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Perceived rejection among young adult adoptees

Aileene Claire Edsinger
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PERCEIVED REJECTION AMONG
YOUNG ADULT ADOPTEES

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
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May, 1991

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This study is dedicated to Mathew,
whose untimely death inspired the quest.

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for making my life more meaningful.

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Abstract

Perceived Rejection among Young Adult Adoptees

by Aileene Claire Edsinger

This descriptive exploratory study measured perceived parental acceptance and rejection among 34 adult adoptees using standardized instruments developed by Dr. Ronald Rohner. The research also measured adoptee personality characteristics of warmth, aggression, dependence, self-esteem, self-adequacy, emotional stability, emotional responsiveness, and world view. The instruments used were: the Parental Acceptance/Rejection Questionnaire (PARQ) and the Personality Assessment Questionnaire (PAQ). A demographic survey relating to adoption was also administered.

Findings indicated the PARQ results all fell within .05 significance of the critical t range of $-1.96 <t> 1.96$. The results of the PAQ showed greater negative self-esteem than the standardized norms at 2.9, with the other variables within the range of 1.96. The demographic survey represented by descriptive statistics (% and frequencies) indicated a sense of belonging in the adoptive family and interest in their biological background but participants expressed dissatisfaction with how the issue of circumstances surrounding adoption was addressed.

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Chapter 1

Introductory Background

Adoption has been an option for creating a family throughout history. Although there are many types of adoption carried out in California, this research focused on one specific form: relinquishment adoption. This kind of adoption includes children who have been relinquished by their natural parents to a licensed adoption agency for adoptive placement. The relinquishment terminates parental responsibility for the care and custody of the child. After transfer of this responsibility to the adoption agency, the agency then selects prospective applicants based on evaluative judgement under the Department of Social Services of California.

Over the years, changes have occurred in the process. Most notably, these changes have moved away from secret, closed adoptions where the intervening agencies held all records that were sealed. The adoptee and the adoptive family had little access to information. Presently, the trend is toward open adoptions with communication among the adoptive and biological parents.

This research study focused on how the adopted child perceives acceptance and rejection. Adoption becomes an event that is incorporated into the process of self-identification.

Problem Area

There are three basic issues that hinder the development of the relationship between the child and the adoptive family. The first issue concerns the myths associated with the reality of adoption and how this can affect the development of trust. The second issue is concerned with the emotional closeness as it develops in parent-child relationships. Finally, the process of adoption, itself, can act as a hindrance by perpetuating myths. This may occur due to non-available information because of sealed records and artificial family construction that might develop from scrutinized home visits by social workers after placement.

Sororsky, Baran, and Pannor (1978) suggested that an adoptee entered into a mythical situation of being "chosen" by the adoptive family, when in reality, the adoptive parents had very little to do with choice previous to the era of 1970. Telling the adoptee that he/she was "chosen" could imply the birth parents rejected or deserted him/her, thus leading to mistrust of adults and feelings of being unloved and unwanted. Yet this mythical view is still espoused in various agency placements as a meaningful reason.

Hoffman-Riem (1986) studied the evolutionary process of adoptive family life from the aspect of "emotional normalization" of parent-child relationships. She equated the process (superimposition of social familiarity on biological strangeness) as the turning point through

transformation from adopted child to familial child.

Hoffman-Riem (1986) suggested that without a common experience of the child's early history, the adoptive family may not have emotional authenticity for several years. She stated that "the plasticity of the child during its first few months is the source from which parents - biological or adoptive - can derive the experience of belonging together as a family" (p. 170). Lacking this experience of parent-child relationship, especially when an older child is adopted, could result in an even greater focus of artificial family construction. Narratives from adoptive parents revealed that much effort was spent in reconstructing the unknown but still influential past of the child. Because there was no common history, difficulties in the development of family closeness and family structure arose (pp. 162-176).

Purpose and Need

This study explored the perception of acceptance versus rejection among young adult adoptees. Many research studies such as Kagen (1978), Bowlby (1969), and Rohner (1975, 1986, & 1989) indicate the importance of affiliative social interaction in perceived acceptance. However, research on parental acceptance and rejection has not addressed the special situation of adoptees. For persons who were relinquished and placed for adoption in the early stages of infancy, severance alone could be perceived as rejection.

The degree to which this is important depends a great deal on the emotional health of the adoptive family. This study assessed perceived parental rejection and perceived parental acceptance among adoptees using a standardized instrument. Another complementary instrument assessed adoptee personality characteristics of warmth, aggression, dependence, self-esteem, self-adequacy, emotional stability, emotional responsiveness, and world view.

The goal of this research was to see whether or not adoptees by the age of 18 perceive parental rejection to a greater degree than the norms established on non-adoptees in previous research. Limited knowledge regarding the process of socialization in adoption might be expanded more by learning about those perceptions from the adoptees' perspectives. The intent was to provide information that would help nurses and other health professionals support and understand the special needs of adoptive families. Increased awareness of child-parent interaction in the adoptive relationship may help nurses and other health personnel enhance adoptive parenting skills and reinforce feelings of adequacy in both the parent and the child.

Research Questions

The following questions were explored in this study:

1. Did the adoptees have a greater perception of parental acceptance or rejection than the standardized norm of non-adoptees?

2. Did the adoptees' personality characteristics reflect that acceptance or rejection?

3. Did the adoptee have the feeling of "belonging" to the adoptive family?

Hypotheses

1. NULL: Adoptees would perceive acceptance/rejection no differently from the standardized norms of non-adoptees with the Parental Acceptance/Rejection Questionnaire (PARQ) and the Personality Assessment Questionnaire (PAQ).

2. NON-DIRECTIONAL: Adoptees would perceive acceptance/rejection differently from the standardized norms of the Parental Acceptance/Rejection Questionnaire (PARQ) and the Personality Assessment Questionnaire (PAQ).

Assumptions

For adoptees to participate in this study, the assumption was made that their responses would be a truthful gathering of information. It was assumed that the responses from a voluntary sampling of adoptees would be reflective of their perception of acceptance or rejection within the context of adoptive family life. The reflections may have been influenced differently by those adoptees who were actively searching their biological roots versus those who were not. This research was based on a phylogenetic model developed by Rohner in 1978 that was considered applicable to holocultural research design; that is, measuring modalities of customary behavior within total communities

around the world. Rohner defined holocultural methodology as "measuring the relationship between two or more variables in a large number of anthropological reports representing a stratified sample of the adequately described cultural systems of the world" (Rohner, 1989, p. 9). His model involves a worldwide sampling of societies and cultures to obtain a broad representation of the human condition as described ethnographically. The model is based on the principle that perception of parental acceptance/rejection is significantly associated with psychosocial functioning in human behavior. It is assumed that this model would be applicable to study the adoptees' perceptions of parental acceptance and rejection. Response to the questionnaires would reflect their maternal/child relationship with their adoptive mother as primary care caretaker unless they designated someone else.

Operational Definitions

1. Relinquishment adoption: one in which children are placed through a licensed adoption agency into adoptive families, either from: (a) having been relinquished by their natural parents, or (b) due to abuse or neglect, parental rights have been terminated by court action. The relinquishment gives parental responsibility to the adoption agency who then finds suitable placement.

2. Adoptee: Person over 18 years of age, relinquished at birth or before the age of two years and placed with an

adoptive family.

3. Perceived Rejection: measured by a standardized instrument that rated hostile, aggressive, or passive-aggressive responses or personality dispositions of negative self-worth. In a total range of 60 to 240, a score of over 150 was in the rejection range with a maximum rejection score of 240 (Rohner, 1989, pp. 17-23).

4. Perceived Acceptance: measured by a standardized instrument that rated those responses in a total range of 60 to 240, from the score of under 150, which is considered the acceptance range with a maximum acceptance at 60 (Rohner, 1989, p. 23).

5. Parental Acceptance-Rejection Questionnaire (PARQ): measured adult perceptions of parental warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection while reflecting back to interactions from about 7 to 12 years of age. The linear measurement scale was developed on a rational-theoretical basis using the internal strategies of scale construction with a range of 60 to 240 (Rohner, 1989, p. 18).

