was trying to check up on them and/or their children. They may have felt this was an intrusion on their privacy.

A different dilemma was encountered in trying to access foster adolescents. Most adolescents in foster care are in group home facilities, and not in foster family care. Many of the adolescents in foster family care are either developmentally delayed or physically or mentally

handicapped.

This lack of access to adopted and foster adolescents has limited them as subjects in many other studies, unless they have been under the care or attention of mental health or judicial systems. Access to nonclinical populations is more restricted than to the general population. The present study was one of very few studies that has been able to use nonclinical samples of adoptive, foster, and biological adolescents. It has attempted to examine the important issue of relative adjustment of these groups as recommended by Gallagher (1967).

It is interesting to note that the self-image scores for this sample of adolescents are very close to the norm as reported by Offer (1969). Even though the subjects were from a limited geographic area, their scores represented an approximation of Offer's distribution with the greatest number of scores being within one standard deviation of the mean, and only two scores being greater than one standard deviation from the mean. The stability of self-image across groups was shown. The lowest group mean self-image score of the adoptees seems to support the findings of Schechter (1960) and Nemovicher (1960) that adoption is related to lower self-image.

Lowered self-image scores for adoptees may be a fact to be reckoned with in the child welfare system as indicated by Ansfield (1971) and Triseliotis (1973). Watson (1986) and

Miall (1987) also noted the life-long impact of adoptive status as they dealt with the fact that the search for a sense of identity and belonging lasts throughout one's lifetime. Adoption is not just a legal procedure, but a "complicated lifelong process" (Watson, 1986, p. 5) for everyone involved - the adoptee, the adoptive family, and the birth parents. The mental health system often needs to deal with the consequences of adoptions. The present findings may indicate the need to further explore the impact of adoption on self-image.

If adolescents do prefer the less challenging foster care environment to that of adoptive homes where expectations are higher (Bellucci, 1975), which may be a side effect of the desire for a chaotic environment as presented by the ideal family desired on FACES III, the message to those who work with adolescents may be that the foster care/adoptive system needs to reevaluate the permanency planning policies. The child welfare system looks for stability; the adolescent may be looking for a type of nurturing that is more similar to the biological family to which he/she is accustomed. Too abrupt a change and too little communication between the adolescent and the family with which placement is made can lead to a disrupted placement that does not serve anyone's best interests.

Due to the limited sample size, it would not be appropriate to draw conclusions from the present data about

how positive or negative an experience adoption or foster care is for any adolescent. The present study could be expanded, though, to include more adoptees and youth in foster care and could include input from adoptive and foster parents (Petersen, 1977).

The youths included in this study did not score as high on self-image as did the modal adolescents on whom the OSIQ was normed. For the modal adolescents, the mean was 550; for this group, it was 533. This difference was not statistically significant, however; nor was there a statistically significant difference between the biological group and the other two sample groups on self-image mean score. The difference between the sample groups and the modal group may have to do with the fact that the norming group was a suburban/urban population, and the sample for this study included several adolescents from rural areas. It may also reflect the presence of the adoptees and foster adolescents in the sample as Cox and Cox (1985) and Fine (1985) assert, or it may be unaffected by their presence as Lemmon (1975) found when he studied self-concept and foster care and could not conclude that foster care status lowered self-concept scores.

While the current findings were not statistically significant in many areas, this study still has practical importance to the field of child placement. Many questions are raised related to the self-image of adoptees and

what factors may influence self-image formation most significantly. The lifelong process of adoption and foster care has not been fully analyzed by the child welfare system, and may need closer study to discern if what has been thought to be a humanitarian act may have long-term negative consequences that outweigh the benefits.

The factors that influence family satisfaction of adoptees and foster adolescents need to be understood more clearly, and this study put the issues of cohesion and adaptability into sharper focus by assessing their impact on self-image formation, an area previously unexplored, particularly as related to adoptive and foster adolescents. The adolescents seemed to be asking for more involvement with their families; they did not want to be left out of the action. Adoptive and foster parents may need to seek ways to be more inclusive of those adolescents who wish to remain involved in the family and find ways to channel that involvement so that it is growth producing for the adolescent. One of those ways would be through enhanced communication processes. Families need to learn how to continue talking with each other once the children reach adolescence.

Suggestions for further research in this area include: following this study with one including adolescents in group foster care; obtaining data from parents/guardians regarding parent-adolescent communication processes; accessing data

from observation of the adolescents and their families; and finding other indicators of family satisfaction and comparing them with the present results.

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Appendix A

Letter to Participants

Dear Adolescent:

We are conducting a study of how adolescents feel about themselves and their families. We would like to invite you to participate in this study. You will be asked to complete a questionnaire for which there are no right and wrong answers, only a reflection of the way you feel about your family and the communication that takes place therein. The total time to complete this questionnaire should be less than one hour and a half. It includes items about family communication, interaction, and your feelings about yourself.

We would also appreciate your giving us some information about you, as a background. We will be comparing responses from about 150 persons, aged 12-17. Only the people directly involved in this research will see your responses, and all attempts will be made to keep the information confidential. The responses, using your name, will not be shared with anyone.

In the upper right hand corner of each answer sheet you will find a number. This is the way your responses will be identified in this study. Your name will not be used on any of the answer sheets. We are asking your parents to complete a permission form for you to participate in this study, and those will be filed separately from the response sheets.

We would appreciate your participation in this study. The results will help us better understand family functioning. Please complete the enclosed questionnaires, putting answers where the instructions tell you to. Then, send the questionnaires and the answer sheets to me in the enclosed, postage-paid envelope. If your parents have not returned the permission form in another letter, please include it with the response sheet. ~~If you would like to know how this study comes out, and what we learn from it, please let me know, and I will send you a one-page summary of the results.~~ Thank you for considering this request. Your participation makes a difference.!

Sincerely,

Mary Elizabeth Farmer, MSW, Researcher

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Appendix B

Letter to Parents

Dear Parents:

We are preparing a research project on adolescent self-image in conjunction with the Department of Family and Child Development at Virginia Tech. This project will help us understand how adolescents feel about themselves. We would like to ask your cooperation in participating in this project. We cannot stress enough the importance of your participation. By having a variety of groups participating, the study will become more meaningful. Your son and/or daughter will be asked to respond to the questionnaires in a "pressure-free" setting. Since we are interested in how a person sees himself/herself, there are no right, wrong, or expected answers to the questions.

The questionnaires that the adolescent completes will take about one and one half hours to complete. The person's name will not be attached to the answer forms to ensure confidentiality. Data will be used only for this project, and all materials collected will be destroyed upon completion of the project. Only personnel directly involved with this project will have access to the data.

Please sign the enclosed permission card for your son/daughter and return it to the researcher in order to participate. If you have any questions or reservations and require more information prior to giving your consent, please contact the researcher through the Department of Family and Child Development .

We respect the right of the parent and of the adolescent to withdraw from the research project at any time. No adolescent will be forced to participate if he or she does not want to. We do not foresee any physical, emotional, or social risks to you or the adolescent which might result from participation. We will be more than happy to share our results with you upon completion of the research. A one-page summary of the results will be available if you send the researcher a post card with your name and address, requesting the information.

Respectfully,

Mary-Elizabeth Farmer, Researcher

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Appendix C

Informed Consent Agreement

Permission Form

I acknowledge that I have been informed of the nature of the adolescent self-image research and give consent for my son/daughter to participate.

