

Applying Stress & Coping Model of Birth Parent Loss to Orphans: Exploratory Findings of Adolescents in South Korean Orphanages

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Introduction

Brodzinsky's (1990; Smith & Brodzinsky, 1994) **Stress and Coping Model of Adoption Adjustment** is one of the few empirically tested models specific to children in formal alternative care (i.e. adoption). The model posits the psychological loss of birth parents as a result of removal and placement in alternative care is a primary placement stressor. However, this stressor is mediated by children's maturity and cognitive appraisal about the situation (i.e. being "adopted"). This stress and coping model provides a potential pathway for explaining how placement-specific stressors may affect mental health and behavioral outcomes for children in alternative care.

Children in orphanages also experience separation from birthparents when placed in an institution; however, to date few studies have explored stress and coping processes related to birth parent loss, particularly among social orphans who have at least one living parent. Hence, the present quantitative study of adolescents in orphanages in South Korea explored the following questions: (1) Do adolescents in institutions experience cognitions and feelings about birth parent loss? (2) What is the association between birth parent loss and mental health (depression, trauma), behavior problems (YSR total internalizing, externalizing), and school problems (school engagement, grades)?

Methods

Sample: This cross-sectional study included a convenience sample of 170 South Korean adolescents aged 10 to 18 ($M= 14.73$, $SD= 1.90$), from 10 orphanages located in the Seoul Capital Area and one southern province. The sample was primarily boys (68%). Mean age of entry into their current institution was 8.2 years ($SD=4$); 80% reported contact with birth parents.

Variables: Structured face-to-face interviews included the following: 1) PTSD symptoms (Foa, 2001); 2) depression (CDI); 3) Youth-Self Report (YSR); 4) school engagement and school grades; 5) Birthparent Loss Appraisal Scale (Smith, 1993; Smith & Brodzinsky, 2002); controlling for 6) individual (gender, attachment), (7) interpersonal (trauma, discrimination, social support) (8) and school (bullying, climate) factors.

Analysis: Descriptive and bivariate statistics were conducted. To reduce missing data bias, multiple imputation using the Markov Chain Monte Carlo (MCMC) method was used for the multivariable regression analyses. Intraclass correlations (ICC) and design effects calculations (< 2) indicated cluster effect at the orphanage level was minimal and so clustering was not controlled for in the multiple regression models.

Results

- Twenty-nine percent ($n=45$, $M=11.56$, $SD=6.37$) of youth had mild to severe depressive symptoms of whom 12% ($n=19$) met clinical thresholds. Twenty percent ($n=33$; $M=5.99$, $SD= 8.25$) met clinical thresholds for likely PTSD diagnosis. Fifteen percent ($n=26$; $M= 9.99$, $SD=8.46$) met borderline to clinical thresholds for internalizing problem behavior and 22% ($n=37$; $M=11.29$, $SD=7.36$) were borderline to clinical for externalizing problem behavior.
- Frequencies on the Birthparent Loss Appraisal scale items ($M=22.3$, $SD= 5.82$) indicated 60% wished to know what their birth parents looked like; 53% wished they knew more about their parents, and 50% wondered why their birth parents placed them in the orphanage. Most (77%) indicated they could still be happy if they never met their birth parents, 70% felt okay (not sad or upset) when they thought about their birth parents, and most did not feel angry or upset about being placed in an orphanage.
- Multivariable analyses (Table 1) indicated greater curiosity and negative emotions on the Birthparent Loss scale to be a significant predictor of greater levels of depression ($p<0.5$), PTSD symptoms ($p<.01$), and internalizing behavior problems ($p<.01$). Birthparent Loss was not found to be significantly associated with externalizing behavior problems, school engagement, or school grades in the multivariable regression models.

Discussion

- Adolescents in orphanages hunger for information about their birth parents.** This is consistent with adoption research that found adoptees also desire to see someone who physically resembles them, coined as "mirror hunger" (Partridge, 1991), and "genealogical bewilderment" (Sants, 1964) to describe the difficulty adoptees can face because of limited or unknown information about their genealogical roots.
- Greater curiosity and negative feelings about birth parents may contribute to greater PTSD symptoms, depression, and internalizing behavior problems.** The association between birth parent loss appraisal and depression was consistent with findings of adopted youth (Smith & Brodzinsky, 2002). The association between birth parent loss and PTSD is novel and should be further studied, but align with theories of attachment and ambiguous loss (Boss, 2000).
- Future research and attention to birth parent loss for youth in alternative care are necessary.** Child welfare institutions and policies need to attend to the ways removal and placement in care creates specific stressors and traumas for children and consider ways to keep children meaningful connections about their birth parents and origins.

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Table 1. Summary of Birth Parent Loss as a Predictor Associated with Separate Mental Health and School Dependent Variables

Independent Variables	Dependent Variables ^a					
	Depress. Symp. t-value	PTSD Symp. t-value	External. Prob. t-value	Internal. Prob. t-value	School Engage. t-value	School Grades t-value
Individual Factors						
Gender (female=1)				3.12 **		
Insecure attachment style	2.47 *				-2.88**	
Birthparent loss appraisal	2.00 *	3.10**		2.71**		
Interpersonal Factors						
Lifetime # of trauma types		4.72***	2.85**	2.77**		
Discrimination b/c in orphanage (yes=1)				1.99*		2.74**
Perceived social support	-5.06***			-3.25**	3.02**	2.91**
School Factors						
School bullying (yes=1)			1.97*			
Supportive learning climate	-3.34***	-3.45***	-2.27*	-2.20*	4.66***	
R-squared min	0.42 ***	0.42 ***	0.30***	0.50***	0.35***	0.15*
R-squared max	0.46 ***	0.4 ***	0.35***	0.52***	0.40***	0.21***

Note: $N=170$; * $p<.05$; ** $p<.01$; *** $p<.001$; ^a Multiple regression models analyzed separated for each dependent variable