6. Adult Personality Assessment Questionnaire (PAQ): developed as a complement to the PARQ in assessment of the self-perceptive reflections of seven behavioral dispositions from about 7 to 12 years of age. The dispositions include: (1) hostility and aggression, (2) dependency, (3) self-esteem, (4) self-adequacy, (5) emotional responsiveness,

(6) emotional stability, and (7) world view. Reverse scoring was utilized in order to minimize response bias of weighted items. The total scale ranged from 63 to 252 with those values above 157.5 related to rejection (Rohner, 1989, pp. 49-55).

Summary

Adoption presents a different form of family life which involves special problems related to adaptation and family health. The process of socialization within the adoptive family has not been fully addressed in regard to the perception of rejection. This research addressed assessment of adoptee perceptions related to acceptance and rejection as reflected back to earlier years. It also assessed the self-reported personality characteristics that are universally associated with parental acceptance and rejection as dependent variables.

Issues that might interfere with the acceptance process are the mythical situation involved with the adoption process and the emotional normalization of that process. How the adoptee perceives adoption is incorporated into the adoptee's perception of self.

Therefore, this research sought to explore the area of self-concept and rejection as it related to socialization. The process of socialization for the adoptee is ongoing and the perceptions are variable within each family structure.

Chapter 2

Conceptual Framework

Although the point at which socialization begins is debatable, the development of self-concept occurs as one becomes aware of his/her "self" relative to the environment. The formation of positive self-concept can be facilitated in a warm and supportive environment; however, internalizing perceived rejection may have damaging effects in that formation. Rejection can be perceived as a valid belief or it can be lacking distinction as to the cause. Within the developmental process of adoptive parent-child integration, the adoptee is exposed to the recurrent effects of acceptance or rejection. This exposure occurs early in infancy, during early childhood, again in school, and later in adolescence and as one leaves home to begin a new family cycle.

According to Rohner (1975), adults who were rejected as children tend to have a strong need for affection but cannot return it due to their emotional isolation. When they become parents, they are more likely to reject their own children, and the cycle is perpetuated (1975, p. 56).

Much of the literature on adoption has focused on the adopted person's fantasies about his/her biological background or connecting with his/her genetic roots as an adult (Sororsky, Baran, & Pannor, 1978; Aumend & Barrett, 1983; Aumend, 1984; Sachdev, 1989; and Harper, 1984). But less research has explored the area of family integration

and dynamics as it relates to adoption.

Kantor (1980) discussed critical images or internalizations which serve as a foundation for one's self-perceptions. These images include three components: theme or meaning, affect or mood, and the process of activity. The events that are remembered are foundation images on which identity is formed. These images form a dynamic and evolving reality of what is important to an individual. According to Kantor's definition of identity, there is an "ongoing search for the reiteration of family structures that were experienced as positive, more or less complete in structure, and self-reinforcing, and for the opportunity to supply the missing elements in family structures that were experienced as negative" (p. 40).

Development of Self Concept

Cooley and Mead are two of the earliest developmental theorists who have linked the components of identity and social adaptation. Cooley (1902) proposed the concept of the "looking-glass self" which is a reflection of one's ideas of self being perceived through what is imagined and mirrored back to oneself. This concept of "looking glass self" can become meaningful in the development of self-identity, self-evaluation, and self-esteem.

Mead (1934) emphasized that self-concept develops in response to the reactions and expectations of significant

others. Mead maintained that the concept "we see ourselves as others see us" forms a basis for self-concept. Mead viewed the individual as internalizing ideas and attitudes of significant others; that is, observing the actions and attitudes of others, adopting them, and expressing them as one's own. Thus, a child begins to think of himself in terms of the significant others' behavior toward him. His self-esteem is derived from reflected appraisals by others and his self-evaluation is a mirror image of the standards employed by significant others.

Mead differentiated between "I" and "me" when explaining identity formation. "I" represents a focal point when emphasizing the undisciplined and unique qualities of the personal self, and the "me" relates to the role and status of the social self. Much of the individual's time is spent decreasing apprehension involved in conflict between the personal self and the social self. In the self-conceptualizing process of looking at others to know oneself and having others draw out one's inner self, a person develops a concept of identity and a personal sense of "Who I am" (Mead, 1934).

Erickson (1963) has explained self-conceptual development in terms of a developing identity as each critical psychosocial stage is embarked on, beginning with basic trust versus basic mistrust. Successful resolution amounts to an adaptive outcome. In the primary stage of

trust vs. mistrust, which occurs between birth and one year of age, development of a basic trust and capacity for psychological attachment to another person begins. Erickson (1963) explained that:

The amount of trust derived from earliest infantile experience does not seem to depend on absolute quantities of food or demonstrations of love, but rather on the quality of maternal relationship. Mothers create a sense of trust in their children by that kind of administration which in its quality combines sensitive care of the baby's individual needs and a firm sense of life style. This forms the basis in the child for a sense of identity which will later combine a sense of being "all right," of being oneself, and of becoming what other people trust one will become. Parents must not only have certain ways of guiding by prohibition and permission; they must also be able to represent to the child a deep, and almost somatic conviction that there is meaning to what they are doing. (p. 249)

Rogers (1964) proposed that all people develop a self-concept that helps them adapt to the external world, but harsh, rejecting judgments from others prevent an individual from self-acceptance. Rogers further believed that a permissive atmosphere which permits free expression of ideas and few reflective comparisons could assist an individual to

gain self-knowledge and acceptance. This "authenticity" is one which allows persons to be true to themselves in terms of who they are and what they value. Rogers stated, "I believe that when the human being is inwardly free to choose whatever he deeply values, he tends to value those objects, experiences, and goals which make for his own survival and development of others" (Rogers, 1964, p. 166).

Rosenburg and Kaplan (1982) suggested that self-concept is the totality of an individual's thoughts and feelings as seeing himself as an object. According to Kaplan (1982) self-rejecting attitudes are associated with deviant behavior. Kaplan contended that behavior was motivated by the need to minimize negative self-attitudes. He further implied that these attitudes were the result of a person's experience in trying to defend against, adapt to, or cope with circumstances having self-devaluing implications. As the devaluing situation becomes more pronounced, the person loses motivation to conform to prescribed standards and thus becomes more deviant. The unfulfilled self-esteem motive influences alternative responses. The alternatives represent self-enhancing function. Kaplan proposed that deviant responses have self-enhancing consequences of avoiding self-evaluation. To the extent that self-enhancing consequences are experienced and can have an adverse effect, the individual will be confirmed in that behavior. Kaplan

further theorized that deviant responses are accompanied by increases in self-rejection. However, Rosenberg (1982) suggested that selectivity of values, interpretation, standards, and interpersonal relations as well as environmental situations form a basis for self-concept (Rosenburg, chap. 42).

Harper (1984) suggested that there is a loss of family identity at adolescence when the adoptee cannot extend his/her self-image into past origins causing genealogical bewilderment. She stated that the adoptee is a "ready scapegoat of inheritance both real and imagined by virtue of the fact that biological parents are unknown and fantasies about them are often associated with efforts to explain why they were abandoned" (p. 17). She further stressed that adoptive parents may become bewildered and hurt, responding with rejection or hostile withdrawal. This activity leads to further breakdown in communication involving recriminations. As this cycle becomes more pronounced, the adoptee acts out frustrations, and parent-child interaction can disintegrate. She emphasized that the more the adoptee knows about his/her relinquishment, the easier it is to establish self-identification and family integration.

Rejection

Fromm (1962) indicated that rejection of oneself is inseparable from rejection of others, and that feelings form childhood learning experiences. He suggested that when

spitefully curtailed, children develop a character conditioned with hatred or rejection of self and others. Likewise, when experiencing love, acceptance, and respect from the significant adults in their life, they develop maturity, which he calls a productive orientation. He viewed immaturity as rooted in selfishness. The productive orientation leads to responsible, committed functioning.

Coppersmith (1967) proposed that antecedents to self-esteem in defining success include power (the ability to influence and control others), significance (the acceptance, attention, and affection of others), virtue (adherence to moral and ethical standards), and competence (the successful performance in meeting demands for achievement) (1967, p.38). Success in the area of significance is measured by concern, attention, and love expressed by others, measured by acceptance and popularity on one end and rejection and isolation at the opposite end.