Signature: _____

Name: _____

Name of Child: _____

Child's Birthdate: _____

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Appendix D

FACES III

FACES III

David H. Olson, Joyce Portner, & Yoav Lavee

1	2	3	4	5
Almost Never	Once in a While	Sometimes	Frequently	Almost Always

Describe your family now:

- 1. Family members ask each other for help.
- 2. In solving problems, the children's suggestions are followed.
- 3. We approve of each other's friends.
- 4. Children have a say in their discipline.
- 5. We like to do things with just our immediate family.
- 6. Different persons act as leaders in our family.
- 7. Family members feel closer to other family members than to people outside the family.
- 8. Our family changes its way of handling tasks.
- 9. Family members like to spend free time with each other.
- 10. Parent(s) and children discuss punishment together.
- 11. Family members feel very close to each other.
- 12. The children make the decisions in our family.
- 13. When our family gets together for activities, everybody is present.
- 14. Rules change in our family.
- 15. We can easily think of things to do together as a family.
- 16. We shift household responsibilities from person to person.
- 17. Family members consult other family members on their decisions.
- 18. It is hard to identify the leader(s) in our family.
- 19. Family togetherness is very important.
- 20. It is hard to tell who does which household chores.

Ideally, how would you like your family to be:

- 21. Family members would ask each other for help.
- 22. In solving problems, the children's suggestions would be followed.
- 23. We would approve of each other's friends.
- 24. The children would have a say in their discipline.
- 25. We would like to do things with just our immediate family.
- 26. Different persons would act as leaders in our family.
- 27. Family members would feel closer to each other than to people outside the family.
- 28. Our family would change its way of handling tasks.
- 29. Family members would like to spend free time with each other.
- 30. Parent(s) and children would discuss punishment together.
- 31. Family members would feel very close to each other.
- 32. Children would make the decisions in our family.

- _____ 33. When our family got together, everybody would be present.
- _____ 34. Rules would change in our family.
- _____ 35. We could easily think of things to do together as a family.
- _____ 36. We would shift household responsibilities from person to person.
- _____ 37. Family members would consult each other on their decisions.
- _____ 38. We would know who the leader(s) was in our family.
- _____ 39. Family togetherness would be very important.
- _____ 40. We could tell who does which household chores.

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Family Social Science, 290 McNeal Hall, University of Minnesota, St. Paul, MN 55108

Appendix E

Parent-Adolescent Communication Scale

PARENT-ADOLESCENT COMMUNICATION

Adolescent Form

Howard L. Barnes & David H. Olson

		Response Choices				
		1	2	3	4	5
		Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree
	Mother		Father			
1.				I can discuss my beliefs with my mother/father without feeling restrained or embarrassed.		
2.				Sometimes I have trouble believing everything my mother/father tells me.		
3.				My mother/father is always a good listener.		
4.				I am sometimes afraid to ask my mother/father for what I want.		
5.				My mother/father has a tendency to say things to me which would be better left unsaid.		
6.				My mother/father can tell how I'm feeling without asking.		
7.				I am very satisfied with how my mother/father and I talk together.		
8.				If I were in trouble, I could tell my mother/father.		
9.				I openly show affection to my mother/father.		
10.				When we are having a problem, I often give my mother/father the silent treatment.		
11.				I am careful about what I say to my mother/father.		
12.				When talking to my mother/father, I have a tendency to say things that would be better left unsaid.		
13.				When I ask questions, I get honest answers from my mother/father.		
14.				My mother/father tries to understand my point of view.		

15. There are topics I avoid discussing with my mother/father.
16. I find it easy to discuss my problems with my mother/father.
17. It is very easy for me to express all my true feelings to my mother/father.
18. My mother/father nags/bother me.
19. My mother/father insults me when s/he is angry with me.
20. I don't think I can tell my mother/father how I really feel about some things.

Appendix F

Offer Self-Image Questionnaire

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

1. I CARRY MANY GRUDGES. 1__
 2. WHEN I AM WITH PEOPLE I AM AFRAID THAT SOMEONE WILL MAKE FUN OF ME. 2__
 3. MOST OF THE TIME I THINK THAT THE WORLD IS AN EXCITING PLACE TO LIVE IN. 3__
 4. I THINK THAT I WILL BE A SOURCE OF PRIDE TO MY PARENTS IN THE FUTURE. 4__
 5. I WOULD NOT HURT SOMEONE JUST FOR THE "HECK OF IT." 5__
 6. THE RECENT CHANGES IN MY BODY HAVE GIVEN ME SOME SATISFACTION. 6__
 7. I AM GOING TO DEVOTE MY LIFE TO HELPING OTHERS. 7__
 8. I "LOSE MY HEAD" EASILY. 8__
 9. MY PARENTS ARE ALMOST ALWAYS ON THE SIDE OF SOMEONE ELSE, e.g. MY BROTHER OR SISTER. 9__
 10. THE OPPOSITE SEX FINDS ME A BORE. 10__
 11. IF I WOULD BE SEPARATED FROM ALL THE PEOPLE I KNOW, I FEEL THAT I WOULD NOT BE ABLE TO MAKE A GO OF IT. 11__
 12. I FEEL TENSE MOST OF THE TIME. 12__
 13. I USUALLY FEEL OUT OF PLACE AT PICNICS AND PARTIES. 13__
 14. I FEEL THAT WORKING IS TOO MUCH RESPONSIBILITY FOR ME. 14__
 15. MY PARENTS WILL BE DISAPPOINTED IN ME IN THE FUTURE. 15__
 16. IT IS VERY HARD FOR A TEENAGER TO KNOW HOW TO HANDLE SEX IN A RIGHT WAY. 16__
 17. AT TIMES I HAVE FITS OF CRYING AND/OR LAUGHING THAT I SEEM UNABLE TO CONTROL. 17__
 18. I AM GOING TO DEVOTE MY LIFE TO MAKING AS MUCH MONEY AS I CAN. 18__
 19. IF I PUT MY MIND TO IT, I CAN LEARN ALMOST ANYTHING. 19__
 20. ONLY STUPID PEOPLE WORK. 20__
 21. VERY OFTEN I FEEL THAT MY FATHER IS NO GOOD. 21__
 22. I AM CONFUSED MOST OF THE TIME. 22__
-

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE
2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