Coppersmith (1967) believed that each of these four sources of self-esteem are learned from internalized values and aspirations of significant others, such as parents. This linkage becomes an individual's basic style of adapting to environmental demands. Coppersmith suggested from his research that a positive self-concept may be described as thinking of oneself as a "valuable and important person . . . worthy of respect . . . influencing people and events . . . with definite idea of what's right . . . self-controlled and

working well." By contrast, negative self-concept involves depression and pessimism and is described as "not important or likeable . . . can't do things as well as others . . . don't like change or expect much of self . . . no control over what happens" (1967, p. 47). Coppersmith further states that:

The individual with high self-esteem is less likely than others to be shaken by either the differences of opinion of the conformity situation or the indefinite responses required by the creativity tests. If a favorable self-appraisal of past behavior is to be achieved, the individual must believe that his performance was as effective as it could be under the circumstances and that allegations or insinuations to the contrary are not worthy of serious consideration. Thus self-trust provides an effective defense against the insidious negative appraisals of others, and thereby immunizes the individual against rapid or frequent alterations in the level of his self-esteem. (p. 64)

Coppersmith found that children with high self-esteem were more likely to have satisfying social relationships, fewer mood fluctuations, and greater self-approval. Those with low self-esteem had environments without guidance or control with harsh punishment or love withdrawal. Parents also viewed themselves negatively (1967, p. 215).

Rejection, as an antecedent in personality development

and self-concept formation, is the variable that this research is most interested in investigating. For this work, the instruments designed by Rohner responded suitably to that quest and his theory broadens the understanding of rejection.

Parental Acceptance - Rejection Theory

Rohner (1989) has developed a theory of socialization that attempts to explain the major consequences of parental acceptance and rejection. His theory forms the conceptual basis of this research. He sees parental warmth and acceptance as part of the continuum with rejection lying at the other pole. He defines rejecting parents as those who dislike, disapprove of, or resent their children. Rejection is demonstrated by parental hostility and aggression on one hand and parental indifference and neglect on the other. Rejection, either as hostility/aggression or indifference/neglect, is expressed through an impaired or absent parental attachment. The child perceives the parent's behavior as "rejecting." This theory suggests that rejected or emotionally abused children tend to be hostile, and/or aggressive, dependent, with an impaired sense of self-worth and self-adequacy, emotionally unstable, emotionally unresponsive, and have a negative world view.

Rohner (1989) emphasizes that a rejected child is likely to be more dependent, increasing his efforts to get love and attention as "significant others" continue to reject and his needs for warmth and affection are unfulfilled. The child is

likely to become emotionally insulated, unable to freely and openly form warm, lasting, intimate relations with others. According to Rohner, the rejected child becomes angry at his parents as well as fearful of more rejection, thereby producing "defensive independence" or withdrawal as a counter-rejection (1989, p. 3).

Rohner (1989) postulates that adults who have strong needs for affection due to early rejection, are impaired in their interpersonal relations. These adults perpetuate the cycle when they have children of their own. From Rohner's perspective, this theory can be applied to anyone regardless of culture, physical type, language or other limiting conditions. Rohner predicts that adults everywhere who recall being rejected during childhood are likely to experience the behavioral dispositions of hostility, dependence, negative self-esteem, negative self-adequacy, emotional instability, emotional unresponsiveness, and negative world view as primary consequences.

Rohner's (1989) Parental Acceptance-Rejection Theory (PART) proposes that the child's ability to cope with perceived rejection depends on: (a) the extent to which the child can depersonalize events, and (b) the child's sense of self. Children who perceive themselves to be accepted are better able to depersonalize, will have a sharper awareness of self, and will be more self-determined.

What are the consequences when a person is relinquished

in adoption and raised by non-biological parents?

Researchers, such as Harlow and Harlow (1962), have conducted animal research and found that infant monkey's attachment to the mother was based on the fact that the mother reduces pain and imparts pleasure. Thus, the infant monkey becomes conditioned to the mother as a stimulus signalling impending pleasure or reduction of distress.

The animal research was followed by research of motherless children in orphanages and in institutional settings (Bowlby, 1969). It was found that when children were deprived of attention and affection, their emotional and behavioral responses were impaired. Manifestation of that deprivation was seen in lack of emotional involvement, reduced sense of self, and sense of rejection. Results paralleled Rohner's (1986) research. However, Bowlby postulated that placing those children with an adoptive family in their early years would provide them with a social environment conducive to the development of their sense of self.

Related Literature Review

In the literature, many studies have reported maladaptation of the adoptee evidenced by non-criminal but deviant behavior. Few focused on positive development or adjustment. Most of the literature about adoption and adoptive parenting was found in the area of psychology but very little was offered within the scope of nursing.

Lefkowitz and colleagues conducted three longitudinal studies on rejection (Eron, Lefkowitz, & Walder, 1971; Eron, Huesmann, Lefkowitz, & Walder, 1977; and Lefkowitz & Tesiny, 1984) as it relates to depression among a large varying population of young people 8 to 19 years old. The studies explored the relationship of parental rejection and depression during childhood over a 10 year period.

The first prospective analysis during 1959-1960 measured rejection in 875 children in a rural area of New York who were approximately 8 years old and displayed aggressive behavior. Aggressive behavior was correlated with variables of parental disharmony, parental punishment, and parental education. The findings indicated that rejecting parents would exhibit disharmony in their marital relationship and would be punitive toward their children with a significance of $p < .005$, over non-rejecting parents (Eron, Lefkowitz, & Walder, 1971).

The second study (Eron, Huesmann, Lefkowitz, & Walder, 1977) measured rejection and depression with contemporaneous data from mothers and children. The hypothesis that parental rejection would be related to depressive symptoms in childhood was also substantiated with a significant bivariate relationship ($r = .18$, $p < .05$) between the mother's rejection and daughter's depression and rejection was seen as a stressor extending into adulthood. There was an even greater relationship with the father's rejection.

The third study (Lefkowitz & Tesiny, 1981) replicated the findings of the second study. All correlations were significant for both parents, but more so for fathers. Rejection of daughters during childhood was, in and of itself, a predictor of depression in female offspring.

Talen and Lehr (1984) studied 34 adoptive families in a pilot project. The study examined the differences between adoptive families and other family systems, while analyzing the relationship between adoption issues and family structure. Although 19 of the families had both biological and adopted children, the adopted child was always the symptom bearer in the family system.

Talen and Lehr (1984) focused on the reciprocal processes of family integration related to the family's vulnerability to stress about adoption issues and the adoptee's vulnerability to family stress. Stresses involved such issues as questions about biological parents and unknown history, parent's infertility, circumstances about adoptee's birth, as well as developmental changes. Talen and Lehr explored adoption issues that influenced the family structure as well, such as agency processing. Unlike other research (Eron et al., 1977), this study focused on examination of the child's behavior as an integral part of the adoptive family system. Symptoms of adoptee deviant behavior such as truancy, failing grades and acting-out behaviors constituted the most common problems and the most difficult for parents

to manage.

Talen and Lehr (1984) provided a basis for understanding differences between adoptive families and other family systems. Their research indicated that the adoption process reinforced a rigid pattern of a mother's overinvolvement and a father's peripheral involvement with the adoptee. While some parents perceived the adopted child as more fragile and different, they had lower expectations for the child's behavior; others denied that differentness, viewing it as a threat to family unity.

DiGiulio (1988) determined in a study of 80 adoptive couples and 121 adopted children that high self-acceptance in the parents influenced their high acceptance of their adopted children. Her premise was based on the ability of parents to allow expression of positive and negative feelings. By encouraging emotional expression about adoption and issues about adoptive and biological parents, adoptive parents helped adoptees to accept themselves without perceiving those expressions as rejecting or threatening. Issues involving parental self-acceptance occurred in aspects of diminished self-esteem associated with infertility and the inability to conceive. If the procreative function was an issue, either the circumstances of the adoptee's biological conception or the nature of infertility needed to be discussed rather than buried as a "taboo" issue.

Maill (1987) studied 71 involuntarily childless women

and found that the biological tie was important for emotional attachment and love. Adoption and adopted children were rated second place by these women because of the unknown genetic past and perception of adoptive parents as not "real" parents. Maill failed to address the issues of possible inadequacy, poor self-esteem, and maternal rejection in these women which may have contributed to their viewpoint.

When the Tennessee Self-Concept scale was administered to 131 adult adoptees in a survey, Aumend (1984) found differences between those who searched for biological parents and those who did not. Results showed nonsearchers had more positive self-concepts than searchers in terms of self-esteem, identity, sense of family, and self-satisfaction. Findings did not support the belief that adoptees generally have lower self-concepts, identity conflicts, and need for biological reunion.

Oldaker (1985) studied identity confusion among adolescents as it relates to problems of intimacy and negative identity. She suggested that the incongruency between intimacy and negative identity can be diagnosed as identity confusion in personality development. Factors relating to intimacy were anxiety, interpersonal isolation, and stereotyped rigid behaviors. She stated that:

When identity is insecure, the adolescent is apt to experience the anxiety and fear of an "interpersonal fusion," amounting to a further loss of identity and

requiring a tense inner reservation and caution in commitment. Symptomatically, this may be experienced and expressed as interpersonal isolation and withdrawal. (p. 768)

Oldaker (1985) suggests that confusion exists when the young person is exposed to a "combination of experiences demanding simultaneous commitments to physical intimacy, decisive occupational choice, energetic competition, and psychosocial self-definition" (p. 765). Her sample of 138 adolescents demonstrated that identity confusion did manifest itself in problems of intimacy and negative identity: anxiety, antisocial behavior, depression, and confusion.

Another study (Nickman, 1985) on losses experienced in adoption conducted on 100 adoptees and their families suggested that adopted children follow a lifepath that is unconventional, though not necessarily pathological. The researcher related this to the causal relationship between disclosure of adoption, the nature of a child's subsequent fantasy life, and the development of personality. The primary family issues to be resolved were secrecy, self-esteem, and identity which open dialogue might correct.

Sachdev (1989) in a research study in Canada related to secrecy and the unsealing of adoption records explored the adoptees' desire for information. He involved 152 adoptive parents, 78 biological mothers, 53 adoptees 19 years or older

and 17 adoption social workers, while using time-series design from three different adoption periods: 1958, 1968, and 1978. In response to agency release of information, 69.7% of the adoptive parents were in favor of disclosure. Biological mothers also favored availability in response to adoptees' requests by 88.5%. Disclosure was based on the following criteria: (a) adoptees' desire for information was based on need of identity formation; (b) adoptees' desire represented psychological and emotional distress; (c) adoptees motives were positive, and (d) adoptees possessed emotional strength to be able to cope with the experience. Of the biological mothers' disclosures, 77% admitted to having "very frequently" or "somewhat frequently" thought of their relinquished child with considerable mixed guilt, pain, and loss.

Summary

It is evident from the literature that there are some inherent problems related to the adoption process that can have a marked effect on the adoptee's identity and sense of acceptance or belonging. These relate to how the adoptive parents perceive adoption, especially the mother, in regard to fertility and procreation, and how the adoptee perceives relinquishment and why he/she is not with the biological parents. Parenting interactions may also evolve from the adoptive parents' own upbringing, hindering or enhancing the adoptee's self-concept. Though unrelated to the adoptive

process these parental attitudes and practices may also produce the effect of rejection.

Acceptance and rejection play an important part in the development of self-esteem and regard for others. How the dependent variables of personality dispositions are affected may depend on what Rohner (1975) has described as the degree of perception of acceptance or rejection on those variables significantly influencing one's self-concept. Rohner has developed several reliable instruments to test such hypotheses while postulating:

Each of the seven personality and behavioral dispositions described is expected to appear to a significantly greater extent among rejected children all over the world--regardless of culture, physical type, language, or other limiting condition--than among accepted children. Similarly, the prediction is made in PART [sic] that adults everywhere who recall being "rejected" during childhood are likely to experience these behavioral dispositions to a greater degree than adults who recall being accepted as children. (p. 4)

While the standardized instruments measured the perceived parental rejection as part of socialization, the Parental Acceptance-Rejection Theory provided the groundwork for the process through which parental behaviors predispose children to form such perceptions.

Chapter 3

Methodology

Introduction to Research Design

The research methodology conducted in this exploratory study used the adoptees' responses to indicate the relationship among variables that are affected by parental acceptance and rejection. According to Polit and Hungler (1983), a descriptive survey approach, such as using self-report questionnaires, serves as a useful way of gathering information about characteristics of a given sample (1983, p. 191). This exploratory study was designed to compare group responses of a sample of adoptees to group standardized norm responses of Rohner, Saavedra, and Granum research (1978). Prior to commencement of this study, approval was obtained by the Human Subjects Institutional Review Board (see Appendix A). Permission to use the standardized instruments was also obtained from Professor Ronald Rohner (see Appendix B).

Setting and Sample Population

Subjects (26 females and 8 males) were recruited from Santa Clara County, from San Jose State University, and from adoptee support groups through advertisements. Adoptees who volunteered to participate were asked to contact the researcher by telephone. At that time the researcher determined if the adoptee fit the criteria for the study: over 18 years, relinquished for adoption by 2 years of

and placed with a non-biological family.

Data Collection

If the individual was eligible, a packet was delivered by the researcher to the subject for completion of the instruments. The research procedures were reviewed prior to any participation, and subjects were given the opportunity to discuss questions they might have regarding the research. Interested participants were asked to sign the consent to participate in the study (see Appendix C) as approved by IRB. They were told that the packet containing the Parental Acceptance-Rejection Questionnaire (PARQ), the Personality Assessment Questionnaire (PAQ), and demographic survey, with a cover letter (see Appendix D) would take one hour or less to complete. Each of the subjects was asked to complete the packet on upon receipt and return completed findings to the investigator by mail. Postage and the researcher's address were on the return envelope. Of the 45 packets delivered to the volunteers, 34 subjects responded (75% return).

Human Subjects Approval

Approval by the Institutional Review Board (IRB) was based on the condition that each subject's confidentiality be maintained during this research. In order to ensure confidentiality, each subject's packet was coded with an identification number used on the informed consent sheet, each of the of questionnaires, and the demographic survey. The signed informed consent was removed from the packet and

kept in a separate locked file so that there was no identifying information in the data collection packet.

Instruments

Subjects completed two related instruments developed by Rohner and a demographic questionnaire. Validity and reliability tests were previously done on the standardized instruments by the developer.

The Adult PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE (PARQ) is a self-report inventory designed to assess an individual's perception of parental acceptance and rejection. Items are clustered into four scales: (a) Perceived parental warmth/affection; (b) perceived parental hostility/aggression; (c) perceived parental neglect/indifference; and (d) perceived parental rejection.

Responses given ranged on a continuum from "almost always true" to "almost never true." The PARQ was a 61 item questionnaire designed to be completed by the individual in 15 or 20 minutes. The responses of the sample of adoptees from this study were compared to the standardized norms of the Adult Parental Acceptance-Rejection Questionnaire. Using the t-test, the norm mean was compared to the adoptees' mean on each of the four subscales.

The Adult PERSONALITY ASSESSMENT QUESTIONNAIRE (PAQ) is a self-report instrument designed to assess an individual's perceived experience in terms of hostility and aggression, dependency, self-esteem, self-adequacy, emotional

responsiveness, emotional stability, and world view. The PAQ complements the PARQ. Responses ranged on a continuum from "almost always true" to "almost never true." The PAQ is a 63 item questionnaire designed to be completed by the individual in less than 15-20 minutes. The responses of the adoptees were compared with the standardized norms of the Adult Personality Assessment Questionnaire. Likewise, the t -test compared the two independent mean scores of Rohner's norms and the adoptees' sample means for each of the seven categories.

The demographic survey gathered specific information pertaining to adoption and sense of belonging. The survey was a twelve item questionnaire and took 5-10 minutes. This information was reported as descriptive data using percentage distribution.

Instrument design. The two instruments developed by Rohner (1975) are based on a multimethod approach using: (a) holocultural research, (b) ethnographic and socialization research cross-culturally, and (c) social-psychological and developmental research. Parental acceptance-rejection theory represents a component of study in the field which Rohner calls "anthroponomy" dealing with search, discovery, and verification of principles of human behavior (Rohner, 1975, p. 9).