-
23. I FEEL INFERIOR TO MOST PEOPLE I KNOW. 23__
24. UNDERSTANDING MY PARENTS IS BEYOND ME. 24__
25. I DO NOT LIKE TO PUT THINGS IN ORDER AND MAKE SENSE OF THEM. 25__
26. I CAN COUNT ON MY PARENTS MOST OF THE TIME. 26__
27. IN THE PAST YEAR I HAVE BEEN VERY WORRIED ABOUT MY HEALTH. 27__
28. DIRTY JOKES ARE FUN AT TIMES. 28__
29. I OFTEN BLAME MYSELF EVEN WHEN I AM NOT AT FAULT. 29__
30. I WOULD NOT STOP AT ANYTHING IF I FELT I WAS DONE WRONG. 30__
31. MY SEX ORGANS ARE NORMAL. 31__
32. MOST OF THE TIME I AM HAPPY. 32__
33. I AM GOING TO DEVOTE MYSELF TO MAKING THE WORLD A BETTER PLACE TO LIVE IN. 33__
34. I CAN TAKE CRITICISM WITHOUT RESENTMENT. 34__
35. MY WORK, IN GENERAL, IS AT LEAST AS GOOD AS THE WORK OF THE GIRL NEXT TO ME. 35__
36. SOMETIMES I FEEL SO ASHAMED OF MYSELF THAT I JUST WANT TO HIDE IN A CORNER AND CRY. 36__
37. I AM SURE THAT I WILL BE PROUD ABOUT MY FUTURE PROFESSION. 37__
38. MY FEELINGS ARE EASILY HURT. 38__
39. WHEN A TRAGEDY OCCURS TO ONE OF MY FRIENDS, I FEEL SAD TOO. 39__
40. I BLAME OTHERS EVEN WHEN I KNOW THAT I AM AT FAULT TOO. 40__
41. WHEN I WANT SOMETHING, I JUST SIT AROUND WISHING I COULD HAVE IT. 41__
42. THE PICTURE I HAVE OF MYSELF IN THE FUTURE SATISFIES ME. 42__
43. I AM A SUPERIOR STUDENT IN SCHOOL. 43__
44. I FEEL RELAXED UNDER NORMAL CIRCUMSTANCES. 44__
-

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

-
45. I FEEL EMPTY EMOTIONALLY MOST OF THE TIME. 45____
46. I WOULD RATHER SIT AROUND AND LOAF THAN WORK. 46____
47. EVEN IF IT WERE DANGEROUS, I WOULD HELP SOMEONE WHO IS IN TROUBLE. 47____
48. TELLING THE TRUTH MEANS NOTHING TO ME. 48____
49. OUR SOCIETY IS A COMPETITIVE ONE AND I AM NOT AFRAID OF IT. 49____
50. I GET VIOLENT IF I DON'T GET MY WAY. 50____
51. MOST OF THE TIME MY PARENTS GET ALONG WELL WITH EACH OTHER. 51____
52. I THINK THAT OTHER PEOPLE JUST DO NOT LIKE ME. 52____
53. I FIND IT VERY DIFFICULT TO ESTABLISH NEW FRIENDSHIPS. 53____
54. I AM SO VERY ANXIOUS. 54____
55. WHEN MY PARENTS ARE STRICT, I FEEL THAT THEY ARE RIGHT, EVEN IF I GET ANGRY. 55____
56. WORKING CLOSELY WITH ANOTHER GIRL NEVER GIVES ME PLEASURE. 56____
57. I AM PROUD OF MY BODY. 57____
58. AT TIMES I THINK ABOUT WHAT KIND OF WORK I WILL DO IN THE FUTURE. 58____
59. EVEN UNDER PRESSURE I MANAGE TO REMAIN CALM. 59____
60. WHEN I GROW UP AND HAVE A FAMILY, IT WILL BE IN AT LEAST A FEW WAYS SIMILAR TO MY OWN. 60____
61. I OFTEN FEEL THAT I WOULD RATHER DIE, THAN GO ON LIVING. 61____
62. I FIND IT EXTREMELY HARD TO MAKE FRIENDS. 62____
63. I WOULD RATHER BE SUPPORTED FOR THE REST OF MY LIFE THAN WORK. 63____
64. I FEEL THAT I HAVE A PART IN MAKING FAMILY DECISIONS. 64____
65. I DO NOT MIND BEING CORRECTED, SINCE I CAN LEARN FROM IT. 65____

FOR COMPUTER USE ONLY

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

-
66. I FEEL SO VERY LONELY. 66___
67. I DO NOT CARE HOW MY ACTIONS AFFECT OTHERS AS LONG AS I GAIN SOMETHING. 67___
68. I ENJOY LIFE. 68___
69. I KEEP AN EVEN TEMPER MOST OF THE TIME. 69___
70. A JOB WELL DONE GIVES ME PLEASURE. 70___
71. MY PARENTS ARE USUALLY PATIENT WITH ME. 71___
72. I SEEM TO BE FORCED TO IMITATE THE PEOPLE I LIKE. 72___
73. VERY OFTEN PARENTS DO NOT UNDERSTAND A PERSON BECAUSE THEY HAD AN UNHAPPY CHILDHOOD. 73___
74. FOR ME GOOD SPORTSMANSHIP IN SCHOOL IS AS IMPORTANT AS WINNING A GAME. 74___
75. I PREFER BEING ALONE THAN WITH KIDS MY AGE. 75___
76. WHEN I DECIDE TO DO SOMETHING, I DO IT. 76___
77. I THINK THAT BOYS FIND ME ATTRACTIVE. 77___
78. OTHER PEOPLE ARE NOT AFTER ME TO TAKE ADVANTAGE OF ME. 78___
79. I FEEL THAT THERE IS PLENTY I CAN LEARN FROM OTHERS. 79___
80. I DO NOT ATTEND SEXY SHOWS. 80___
81. I FEAR SOMETHING CONSTANTLY. 81___
82. VERY OFTEN I THINK THAT I AM NOT AT ALL THE PERSON I WOULD LIKE TO BE. 82___
83. I LIKE TO HELP A FRIEND WHENEVER I CAN. 83___
84. IF I KNOW THAT I WILL HAVE TO FACE A NEW SITUATION, I WILL TRY IN ADVANCE TO FIND OUT AS MUCH AS IS POSSIBLE ABOUT IT. 84___
85. USUALLY I FEEL THAT I AM A BOTHER AT HOME. 85___
86. IF OTHERS DISAPPROVE OF ME I GET TERRIBLY UPSET. 86___
87. I LIKE ONE OF MY PARENTS MUCH BETTER THAN THE OTHER. 87___
-

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

88. BEING TOGETHER WITH OTHER PEOPLE GIVES ME A GOOD FEELING. 88__
89. WHENEVER I FAIL IN SOMETHING, I TRY TO FIND OUT WHAT I CAN DO IN ORDER TO AVOID ANOTHER FAILURE. 89__
90. I FREQUENTLY FEEL UGLY AND UNATTRACTIVE. 90__
91. SEXUALLY I AM WAY BEHIND. 91__
92. IF YOU CONFIDE IN OTHERS YOU ASK FOR TROUBLE. 92__
93. EVEN THOUGH I AM CONTINUOUSLY ON THE GO, I SEEM UNABLE TO GET THINGS DONE. 93__
94. WHEN OTHERS LOOK AT ME THEY MUST THINK THAT I AM POORLY DEVELOPED. 94__
95. MY PARENTS ARE ASHAMED OF ME. 95__
96. I BELIEVE I CAN TELL THE REAL FROM THE FANTASTIC. 96__
97. THINKING OR TALKING ABOUT SEX FRIGHTENS ME. 97__
98. I AM AGAINST GIVING SO MUCH MONEY TO THE POOR. 98__
99. I FEEL STRONG AND HEALTHY. 99__
100. EVEN WHEN I AM SAD I CAN ENJOY A GOOD JOKE. 100__
101. THERE IS NOTHING WRONG WITH PUTTING ONESELF BEFORE OTHERS. 101__
102. I TRY TO STAY AWAY FROM HOME MOST OF THE TIME. 102__
103. I FIND LIFE AN ENDLESS SERIES OF PROBLEMS--WITHOUT SOLUTION IN SIGHT. 103__
104. AT TIMES I FEEL LIKE A LEADER AND FEEL THAT OTHER KIDS CAN LEARN SOMETHING FROM ME. 104__
105. I FEEL THAT I AM ABLE TO MAKE DECISIONS. 105__
106. I HAVE BEEN CARRYING A GRUDGE AGAINST MY PARENTS FOR YEARS. 106__
107. I AM CERTAIN THAT I WILL NOT BE ABLE TO ASSUME RESPONSIBILITIES FOR MYSELF IN THE FUTURE. 107__
108. WHEN I ENTER A NEW ROOM I HAVE A STRANGE AND FUNNY FEELING. 108__
109. I FEEL THAT I HAVE NO TALENT WHATSOEVER. 109__
-