Holoculturally, the instruments were used in measuring customary behavior within whole communities throughout the

world. Generalizations were made regarding the difference between culturally conditioned behavior and universal causal/functional relationships. Parental Acceptance-Rejection Theory (PART) research explored parenting behavior using the holocultural methodology developed by Naroll, Michik, and Naroll in 1980, as it relates to sociocultural phenomena. The instruments were tested for 6 months or more within a culturally organized population, exploring personality dispositions of rejected children for social and ethnographic findings.

Analysis procedures for PARQ and PAQ. The validity and reliability of the Adult PARQ and Adult PAQ was assessed on a sample of 147 college students ranging from 18 to 43 years who were evenly distributed by sex. Reliability was assessed in terms of subscale internal consistency with correlation to Schaefer's (Rohner, 1989) Child's Report of Parent Behavior Inventory (CRPBI) and the Bronfenbrenner's Parental Behavior Questionnaire (BPB) (Rohner, 1989).

Cronbach's coefficient alpha was used as the principal measure of internal consistency of items within the scale with coefficients for the adult ranging from .86 to .95 and a median reliability of .905. Concurrent validity of each PARQ scale showed a significant correlation in the adult version ($p < .001$) to the CRPBI and BPB scales with a correlation of .81 both concurrently and convergently providing construct validity (Rohner, 1989, p. 26).

Response bias in the relationship between the PARQ and PAQ was assessed by Schludermann and Schludermann in 1970 using CRPBI control scales and accounted for a relatively small portion of the variance in the reported relationship between perceived parental acceptance-rejection and self-reported behavioral dispositions (Rohner, 1989, p. 31). Analysis of validity and reliability of the PARQ and the PAQ was guided by the standards outlined in the American Psychological Association's Standards for Educational and Psychological Tests of 1974 (Rohner, pp. 23 & 56).

Longitudinal data were collected and analyzed to examine whether adult PARQ scores reflect actual perceptions of the subjects when they were children. Data were based on a study by Rohner & Rohner (1979) of 543 children under eleven years using the child version of PARQ and child PAQ and interviews. These unpublished data were followed up in a study by Cournoyer (1989) which included 49 of the original children, using the adult PARQ and PAQ with direct observation. The correlation between the PARQ scores collected ten years apart reached a value of .62 with an associated probability of .0001. Retrospective reports of perceived acceptance-rejection seemed more grounded in childhood perception of parental acceptance or rejection than in personality dispositions (p. 6).

Components of the Parental Acceptance-Rejection Questionnaire (PARQ). The instrument measures adult

perceptions of parental warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection while reflecting back to interactions from 7 to 12 years old and the meanings that are assigned to caretaker behavior by the children (Rohner, 1989). The items are scored as follows: ALMOST ALWAYS TRUE = 4; SOMETIMES TRUE = 3; RARELY TRUE = 2; and ALMOST NEVER TRUE = 1. Reverse scoring is used for the warmth/acceptance scale and for the neglect/indifference scale on items 7, 14, 21, 28, 35, 42, and 49. All scales are designed so that a high score indicates maximum warmth/affection, maximum aggression/hostility, maximum neglect/indifference, or maximum undifferentiated rejection. The PARQ is scored by summing the item scores for each scale for the total score. The following variables are described as:

1. Warmth/affection is the perceived physical and verbal expression of love received as a child, such as telling stories, singing songs, cuddling, kissing, praising, and complimenting the child (p. 21). The lowest possible score for this variable is 20 and the highest score is 80 with the midpoint at 50. All items were reverse scored.

2. Parental rejection is the perceived absence of withdrawal of warmth and affection, demonstrated in three forms: hostility/aggression, indifference/neglect, and undifferentiated rejection (p. 21). The lowest possible

score for this variable is 15 and the highest score is 60 with the midpoint at 37.5.

3. Indifference/neglect is defined as lack of parental interaction and concern as perceived by the child when growing up. The lowest possible score for this variable is 15 and the highest is 60 with the midpoint at 37.5.

4. Undifferentiated rejection is the perceived feeling of being unloved, unwanted, or rejected without apparent indicators of parental rejection. The lowest possible score is 10 and the highest score is 40 with the midpoint at 25.

Components of Personality Assessment Questionnaire (PAQ). The instrument measures individual adult self-perceptions on seven subscales of personality dispositions. The PAQ is scored similar to the PARQ with reverse items including 10, 11, 14, 16, 19, 20, 24, 25, 28, 33, 38, 39, 41, 42, 44, 53, 54, 56, 62, and 63. The lowest possible score is 9 and the highest possible score is 36 with a midpoint of 21.5 for each of the seven variables. These variables are described as:

1. Hostility and aggression are those parental actions expressed by feelings of anger or resentment toward the child either verbally or physically. Each may be demonstrated verbally by cursing, saying unkind, sarcastic or cruel things, or quarreling, usually involving the mother. Physically, those feelings could be demonstrated by fighting, hitting, kicking, biting, scratching, etc. Those acts, which

are intended to hurt the child, are defined by Rohner (1989) as directly aggressive. Less aggressive manifestations consist of passive aggression without the intent of harm: pouting, stubbornness, sulking, irritability, temper tantrums, etc. (p. 50). This variable differentiates between nonaggression and aggression with score range between 9 and 36.

2. Dependence is manifested in bidding for positive response as seen in emotional reliance of one person on another for comfort, approval, and guidance, with independence on the other end of the continuum showing absence of reliance on others to serve emotional needs. This variable differentiates between independence and dependence with score range between 9 and 36.

3. Self-evaluation consists of feelings, attitudes, and perceptions of oneself on a continuum from positive to negative as demonstrated by the components of self-esteem and self-adequacy. Self-esteem is manifested positively in liking oneself, as well as feeling worthy of respect. Negative self-esteem, on the other hand, is perceived as self-dislike or devaluation of oneself. Self-adequacy incorporates perceptions of self-competency, self-assurance, and self-confidence. Feelings of negative self-adequacy are perceived as incompetence and inability to successfully meet demands. This variable differentiates between positive and negative self-esteem and self-adequacy with score range

between 9 and 36.

4. Emotional responsiveness is expressed by an ability to demonstrate feelings of warmth and affection and form attachments; while emotional unresponsiveness is demonstrated by aloofness, detachment, and an inability to give or receive normal affection. This variable differentiates between emotional responsiveness and unresponsiveness with score range between 9 and 36.

5. Emotional stability consists of constancy of mood and ability to withstand stress and failures; while emotional instability is exemplified by unpredictable mood swings and loss of composure under even minor stress. This variable differentiates between emotional stability and instability with score range between 9 and 36.

6. World view is defined as one's overall evaluation of life, viewing the world positively (as an unthreatening place) or negatively (as a place full of dangers and hostility). This variable differentiates between positive and negative world view with score range between 9 and 36.

Summary

In the use of the instruments, the adult PARQ was a measure of the adoptee's perception of treatment received by parents as a child in terms of acceptance and rejection. The adult PAQ was used as a measure of the adoptee's self-reported personality dispositions.

Each of the standardized questionnaires was computer

scored by a program designed specifically for use with the instruments. The program, called Parscore, was developed by David Cournoyer (1989) and scored both the PARQ and the PAQ. Excel statistical computer package calculated the means and standard deviations for each of variables for both questionnaires from the adoptees' responses.

The demographic survey, originally designed by Hoopes and Stein in 1986, was modified to provide only adoption information. The survey sought to gather information about length of time before adoption, when the reason for adoption was discussed, and what the adoptee's perceptions were of compatibility among family members. Responses were tallied and presented in percentage distribution for each of the questions. The demographic survey along with the standardized instruments provided a useful assessment of the adoptee perceptions related to parental acceptance and rejection.

Chapter 4

Findings and Interpretation of the Data

The following presentation of results of this study is based on the analysis and interpretation of data using inferences concerning the difference between the means of two independent samples. In each subscale variable, the standardized norm mean was compared to the adoptees' mean value to determine whether or not perception of acceptance versus rejection is a factor among adoptees. The mean and standard deviation was determined for the adoptees and a pooled estimate of the standard deviation was calculated for both groups. The standard error was then determined for both samples. The calculated value of t was obtained by using the number of the degrees of freedom for the critical value of the total sample which consisted of 147 adult subjects used in Rohner's validity testing and 34 adoptees. At that time a decision was made to accept or reject the null hypothesis if the critical t falls between -1.96 and 1.96 given that the degree of freedom (df) equaled 179.