1-DESCRIBES ME VERY WELL 3-DESCRIBES ME FAIRLY WELL 5-DOES NOT REALLY DESCRIBE ME
2-DESCRIBES ME WELL 4-DOES NOT QUITE DESCRIBE ME 6-DOES NOT DESCRIBE ME AT ALL

-
110. I DO NOT REHEARSE HOW I MIGHT DEAL WITH A REAL COMING EVENT. 110____
111. WHEN I AM WITH PEOPLE I AM BOTHERED BY HEARING STRANGE NOISES. 111____
112. MOST OF THE TIME MY PARENTS ARE SATISFIED WITH ME. 112____
113. I DO NOT HAVE A PARTICULARLY DIFFICULT TIME IN MAKING FRIENDS. 113____
114. I DO NOT ENJOY SOLVING DIFFICULT PROBLEMS. 114____
115. SCHOOL AND STUDYING MEAN VERY LITTLE TO ME. 115____
116. EYE FOR AN EYE AND TOOTH FOR A TOOTH DOES NOT APPLY FOR OUR SOCIETY. 116____
117. SEXUAL EXPERIENCES GIVE ME PLEASURE. 117____
118. VERY OFTEN I FEEL THAT MY MOTHER IS NO GOOD. 118____
119. HAVING A BOYFRIEND IS IMPORTANT TO ME. 119____
120. I WOULD NOT LIKE TO BE ASSOCIATED WITH THOSE KIDS WHO "HIT BELOW THE BELT." 120____
121. WORRYING A LITTLE ABOUT ONE'S FUTURE HELPS TO MAKE IT WORK OUT BETTER. 121____
122. I OFTEN THINK ABOUT SEX. 122____
123. USUALLY I CONTROL MYSELF. 123____
124. I ENJOY MOST PARTIES I GO TO. 124____
125. DEALING WITH NEW INTELLECTUAL SUBJECTS IS A CHALLENGE FOR ME. 125____
126. I DO NOT HAVE MANY FEARS WHICH I CANNOT UNDERSTAND. 126____
127. NO ONE CAN HARM ME JUST BY NOT LIKING ME. 127____
128. I AM FEARFUL OF GROWING UP. 128____
129. I REPEAT THINGS CONTINUOUSLY TO BE SURE THAT I AM RIGHT. 129____
130. I FREQUENTLY FEEL SAD. 130____

FOR COMPUTER USE ONLY

66-69 _____ 70 _____ 71-72 _____ 73 2 74 _____ 75 3 76-80 _____

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Appendix G

Background Information

Background Information

1. How old are you today? _____ years
 birthdate: _____
2. What is your religious affiliation?
 Please specify: _____
3. What is the last grade in school that you have completed?
 Please specify: _____
4. List the ages of all your brothers and sisters:
 Age: _____
 Age: _____ ;
 Age: _____
 Age: _____
 Age: _____
 Age: _____
 Age: _____
5. What is your parents present marital status?
 Please specify: _____
6. Is your mother currently employed?
 yes _____ no _____
 If so, what is her job? _____
7. What is the highest grade of education your mother has completed?
 Please specify: _____
8. Is your father currently employed?
 yes _____ no _____
 If so, what is his job? _____
9. Does your father's job require extended periods of time away from home?
 If so, please approximate:
 number of days he has been gone in the past month _____
 number of months he has been gone in the past year _____
10. What is the highest grade of education your father has completed?
 Please specify: _____
11. In how many different homes have you lived as a foster child before
 this home?
 Please specify: _____

Appendix H

Raw Data

The VARIABLES are listed in the following order:

Line 1: VAR1 VAR2 VAR3 VAR4 VAR5 VAR6 VAR7

Line 2: VAR8 VAR9 VAR10 VAR11 VAR12 VAR13 VAR14

Line 3: VAR15 VAR16 VAR17 VAR18 VAR19 VAR20 VAR21

Line 4: VAR22 VAR23 VAR24 VAR25 VAR26 VAR27 VAR28

Line 5: VAR29 VAR30 VAR31 VAR32 VAR33 VAR34 VAR35

Line 6: VAR36 VAR37 VAR38 VAR39 VAR40 TOTALSI

VARIABLE LABELS

Var 1 = psychological self, raw score	Variables 1-22 are from the
Var 2 = psychological self 1, standard score	Offer Self-Image Questionnaire
Var 3 = psychological self 2, raw score	Psychological self 1 = impulse
Var 4 = psychological self 2, standard score	control
Var 5 = psychological self 3, raw score	Psychological self 2 = mood
Var 6 = psychological self 3, standard score	Psychological self 3 = body image
Var 7 = social self 1, raw score	Social self 1 = social relations
Var 8 = social self 1, standard score	Social self 2 = morals
Var 9 = social self 2, raw score	Social self 3 = vocational and
Var 10 = social self 2, standard score	educational goals
Var 11 = social self 3, raw score	Sexual self = sexual attitudes
Var 12 = social self 3, standard score	and behavior
Var 13 = sexual self, raw score	Familial self = family relations
Var 14 = sexual self, standard score	Coping self 1 = mastery of the
Var 15 = familial self, raw score	external world
Var 16 = familial self, standard score	Coping self 2 = psychopathology
Var 17 = coping self 1, raw score	Coping self 3 = superior adjustment
Var 18 = coping self 1, standard score	(coping)
Var 19 = coping self 2, raw score	
Var 20 = coping self 2, standard score	
Var 21 = coping self 3, raw score	
Var 22 = coping self 3, standard score	
Var 23 = perceived cohesion score on FACES III	
Var 24 = ideal cohesion score on FACES III	
Var 25 = discrepancy between perceived and ideal cohesion score	
Var 26 = perceived adaptability score on FACES III	
Var 27 = ideal adaptability score on FACES III	
Var 28 = discrepancy between perceived and ideal adaptability scores	
Var 29 = total discrepancy (Var 25 + Var 28)	
Var 30 = mother communication from the Parent-Adolescent Communication Scale	
Var 31 = father communication from the Parent-Adolescent Communication Scale	
Var 32 = age of subject	
Var 33 = grade completed by subject	
Var 34 = number of siblings	
Var 35 = marital status of subject's parents	
Var 36 = mother employment	
Var 37 = mother's educational level	
Var 38 = father employment	
Var 39 = father's educational level	
Var 40 = number of previous foster care placements	

VAR1:	23.00	54.00	22.00	60.00	19.00	65.00	10.00
VAR8:	79.00	17.00	69.00	20.00	50.00	23.00	61.00
VAR15:	42.00	54.00	22.00	57.00	42.00	42.00	26.00
VAR22:	71.00	34.00	26.00	8.00	23.00	28.00	5.00
VAR29:	13.00	58.00	54.00	15.00	9.00	2.00	1.00
VAR36:	1.00	0.0	1.00	0.0	0.0	662.00	
VAR1:	24.00	53.00	22.00	59.00	25.00	53.00	17.00
VAR8:	62.00	21.00	61.00	14.00	69.00	29.00	51.00
VAR15:	43.00	54.00	20.00	63.00	35.00	56.00	34.00
VAR22:	59.00	34.00	37.00	3.00	25.00	36.00	11.00
VAR29:	14.00	64.00	63.00	12.00	5.00	2.00	1.00
VAR36:	1.00	21.00	1.00	12.00	1.00	640.00	
VAR1:	12.00	79.00	14.00	76.00	10.00	86.00	11.00
VAR8:	76.00	14.00	77.00	10.00	75.00	18.00	72.00
VAR15:	26.00	69.00	14.00	77.00	29.00	63.00	24.00
VAR22:	75.00	46.00	48.00	2.00	29.00	34.00	5.00
VAR29:	7.00	62.00	62.00	15.00	8.00	4.00	3.00
VAR36:	1.00	19.00	1.00	0.0	0.0	825.00	
VAR1:	28.00	41.00	24.00	53.00	22.00	53.00	25.00
VAR8:	43.00	28.00	48.00	21.00	50.00	32.00	33.00
VAR15:	45.00	52.00	25.00	49.00	44.00	35.00	42.00
VAR22:	41.00	39.00	44.00	5.00	33.00	44.00	11.00
VAR29:	16.00	52.00	52.00	16.00	9.00	5.00	1.00
VAR36:	1.00	17.00	1.00	18.00	3.00	498.00	
VAR1:	32.00	34.00	26.00	51.00	26.00	48.00	25.00
VAR8:	41.00	31.00	30.00	23.00	42.00	31.00	42.00
VAR15:	50.00	46.00	28.00	43.00	42.00	42.00	44.00
VAR22:	35.00	37.00	50.00	13.00	27.00	38.00	11.00
VAR29:	24.00	54.00	47.00	15.00	8.00	5.00	1.00
VAR36:	1.00	17.00	1.00	18.00	1.00	454.00	
VAR1:	34.00	29.00	35.00	35.00	30.00	41.00	31.00
VAR8:	30.00	20.00	63.00	20.00	52.00	36.00	35.00
VAR15:	52.00	44.00	28.00	42.00	53.00	27.00	42.00
VAR22:	41.00	35.00	48.00	13.00	26.00	38.00	12.00
VAR29:	25.00	62.00	61.00	14.00	8.00	2.00	1.00
VAR36:	1.00	18.00	1.00	18.00	1.00	439.00	
VAR1:	14.00	75.00	36.00	31.00	25.00	51.00	27.00
VAR8:	37.00	36.00	16.00	14.00	65.00	23.00	61.00
VAR15:	48.00	48.00	25.00	50.00	49.00	30.00	44.00
VAR22:	35.00	32.00	39.00	7.00	23.00	23.00	0.0
VAR29:	7.00	44.00	40.00	16.00	8.00	6.00	0.0
VAR36:	2.00	6.00	1.00	3.00	1.00	499.00	
VAR1:	24.00	50.00	37.00	25.00	30.00	33.00	35.00
VAR8:	20.00	27.00	51.00	27.00	36.00	30.00	38.00
VAR15:	68.00	27.00	18.00	66.00	38.00	46.00	45.00
VAR22:	36.00	31.00	32.00	1.00	14.00	14.00	0.0
VAR29:	1.00	68.00	68.00	15.00	7.00	3.00	1.00
VAR36:	1.00	11.00	1.00	4.00	9.00	428.00	
VAR1:	29.00	39.00	28.00	44.00	21.00	56.00	24.00
VAR8:	46.00	26.00	53.00	24.00	43.00	32.00	33.00

VAR15:	52.00	44.00	26.00	47.00	39.00	44.00	35.00
VAR22:	55.00	45.00	43.00	2.00	21.00	37.00	16.00
VAR29:	18.00	66.00	66.00	15.00	9.00	1.00	1.00
VAR36:	2.00	17.00	1.00	20.00	0.0	504.00	
VAR1:	32.00	35.00	32.00	36.00	32.00	28.00	26.00
VAR8:	44.00	29.00	46.00	20.00	52.00	31.00	36.00
VAR15:	75.00	17.00	36.00	22.00	55.00	17.00	41.00
VAR22:	44.00	29.00	38.00	9.00	24.00	38.00	14.00
VAR29:	23.00	35.00	0.0	14.00	8.00	2.00	4.00
VAR36:	2.00	0.0	0.0	0.0	0.0	377.00	
VAR1:	12.00	78.00	24.00	53.00	12.00	78.00	16.00
VAR8:	64.00	15.00	79.00	13.00	69.00	26.00	48.00
VAR15:	35.00	62.00	25.00	49.00	34.00	53.00	18.00
VAR22:	87.00	33.00	43.00	10.00	25.00	26.00	1.00
VAR29:	11.00	64.00	47.00	17.00	11.00	1.00	1.00
VAR36:	1.00	12.00	1.00	14.00	1.00	720.00	
VAR1:	22.00	55.00	49.00	0.0	45.00	0.0	40.00
VAR8:	9.00	26.00	53.00	36.00	15.00	38.00	18.00
VAR15:	88.00	5.00	42.00	10.00	51.00	23.00	54.00
VAR22:	19.00	42.00	44.00	2.00	34.00	38.00	4.00
VAR29:	6.00	53.00	53.00	16.00	8.00	1.00	1.00
VAR36:	1.00	12.00	1.00	12.00	2.00	207.00	
VAR1:	18.00	66.00	17.00	70.00	30.00	39.00	24.00
VAR8:	44.00	13.00	80.00	18.00	55.00	31.00	42.00
VAR15:	54.00	61.00	27.00	45.00	35.00	53.00	44.00
VAR22:	35.00	27.00	37.00	10.00	23.00	38.00	15.00
VAR29:	25.00	39.00	0.0	15.00	10.00	6.00	4.00
VAR36:	1.00	13.00	0.0	12.00	1.00	590.00	
VAR1:	24.00	52.00	28.00	47.00	26.00	48.00	23.00
VAR8:	46.00	24.00	49.00	13.00	67.00	36.00	31.00
VAR15:	45.00	51.00	29.00	40.00	46.00	35.00	47.00
VAR22:	29.00	35.00	39.00	4.00	27.00	28.00	1.00
VAR29:	5.00	64.00	63.00	15.00	9.00	7.00	5.00
VAR36:	2.00	0.0	2.00	0.0	1.00	495.00	
VAR1:	25.00	50.00	33.00	37.00	30.00	39.00	30.00
VAR8:	29.00	32.00	27.00	13.00	67.00	36.00	31.00
VAR15:	53.00	44.00	36.00	23.00	63.00	8.00	48.00
VAR22:	27.00	40.00	33.00	7.00	36.00	31.00	5.00
VAR29:	12.00	62.00	58.00	17.00	10.00	3.00	5.00
VAR36:	2.00	11.00	1.00	7.00	3.00	382.00	
VAR1:	18.00	68.00	21.00	61.00	19.00	68.00	9.00
VAR8:	81.00	15.00	78.00	13.00	72.00	30.00	49.00
VAR15:	26.00	71.00	24.00	53.00	35.00	56.00	31.00
VAR22:	66.00	45.00	48.00	3.00	25.00	34.00	9.00
VAR29:	12.00	58.00	52.00	14.00	7.00	4.00	1.00
VAR36:	1.00	18.00	1.00	21.00	2.00	723.00	
VAR1:	29.00	41.00	25.00	51.00	20.00	56.00	23.00
VAR8:	51.00	34.00	33.00	27.00	34.00	23.00	53.00
VAR15:	47.00	49.00	25.00	50.00	39.00	44.00	47.00
VAR22:	31.00	38.00	34.00	4.00	25.00	34.00	9.00
VAR29:	13.00	63.00	64.00	14.00	7.00	0.0	1.00