Each of the scales was presented in the tables, listing mean (M) and standard deviation (SD) for each, the high and low of each response, and depicting the range of possible scores based on the highest and lowest for each scale in the Rohner instrument. The same was done for the adoptees' responses with the means, standard deviations, high and low scores, and t -test displayed (see Tables 1-4).

Table 1

Descriptive Statistics for Rohner's Validity PARO Scale

Subscale	<u>n</u> = 147	<u>M</u>	<u>SD</u>	Subjects' responses		Possible range	
				high	low	highest	lowest
Warmth (a)		32.98	12.34	76	20	80	20
Aggression		46.69	10.57	60	15	60	15
Neglect		49.66	8.77	60	18	60	15
Rejection (undif.)		29.81	6.71	40	10	40	10

Note. (a) = Reverse scored.

Table 2

Descriptive Statistics for Rohner's Validity Adult PAQ Scales

Subscale	<u>n</u> = 147	<u>M</u>	<u>SD</u>	Subjects' responses		Possible range	
				high	low	highest	lowest
Hostility/ Aggression		26.60	4.68	36	10	36	9
Dependency		20.69	4.71	33	9	36	9
Negative Self-esteem		28.99	4.74	36	11	36	9
Negative Self-adequacy		28.77	4.98	36	11	36	9
Emotional Unresponsiveness		25.94	4.99	36	14	36	9
Emotional Instability		24.88	5.24	35	12	36	9
Negative World View		29.14	5.24	36	14	36	9

Table 3

Adoptees' Responses to PARQ Questionnaire Scale

Subscale	<u>n</u> = 34	<u>M</u>	<u>SD</u>	Responses		<u>t</u>
				high	low	
Warmth (a)		33.26	12.97	67	20	.12
Aggression		49.15	10.30	60	20	1.23
Neglect		51.41	7.94	60	32	1.07
Rejection (undif.)		32.24	6.13	40	17	1.93

Note. (a) = Reverse scored.

Table 4

Adoptees' Responses to PAQ Questionnaire Scale

Subscale	<u>n</u> = 34	<u>M</u>	<u>SD</u>	Responses		<u>t</u>
				high	low	
Hostility/ Aggression		27.88	4.58	34	19	1.44
Dependency		20.58	4.63	32	12	.12
Negative Self-esteem		26.12	6.84	36	12	2.90
Negative Self-adequacy		27.54	7.03	36	10	1.19
Emotional Unresponsiveness		26.19	7.69	36	10	.24
Emotional Instability		26.27	6.37	35	10	1.34
Negative World		28.58	7.86	36	11	.54

The \underline{t} test was calculated using the mean of the 147 subjects in the random sample of Rohner's group and the mean of the 34 voluntary adoptees for each of the variables. The sample variances were pooled and the standard error was determined. In comparing the means of each group, the \underline{t} test analyzed the amount of difference of the two subsamples for hypothesis testing of each of the variables for the PARQ scales. Of the 179 total subjects, the two-tailed critical value of \underline{t} was set at alpha = .05 with a range of $-1.96 < \underline{t} > 1.96$.

PARQ Findings

The individual PARQ scores and statistical summary are found in Appendix E. The scores of each individual respondent were totaled and given a group mean and standard deviation for each of the four scales. The adoptees' group mean and standardized deviation were compared to the norm standardized mean and standardized deviation.

1. In the warmth scale, the critical \underline{t} was .12. The pooled variance was 155.22 with a standard error of 2.37.

$$\text{Warmth} \quad \underline{t} = \frac{.28}{2.37} = .12$$

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for warmth.

$$(\underline{t} (179) = .12, p > .05).$$

2. For the aggression scale, the critical \underline{t} was 1.23.

Using the pooled variance of 110.68 and standard error of 2.

$$\text{Aggression} \quad \underline{t} = \frac{2.46}{2} = 1.23$$

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for aggression.

$$(\underline{t} (179) = 1.23, p > .05).$$

3. For the neglect scale, the critical \underline{t} was 1.07 using the pooled variance of 74.35 and standard error of 1.64.

$$\text{Neglect} \quad \underline{t} = \frac{1.75}{1.64} = 1.07$$

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for neglect.

$$(\underline{t} (179) = 1.07, p > .05).$$

4. Using the undifferentiated rejection scale, the critical \underline{t} was 1.93. Using the pooled variance of 43.65 and the standard error of 1.26.

$$\text{Rejection (undif.)} \quad \underline{t} = \frac{2.43}{1.26} = 1.93$$

Decision: Failed to reject the null hypothesis.

Interpretation: Although the \underline{t} was close to the boundary, it fell within the limits of the standardized norm.

$$(\underline{t} (179) = 1.93, p > .05).$$

PAQ Findings

In analyzing the PAQ, Rohner's population sample and the adoptees' sample remained unchanged. The criteria for the decision rule on hypothesis remained unchanged. The PAQ scores are found in Appendix F.

1. Using the hostility/aggression scale, the critical t was 1.44 with a pooled variance of 21.71 and standard error of .89.

$$\begin{array}{l} \text{Hostility/} \\ \text{Aggression} \end{array} \quad \underline{t} = \frac{1.28}{.89} = 1.44$$

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between to adoptees' mean and the norm mean for hostility/aggression. (\underline{t} (179) = 1.44, $p > .05$).

2. Using the dependency scale, the critical t was .12 for the adoptees with a pooled variance of 22.04 and a standard error of .9.

$$\text{Dependency} \quad \underline{t} = \frac{.11}{.9} = .12$$

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for dependency. (\underline{t} (179) = .12, $p > .05$).

3. Using the negative self-esteem scale, the critical t was 2.9 for the adoptees with a pooled variance of 26.95 and a standard error of .99.

$$\begin{array}{l} \text{Negative} \\ \text{Self-esteem} \end{array} \quad \underline{t} = \frac{2.87}{.99} = 2.9$$

Decision: Rejected null hypothesis, alternate non-directional hypothesis was accepted.

Interpretation: There was a significant difference between the adoptees' mean and the norm mean for negative self-esteem. Greater negative self-esteem was perceived by the adoptees than the standardized norm.

$$(\underline{t} (179) = 2.9, p < .05).$$

4. Using the negative self-adequacy scale, the critical \underline{t} was 1.19 for the adoptees with a pooled variance of 29.34 and a standard error of 1.03.

$$\begin{array}{l} \text{Negative} \\ \text{self-adequacy} \end{array} \quad \underline{t} = \frac{1.23}{1.03} = 1.19$$

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for negative self-adequacy.

$$(\underline{t} (179) = 1.19, p > .05).$$

5. Using the emotional unresponsiveness scale, the critical \underline{t} was .24 for the adoptees' mean with a pooled variance of 31.21 and a standard error of 1.06.

$$\begin{array}{l} \text{Emotional} \\ \text{Unresponsiveness} \end{array} \quad \underline{t} = \frac{.25}{1.06} = .24$$

Decision: Failed to reject the null hypothesis.

Interpretation: There is no significant difference between

the adoptees' mean and the norm mean for emotional unresponsiveness.

(\underline{t} (179) = .24, $p > .05$).

6. Using the emotional instability scale, the critical \underline{t} was 1.34 for the adoptees with a pooled variance of 29.87 and a standard error of 1.04.

Emotional	\underline{t}	=	$\frac{1.39}{1.04}$	=	1.34
Instability					

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for emotional instability.

(\underline{t} (179) = 1.34, $p > .05$)

7. Using the negative world view scale, the critical \underline{t} was .51 for the adoptees with a pooled variance of 33.79 and a standard error of 1.10.

Negative	\underline{t}	=	$\frac{.56}{1.10}$	=	.51
World View					

Decision: Failed to reject the null hypothesis.

Interpretation: There was no significant difference between the adoptees' mean and the norm mean for negative world view.

(\underline{t} (179) = .51, $p > .05$).

Demographic Data Findings

The largest percentage (65%) of adoptees were placed in adoptive homes before 3 months and were aware of the adoption (See Table 5) from early childhood. Male subjects accounted

for 24% of the sample and female subjects accounted for 76%. The percentage responses for each individual question are found in Appendix G.