VAR36:	1.00	12.00	-1.00	12.00	1.00	493.00	
VAR1:	16.00	69.00	18.00	66.00	18.00	63.00	18.00
VAR8:	60.00	22.00	62.00	11.00	73.00	24.00	53.00
VAR15:	45.00	52.00	15.00	73.00	28.00	64.00	34.00
VAR22:	57.00	43.00	50.00	7.00	28.00	36.00	8.00
VAR29:	15.00	56.00	61.00	17.00	9.00	3.00	1.00
VAR36:	1.00	11.00	1.00	4.00	3.00	692.00	
VAR1:	38.00	21.00	35.00	33.00	26.00	48.00	29.00
VAR8:	32.00	29.00	36.00	24.00	40.00	20.00	68.00
VAR15:	77.00	21.00	26.00	47.00	54.00	22.00	52.00
VAR22:	20.00	21.00	33.00	12.00	12.00	40.00	28.00
VAR29:	40.00	39.00	0.0	16.00	8.00	7.00	4.00
VAR36:	1.00	12.00	0.0	0.0	3.00	388.00	
VAR1:	18.00	64.00	31.00	38.00	19.00	60.00	18.00
VAR8:	60.00	21.00	65.00	12.00	71.00	16.00	72.00
VAR15:	41.00	56.00	19.00	64.00	29.00	62.00	33.00
VAR22:	58.00	39.00	45.00	6.00	30.00	45.00	15.00
VAR29:	21.00	52.00	54.00	17.00	11.00	7.00	1.00
VAR36:	2.00	0.0	2.00	0.0	0.0	670.00	
VAR1:	33.00	32.00	29.00	45.00	23.00	55.00	27.00
VAR8:	37.00	22.00	55.00	18.00	55.00	39.00	24.00
VAR15:	47.00	49.00	31.00	35.00	43.00	40.00	32.00
VAR22:	59.00	42.00	44.00	2.00	22.00	21.00	1.00
VAR29:	3.00	61.00	0.0	16.00	10.00	1.00	5.00
VAR36:	1.00	10.00	0.0	0.0	4.00	486.00	
VAR1:	18.00	66.00	27.00	48.00	22.00	58.00	23.00
VAR8:	46.00	23.00	52.00	20.00	50.00	37.00	29.00
VAR15:	55.00	42.00	26.00	47.00	52.00	25.00	43.00
VAR22:	37.00	31.00	44.00	13.00	30.00	38.00	8.00
VAR29:	21.00	68.00	24.00	15.00	9.00	3.00	0.0
VAR36:	1.00	12.00	1.00	0.0	0.0	500.00	
VAR1:	26.00	48.00	48.00	6.00	42.00	11.00	29.00
VAR8:	32.00	21.00	58.00	25.00	37.00	35.00	33.00
VAR15:	87.00	12.00	31.00	35.00	57.00	17.00	39.00
VAR22:	45.00	23.00	42.00	19.00	27.00	36.00	9.00
VAR29:	28.00	50.00	35.00	16.00	9.00	2.00	1.00
VAR36:	1.00	11.00	1.00	0.0	3.00	334.00	
VAR1:	39.00	17.00	40.00	25.00	34.00	31.00	30.00
VAR8:	32.00	26.00	46.00	22.00	47.00	27.00	56.00
VAR15:	58.00	38.00	33.00	29.00	47.00	36.00	55.00
VAR22:	13.00	39.00	44.00	5.00	26.00	38.00	12.00
VAR29:	17.00	60.00	28.00	14.00	4.00	4.00	3.00
VAR36:	1.00	12.00	0.0	0.0	1.00	370.00	
VAR1:	23.00	54.00	22.00	60.00	19.00	68.00	17.00
VAR8:	61.00	23.00	52.00	12.00	70.00	33.00	38.00
VAR15:	45.00	51.00	13.00	79.00	33.00	56.00	21.00
VAR22:	81.00	19.00	47.00	28.00	18.00	32.00	14.00
VAR29:	42.00	62.00	35.00	15.00	8.00	7.00	3.00
VAR36:	1.00	8.00	1.00	8.00	1.00	670.00	
VAR1:	14.00	73.00	17.00	68.00	12.00	78.00	16.00

VAR8:	64.00	14.00	82.00	10.00	75.00	18.00	67.00
VAR15:	21.00	77.00	15.00	73.00	22.00	75.00	26.00
VAR22:	72.00	37.00	35.00	2.00	21.00	23.00	2.00
VAR29:	4.00	68.00	0.0	17.00	10.00	2.00	4.00
VAR36:	2.00	3.00	0.0	0.0	1.00	804.00	
VAR1:	25.00	50.00	28.00	44.00	20.00	56.00	23.00
VAR8:	51.00	31.00	41.00	31.00	24.00	28.00	43.00
VAR15:	46.00	50.00	27.00	45.00	39.00	44.00	40.00
VAR22:	46.00	29.00	33.00	4.00	28.00	29.00	1.00
VAR29:	5.00	55.00	59.00	13.00	6.00	4.00	5.00
VAR36:	2.00	0.0	1.00	3.00	0.0	494.00	
VAR1:	23.00	54.00	46.00	24.00	29.00	41.00	28.00
VAR8:	34.00	31.00	30.00	26.00	35.00	31.00	42.00
VAR15:	64.00	33.00	33.00	30.00	46.00	35.00	38.00
VAR22:	47.00	33.00	34.00	1.00	15.00	31.00	16.00
VAR29:	17.00	61.00	28.00	16.00	11.00	1.00	1.00
VAR36:	2.00	11.00	1.00	4.00	1.00	405.00	
VAR1:	20.00	61.00	36.00	31.00	39.00	18.00	30.00
VAR8:	29.00	16.00	71.00	17.00	57.00	50.00	0.0
VAR15:	49.00	47.00	34.00	28.00	52.00	25.00	32.00
VAR22:	59.00	32.00	40.00	8.00	18.00	25.00	7.00
VAR29:	15.00	53.00	51.00	15.00	8.00	4.00	1.00
VAR36:	2.00	8.00	2.00	6.00	1.00	426.00	
VAR1:	17.00	68.00	18.00	68.00	20.00	62.00	17.00
VAR8:	61.00	26.00	44.00	19.00	52.00	36.00	31.00
VAR15:	31.00	64.00	24.00	52.00	33.00	56.00	30.00
VAR22:	63.00	33.00	35.00	2.00	19.00	26.00	7.00
VAR29:	9.00	63.00	58.00	15.00	9.00	1.00	1.00
VAR36:	2.00	6.00	1.00	6.00	2.00	621.00	
VAR1:	21.00	61.00	19.00	65.00	21.00	63.00	23.00
VAR8:	49.00	33.00	26.00	18.00	58.00	16.00	81.00
VAR15:	64.00	32.00	21.00	61.00	33.00	59.00	35.00
VAR22:	57.00	29.00	29.00	0.0	33.00	35.00	2.00
VAR29:	2.00	41.00	39.00	13.00	8.00	1.00	1.00
VAR36:	1.00	21.00	1.00	21.00	0.0	612.00	
VAR1:	19.00	63.00	27.00	49.00	25.00	51.00	24.00
VAR8:	44.00	28.00	38.00	21.00	47.00	38.00	26.00
VAR15:	41.00	55.00	31.00	35.00	35.00	53.00	40.00
VAR22:	43.00	35.00	38.00	3.00	30.00	34.00	4.00
VAR29:	7.00	60.00	59.00	16.00	11.00	1.00	1.00
VAR36:	1.00	21.00	1.00	21.00	0.0	504.00	
VAR1:	24.00	53.00	27.00	50.00	23.00	58.00	22.00
VAR8:	51.00	30.00	35.00	26.00	36.00	29.00	51.00
VAR15:	40.00	57.00	26.00	48.00	35.00	56.00	44.00
VAR22:	37.00	39.00	40.00	1.00	30.00	31.00	1.00
VAR29:	2.00	58.00	59.00	14.00	8.00	1.00	1.00
VAR36:	1.00	21.00	1.00	21.00	0.0	532.00	
VAR1:	11.00	80.00	13.00	77.00	15.00	70.00	18.00
VAR8:	60.00	16.00	77.00	13.00	69.00	17.00	70.00
VAR15:	27.00	71.00	10.00	85.00	20.00	79.00	17.00
VAR22:	89.00	43.00	43.00	0.0	30.00	30.00	0.0