The most common reason in 33% of the responses for known relinquishment was that their biological parents were not married to each other. However, 41% did not know why they were relinquished or had bizarre or unusual reasons for the relinquishment. Most of the adoptees (68%) openly discussed their adoption but were dissatisfied with the information about it. Most openly responded that they were satisfied with their adoptive family situation, perceiving compatibility and a sense of belonging.

Table 5

Descriptive Demographic Scale

Orientation Subscale	Frequency (a)	Percent
<u>Age at placement</u>		
Birth to 3 months	22	65
3 months to 1 year	8	24
Over 1 year	4	11
<u>First told of adoption</u>		
Birth to 2 years	19	56
2 years to 7 years	13	38
Over 7 years	2	6

Note. (a) $n = 34$

Information about adoption Subscale	Frequency (a)	Percent
Satisfied with information on adoption	13	38
Ambivalent	5	15
Dissatisfied	16	47
Discussed adoption openly	23	68
Occasionally discussed	9	26
Never mentioned	2	6
Actively searching to find birth parent	19	56
Actively seeking information only	3	9
Wondered about but haven't sought information	10	29
Never wondered	2	6
Compatibility Subscale	Frequency (a)	Percent
To adoptive mother	25	74
To adoptive father	23	67
To other siblings	20	59
Sense of belonging	20	59

Note. (a) $n = 34$

Summary

By pooling the independent samples of both group means, the results were weighted to the standardized norm. Although the scores were within the norm, they generally fell toward the negative side of the standardized norm in most cases. Most significant was the finding of t of 2.9 for greater negative self-esteem among adoptees than the Rohner sample. Undifferentiated rejection among adoptees is another variable that could be subjected to other statistical analysis, since it was so close to the negative boundary range (t of 1.93).

The demographic survey conveyed that the majority of adoptees wanted to know more about their biological parents and/or were actively seeking their biological parents. The majority were dissatisfied with the information that they were given regarding the circumstances of their adoption. Most openly responded that they were satisfied with their adoptive family situation, perceiving compatibility and a sense of belonging.

Chapter 5

Summary, Conclusions, and Recommendations

Summary of the Study

This reflective study described the socialization process of the adoptee and adoptive family utilizing the framework of parental acceptance - rejection theory. The study viewed parent/child integration as a basis for self-concept development leading to a sense of identity and self-esteem. Supporting literature paralleled parental acceptance-rejection theory linking positive family integration based on acceptance and trust to perceived self-acceptance and self-esteem as well.

Although this study focused on the perception of parental acceptance and rejection among adoptees while growing up, this researcher's primary interest was in exploring perceived rejection. From the data collected, the adoptees revealed no greater parental rejection, as defined by the instruments (PARQ and PAQ), than those subjects used in the standardized norm. Since relinquishment and the conflicts surrounding the adoptive process might play a negative role in the early life of an adoptee, the expectation of this researcher was that perceived parental rejection might be greater than the standardized norm.

Conclusions

Summing up, through reflection about adopted parents,

one of the subjects related in this study:

Just knowing I was not of them made me realize I was different; they made a home for me because there was no home for me when I was born. The sense of being abandoned and rescued became my impression of "adopted." That day when I fully comprehended at a four year level scared me and left an imprint on my childhood memories (Subject 10135).

Findings indicated that the adoptees from this study sample perceived greater negative self-esteem than the Rohner sample. Another inconclusive but important finding indicated that there was a questionable amount of undifferentiated rejection which was perceived as a child. This variable cannot be traced to either the adoptive upbringing or the biological relinquishment; it may be the consequences of both. All other PAQ personality dispositions were within the normal limits toward the negative spectrum.

Demographically, this study indicated that the adoptees felt a sense of belonging and compatibility with their adoptive family. However, they were dissatisfied with the information given them about their adoption, even though the facts were openly discussed. Out of the 34 subjects, only 2 adoptees never wondered about their circumstances; likewise, only 2 adoptees felt estranged from their adoptive families.

Scope and Limitations

Since the study of perceived parental acceptance and

rejection covers such a broad scope and could be handled in so many ways, the results cannot be generalized, even with the use of the Rohner instruments. Secondly, the study cannot be generalized due to the descriptive design and the non-randomization of a small sample of subjects. Likewise, a generalization cannot be made because not all the variables were isolated which reflect adoptee characteristics.

The study was limited by a convenience sample which represented biological background searchers. For those adoptees not interested in their biological past, a question to consider might be if their responses would be similar to the findings in this study or more reflective of the standardized norm? Secondly, the sample was small in size compared to the standardized norm. A size more equal to the standardized sample size might have had markedly different results. Also, the conclusions can only be inferred to one specific geographic area, Santa Clara county, which may have a different social class, cultural diversity, and/or attitudinal climate contributing to different respondent patterns than elsewhere. Other limitations that affect the findings are: (a) the study was limited by not studying the adoptees' behaviors; (b) the study reflected only the adoptees' perceptions of adoptive family integration and not the parents' perceptions; (c) knowledge of parenting practices was not part of the analyses; and (d) the study looked at perceived parental rejection and not perceived

self-rejection which may be related. Deviancy, as suggested by some of the literature review, might be a factor in increased negative self-esteem but that issue was not addressed by this study.

Recommendations

Based on the findings of this study, for those nurses who may have involvement with adoptees and their families, the following recommendations can be made:

1. Recognition of adoptive family structure as uniquely different from biological family structure is important. This may enhance the adoptee's self-concept, socialization, and emotional normalization by comparing adoptive families and their problems to adoptive families rather than to biological families. This can be done by encouraging open family communication about adoptive status, especially at adolescence, that fosters delving into an "unknown past" and seeking knowledge about the adoptee's biological background rather than blocking or avoiding the issue. Since the adopted adolescent has a difficult time establishing his/her identity and integrating inherited traits conceptually, nursing intervention may be required to facilitate not only open communication but also effective coping skills for both the adoptive parent and child. The adoptive parents may be hesitant to share their feelings as that may result in negative effects on their child.

2. Provision of adoptive family integration can be

enhanced by acknowledging "loss" in adoption and by helping the family discuss the grief process experienced in that "loss"; that is, the adoptee's loss of biological parents and the adoptive parent's loss of fertility and biological parenthood. It is also important to acknowledge the "loss" that the birth parents experience as well in the relinquishment process. Nursing assessments can address this issue by watching for signs of depression, acting-out behaviors, and fantasy oriented self-images among the adoptees, as well as overprotectiveness and inadequate sexual guidance among adopted parents that may be complicated by their own unresolved infertility and feelings of failure. For the young adoptee, sexual behavior leading to pregnancy may serve as a link to the birth parent, or a need to have a blood relative, or a way to fulfil the adopted parents inability to conceive or to know that they are not as infertile as their adopted parents were. For the adopted parent, discussion of sexual topics may be avoided if the adoptee was the result of an illegitimate pregnancy because of fear that the child may do likewise. This needs to be addressed.

3. Parenting skills which reflect the provision of adoptive family integration while supporting the adoptive family structure can be incorporated into general parenting classes. This includes incorporating #1 and #2. A nurse involved with adoptive family issues, such as unresolved

losses or family secrets, can assess adoption through the use of role-play, family sculpture, and drawings.

4. Inclusion of family type on demographic health records, especially in the schools, can provide aid in identifying symptomatic or behavioral deviance. This knowledge might be particularly valuable if adoption is incorporated as a family type. This can only be done if adoptive parents volunteer such information, but it could be presented on a health record as a component of family types such as the following:

Please circle the following family type which best describes your family. Your selection is voluntary but provides useful information which can help with your child's growth and development needs.

Single parent family	Two parent family	Step family
Extended family	Adoptive family	

Obtaining changes on health records within the school system would require going through the school administration, but school nurses could facilitate such changes. Such knowledge gained by this information should: (a) not be used for stereotyping; (b) only be used only by those having direct access to the child's record with confidentiality maintained, and (c) used only insofar as it is related to a specific psychological or health-related problem. The risks

of including such information are: (a) that the child may not have been informed of his/her adoption and the school has no authority to inform the child, (b) some school personnel having direct access to the health records may use prejudicial treatment, and (c) there may be such a small number of students who are adopted that such changes are irrelevant.