VAR29:	0.0	61.00	64.00	16.00	11.00	1.00	1.00
VAR36:	2.00	15.00	1.00	14.00	0.0	827.00	
VAR1:	23.00	53.00	26.00	49.00	17.00	65.00	18.00
VAR8:	60.00	33.00	36.00	17.00	59.00	16.00	72.00
VAR15:	44.00	53.00	19.00	64.00	30.00	61.00	27.00
VAR22:	70.00	30.00	34.00	4.00	18.00	25.00	7.00
VAR29:	11.00	60.00	59.00	15.00	10.00	5.00	3.00
VAR36:	1.00	16.00	1.00	18.00	0.0	642.00	
VAR1:	17.00	70.00	11.00	80.00	19.00	68.00	18.00
VAR8:	60.00	22.00	58.00	20.00	52.00	38.00	31.00
VAR15:	52.00	44.00	18.00	68.00	17.00	85.00	29.00
VAR22:	70.00	28.00	42.00	14.00	26.00	38.00	12.00
VAR29:	26.00	58.00	0.0	14.00	9.00	3.00	3.00
VAR36:	2.00	12.00	0.0	0.0	0.0	686.00	
VAR1:	32.00	34.00	47.00	12.00	38.00	21.00	37.00
VAR8:	16.00	25.00	49.00	17.00	61.00	39.00	28.00
VAR15:	36.00	61.00	33.00	29.00	42.00	44.00	34.00
VAR22:	59.00	24.00	48.00	24.00	19.00	30.00	11.00
VAR29:	35.00	61.00	52.00	14.00	9.00	2.00	1.00
VAR36:	1.00	12.00	1.00	12.00	0.0	414.00	
VAR1:	25.00	50.00	25.00	51.00	20.00	56.00	24.00
VAR8:	49.00	26.00	53.00	21.00	49.00	36.00	25.00
VAR15:	34.00	64.00	19.00	64.00	32.00	55.00	43.00
VAR22:	40.00	44.00	41.00	3.00	29.00	31.00	2.00
VAR29:	5.00	67.00	67.00	14.00	9.00	1.00	1.00
VAR36:	2.00	16.00	1.00	14.00	0.0	556.00	
VAR1:	24.00	52.00	23.00	55.00	18.00	60.00	26.00
VAR8:	44.00	24.00	59.00	22.00	47.00	35.00	28.00
VAR15:	35.00	63.00	20.00	62.00	36.00	49.00	38.00
VAR22:	50.00	41.00	39.00	2.00	27.00	34.00	7.00
VAR29:	9.00	70.00	68.00	13.00	7.00	1.00	1.00
VAR36:	2.00	16.00	1.00	16.00	0.0	569.00	
VAR1:	21.00	59.00	22.00	59.00	28.00	43.00	21.00
VAR8:	51.00	26.00	44.00	23.00	42.00	42.00	17.00
VAR15:	50.00	46.00	27.00	45.00	38.00	48.00	44.00
VAR22:	35.00	33.00	43.00	10.00	31.00	37.00	6.00
VAR29:	16.00	59.00	54.00	15.00	9.00	2.00	1.00
VAR36:	2.00	0.0	1.00	0.0	0.0	489.00	
VAR1:	23.00	53.00	33.00	33.00	20.00	58.00	29.00
VAR8:	34.00	30.00	43.00	26.00	38.00	31.00	35.00
VAR15:	60.00	35.00	28.00	42.00	35.00	52.00	43.00
VAR22:	39.00	14.00	20.00	6.00	32.00	40.00	8.00
VAR29:	14.00	47.00	50.00	14.00	8.00	1.00	3.00
VAR36:	1.00	16.00	1.00	16.00	0.0	462.00	
VAR1:	19.00	62.00	14.00	74.00	15.00	70.00	20.00
VAR8:	55.00	37.00	27.00	36.00	15.00	22.00	58.00
VAR15:	64.00	31.00	21.00	59.00	25.00	70.00	40.00
VAR22:	45.00	21.00	24.00	3.00	29.00	30.00	1.00
VAR29:	4.00	52.00	55.00	15.00	10.00	1.00	3.00
VAR36:	1.00	21.00	1.00	18.00	0.0	566.00	

VAR1:	36.00	24.00	33.00	38.00	28.00	46.00	30.00
VAR8:	32.00	36.00	18.00	25.00	39.00	28.00	53.00
VAR15:	60.00	36.00	28.00	42.00	39.00	49.00	52.00
VAR22:	19.00	18.00	31.00	13.00	16.00	27.00	11.00
VAR29:	24.00	42.00	35.00	14.00	8.00	5.00	1.00
VAR36:	2.00	6.00	1.00	9.00	0.0	396.00	
VAR1:	28.00	44.00	21.00	59.00	13.00	72.00	14.00
VAR8:	72.00	25.00	56.00	22.00	47.00	36.00	25.00
VAR15:	49.00	47.00	21.00	59.00	31.00	57.00	37.00
VAR22:	52.00	37.00	37.00	0.0	27.00	27.00	0.0
VAR29:	0.0	54.00	49.00	13.00	8.00	1.00	1.00
VAR36:	2.00	12.00	1.00	12.00	0.0	590.00	
VAR1:	17.00	67.00	22.00	57.00	22.00	51.00	20.00
VAR8:	58.00	22.00	64.00	20.00	52.00	25.00	49.00
VAR15:	38.00	59.00	20.00	62.00	36.00	49.00	35.00
VAR22:	56.00	37.00	44.00	7.00	20.00	47.00	27.00
VAR29:	34.00	59.00	51.00	12.00	6.00	2.00	1.00
VAR36:	2.00	14.00	1.00	21.00	0.0	624.00	
VAR1:	48.00	0.0	46.00	14.00	35.00	28.00	37.00
VAR8:	16.00	26.00	46.00	22.00	47.00	47.00	10.00
VAR15:	81.00	14.00	38.00	16.00	54.00	25.00	49.00
VAR22:	26.00	17.00	47.00	30.00	19.00	35.00	16.00
VAR29:	46.00	22.00	22.00	14.00	8.00	5.00	1.00
VAR36:	1.00	18.00	1.00	12.00	0.0	242.00	
VAR1:	23.00	54.00	30.00	43.00	27.00	46.00	22.00
VAR8:	49.00	16.00	71.00	15.00	62.00	28.00	49.00
VAR15:	29.00	66.00	30.00	38.00	26.00	67.00	42.00
VAR22:	39.00	39.00	41.00	2.00	18.00	21.00	3.00
VAR29:	5.00	64.00	57.00	15.00	9.00	3.00	1.00
VAR36:	1.00	12.00	1.00	12.00	0.0	584.00	
VAR1:	29.00	39.00	32.00	36.00	23.00	51.00	35.00
VAR8:	20.00	31.00	41.00	19.00	55.00	24.00	53.00
VAR15:	43.00	54.00	24.00	52.00	41.00	41.00	36.00
VAR22:	53.00	46.00	48.00	2.00	29.00	43.00	14.00
VAR29:	16.00	64.00	55.00	15.00	9.00	1.00	1.00
VAR36:	1.00	16.00	1.00	18.00	0.0	495.00	
VAR1:	33.00	33.00	21.00	59.00	36.00	18.00	19.00
VAR8:	61.00	30.00	43.00	21.00	49.00	34.00	30.00
VAR15:	36.00	61.00	19.00	64.00	31.00	57.00	31.00
VAR22:	64.00	48.00	48.00	0.0	30.00	39.00	9.00
VAR29:	9.00	66.00	59.00	13.00	7.00	2.00	1.00
VAR36:	1.00	15.00	1.00	15.00	0.0	539.00	
VAR1:	18.00	68.00	23.00	57.00	21.00	63.00	17.00
VAR8:	62.00	20.00	63.00	19.00	55.00	31.00	47.00
VAR15:	29.00	68.00	17.00	71.00	37.00	53.00	28.00
VAR22:	72.00	38.00	40.00	2.00	27.00	30.00	3.00
VAR29:	5.00	65.00	63.00	14.00	8.00	1.00	1.00
VAR36:	2.00	12.00	1.00	12.00	0.0	679.00	
VAR1:	24.00	52.00	23.00	55.00	20.00	56.00	19.00
VAR8:	61.00	30.00	43.00	22.00	47.00	35.00	28.00
VAR15:	39.00	58.00	25.00	50.00	39.00	44.00	40.00

VAR22:	46.00	32.00	39.00	7.00	22.00	31.00	9.00
VAR29:	16.00	65.00	64.00	13.00	7.00	1.00	1.00
VAR36:	2.00	13.00	1.00	15.00	0.0	540.00	
VAR1:	20.00	61.00	23.00	55.00	14.00	70.00	20.00
VAR8:	58.00	31.00	41.00	11.00	74.00	35.00	28.00
VAR15:	34.00	64.00	23.00	54.00	42.00	39.00	44.00
VAR22:	38.00	33.00	39.00	6.00	21.00	37.00	16.00
VAR29:	22.00	54.00	54.00	14.00	9.00	2.00	1.00
VAR36:	1.00	12.00	1.00	11.00	0.0	582.00	
VAR1:	38.00	19.00	30.00	44.00	34.00	31.00	29.00
VAR8:	35.00	28.00	41.00	21.00	50.00	32.00	44.00
VAR15:	67.00	29.00	33.00	29.00	48.00	35.00	45.00
VAR22:	35.00	27.00	40.00	13.00	27.00	30.00	3.00
VAR29:	16.00	50.00	59.00	12.00	7.00	1.00	3.00
VAR36:	1.00	16.00	1.00	13.00	0.0	392.00	
VAR1:	21.00	61.00	16.00	70.00	27.00	48.00	10.00
VAR8:	78.00	24.00	52.00	17.00	61.00	30.00	49.00
VAR15:	25.00	72.00	18.00	68.00	19.00	82.00	27.00
VAR22:	74.00	46.00	48.00	2.00	28.00	37.00	9.00
VAR29:	11.00	65.00	63.00	12.00	6.00	2.00	1.00
VAR36:	1.00	15.00	1.00	21.00	0.0	715.00	
VAR1:	25.00	51.00	44.00	18.00	30.00	41.00	38.00
VAR8:	14.00	30.00	35.00	34.00	14.00	42.00	22.00
VAR15:	66.00	30.00	39.00	14.00	48.00	35.00	52.00
VAR22:	19.00	42.00	45.00	3.00	25.00	32.00	7.00
VAR29:	10.00	50.00	59.00	13.00	7.00	1.00	3.00
VAR36:	2.00	12.00	1.00	16.00	0.0	293.00	

Number of cases read = 55 Number of cases listed = 55

Appendix I

Demographic Characteristics

AGE ADOPTees	GRADE COMPLETED ADOPTees	DEMOGRAPHIC CHARACTERISTICS		MOTHER EDUCATION (—) FATHER EDUCATION (xx) ADOPTees
		SIBLINGS ADOPTees	FOSTER HOME PLACEMENTS ADOPTees	
<p>14 12 10 8 6 4 2 0</p> <p>12 13 14 15 16 17</p>	<p>14 12 10 8 6 4 2 0</p> <p>4 5 6 7 8 9 10 11</p>	<p>14 12 10 8 6 4 2 0</p> <p>0 1 2 3 4 5 6 7 8 9</p>	<p>14 12 10 8 6 4 2 0</p> <p>0 1 2 3 4 ... 9</p>	<p>14 12 10 8 6 4 2 0</p> <p>0...6...9...12...16...18...21</p>
FOSTER ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>12 13 14 15 16 17</p>	FOSTER ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>4 5 6 7 8 9 10 11</p>	FOSTER ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>0 1 2 3 4 5 6 7 8 9</p>	FOSTER ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>0 1 2 3 4 ... 9</p>	FOSTER ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>0...6...9...12...16...18...21</p>
BIOLOGICAL ADOLS. <p>14 12 10 8 6 4 2 0</p> <p>12 13 14 15 16 17</p>	BIOLOGICAL ADOLS. <p>14 12 10 8 6 4 2 0</p> <p>4 5 6 7 8 9 10 11</p>	BIOLOGICAL ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>0 1 2 3 4 5 6 7 8 9</p>	BIOLOGICAL ADOLS. NOT APPLICABLE	BIOLOGICAL ADOLESCENTS <p>14 12 10 8 6 4 2 0</p> <p>0...6...9...12...16...18...21</p>

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