5. Continued research from the nursing perspective of other special needs of the adoptee can further understanding and increase awareness. This can be facilitated through forming adoptee support groups to explore ways of handling problems, such as "dealing with peer prejudice," "self-esteem and identity," and the numerous other questions that an adoptee has.

Likewise, research on adoptive parents needs can be explored. Walker (1981) suggests that research related to the day-to-day questions and problems faced by adoptive parents needs to be done in the areas of: (a) needs for information, (b) needs related to the expression and management of feelings, and (c) needs related to the development of judgment in handling situations (p. 120). Support groups could be facilitated to handle such problems as "anger," "feelings of inadequacy," "false expectations," and the numerous other questions that an adoptive parent may have. As the topics come up in group discussion, they become relevant to research. Also in the group process, the adoptee

or the parents or both have an opportunity to express themselves in a way which can enhance their power. This in itself provides a basis for increasing self-esteem and identity. As one of the subjects of this study so poignantly wrote:

I felt loved and accepted by my adopted mother - a sense of real belonging in my family; however, I have always felt that I don't belong in society - the world outside my family. I have felt that because I'm adopted and that I was rejected by my natural family, that I really don't belong . . . I don't think my sense of "not belonging" came from my adoptive family - but from within myself - knowing that I was rejected - as an innocent child - by my natural mother (Subject 10128).

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APPENDIX A

Human Subjects Institutional Review Approval

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Aileene Claire Edsinger, Nursing
10355 Manfre Road
Morgan Hill, CA, 95037

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: June 7, 1990

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Perceived Rejection Among Young Adult Adoptees"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Susan Murphy, Ph.D.

APPENDIX B
Permission to Use Instruments

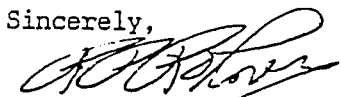
CENTER FOR THE STUDY OF PARENTAL
ACCEPTANCE AND REJECTION

September 17, 1990

To Whom it May Concern

This letter authorizes Aileene Edsinger to use the Adult version of the Parental Acceptance-Rejection Questionnaire (PARQ) and the Adult version of the Personality Assessment Questionnaire (PAQ) in her research on adopted youths.

Sincerely,



Ronald P. Rohrer, Professor
Anthropology and Family Studies
Director, CSPAR

RPR:n

APPENDIX C

Consent

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San Jose, California 95192-0057 • 408/924-3130

AGREEMENT TO PARTICIPATE IN RESEARCH
SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: Aileene Edsinger

TITLE OF PROTOCOL: PERCEIVED REJECTION AMONG
YOUNG ADULT ADOPTEES.

I have been asked to participate in a research study that is investigating adoptee perception regarding family relationships. It is hoped that the results of this study will increase our understanding of the experiences of adoptees and will help nurses be more effective in working with adopting families.

I understand that:

I will be asked to complete two standardized questionnaires. I will also be asked to provide specific data regarding adoption. It is expected that this process will take 1 hour or less.

Confidentiality will be protected as far as possible under the law. Identifying information (such as names) will not be revealed, either in storing the data or publishing the results. Numbers will be used for storing and analyzing the data.

There may also be the risk of reflecting on uncomfortable past events. My consent is given voluntarily without being coerced and I may refuse to participate in this study or in any part of this study, and I may withdraw my consent at any time, without prejudice to my relations with SJSU.

The study is not expected to benefit me directly although my participation may be of benefit to those working with adoptive families.

The results from this study may be published, but all information from this study will be reported as group data.

Any questions regarding the study will be answered by Aileene Edsinger, BSN phone (408) 224-3174. Complaints about the procedures may be presented to Susan Murphy, DNSc. at (408) 924-1326. For complaints about participation in this study and wish to contact someone other than the researcher, I may contact Bobbye Gorenburg, DNSc. (Graduate Coordinator) at (408) 924-3130. For questions regarding subjects' rights, or in the event of research-related injury, I may contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies & Research) at (408) 924-2480. I have received a copy of this consent form for my file.

HAVING READ THE INFORMATION PROVIDED ABOVE, I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

SUBJECT'S SIGNATURE

DATE

INVESTIGATOR'S SIGNATURE

DATE

APPENDIX D
Data Collection Instrument Packet

Dear Adoptee,

I am pleased that you agreed to participate in the research study which I am doing for my Masters degree in Nursing. The study involves looking at perceived rejection in young adult adoptees as they recall themselves from ages 7 to 12 years. My interest is exploring the possible existence of and residual effects of rejection which may be associated with relinquishment or adoptive parenting. I will be using two standardized self-report questionnaires that were created by Dr. Ronald Rohner, a professor of Anthropology at the University of Connecticut. I plan to compare the results I get with the norms which were established by Dr. Rohner.

Both questionnaires have 60 to 63 items which are simply checked with an X and should be rated quickly with your first impression. Each questionnaire has an example to follow. Included with the two questionnaires (Adult PARQ and Adult PAQ) is a demographic survey of 12 items. This survey is either checked or provided with simple responses. The three parts should take from 20 minutes to no more than 1 hour to complete.

The information which you provide is confidential and will be used as group data. Each questionnaire and survey will have a code number. Do not sign your name on this material. I do need a signature on the consent form however indicating that you agree to participate in the study.

I appreciate the time you are taking to respond and thank you for your participation. If you have any questions, please call me at (408) 224-3174 which is a San Jose number. Enclosed is a self-addressed envelope with postage for you to send the results back to me. Please return to me: (1) the signed consent form, (2) your response sheets for the PARQ and PAQ, (3) the completed survey.

Sincerely,

Aileene Edsinger
10355 Manfre Rd.
Morgan Hill, California 95037



School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San Jose, California 95192-0057 • 408/924-3130

AGREEMENT TO PARTICIPATE IN RESEARCH
SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: Aileene Edsinger

TITLE OF PROTOCOL: PERCEIVED REJECTION AMONG
YOUNG ADULT ADOPTEES.

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I understand that:

I will be asked to complete two standardized questionnaires. I will also be asked to provide specific data regarding adoption. It is expected that this process will take 1 hour or less.

Confidentiality will be protected as far as possible under the law. Identifying information (such as names) will not be revealed, either in storing the data or publishing the results. Numbers will be used for storing and analyzing the data.

There may also be the risk of reflecting on uncomfortable past events. My consent is given voluntarily without being coerced and I may refuse to participate in this study or in any part of this study, and I may withdraw my consent at any time, without prejudice to my relations with SJSU.

The study is not expected to benefit me directly although my participation may be of benefit to those working with adoptive families.

The results from this study may be published, but all information from this study will be reported as group data.

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HAVING READ THE INFORMATION PROVIDED ABOVE, I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

SUBJECT'S SIGNATURE

DATE

INVESTIGATOR'S SIGNATURE

DATE

ADULT PARQ

Name (or I.D. number)

Date

The following pages contain a number of statements describing the way different mothers act toward their children. Read each statement carefully and think how well it describes the way your mother treated you while you were growing up. Especially think about the time when you were about 7-12 years old. Work quickly; give your first impression and move on to the next item. Do not dwell on any item.

Four lines are drawn after each sentence. If the statement is *basically* true about the way your mother treated you then ask yourself, "Was it almost *always* true?" or, "Was it only *sometimes* true?" If you think your mother almost always treated you that way, put an X on the line ALMOST ALWAYS TRUE, if the statement was sometimes true about the way your mother treated you then mark SOMETIMES TRUE. If you feel the statement is *basically* untrue about the way your mother treated you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true about the way your mother treated you put an X on the line RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement so be as frank as you can. Respond to each statement the way you feel your mother really was rather than the way you might have liked her to be. For example, if in your memory your mother almost always hugged you and kissed you when you were good you should mark the item as follows:

TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
Almost Always True	Sometimes True	Rarely True	Almost Never True

1. My mother hugged and kissed me when I was good.....

 |

Respondent's major
Caretaker (if not Mother)

Questionnaire Administered by

MY MOTHER

	TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
1. Said nice things about me.....	_____	_____	_____	_____
2. Nagged or scolded me when I was bad...	_____	_____	_____	_____
3. Totally ignored me.....	_____	_____	_____	_____
4. Did not really love me.....	_____	_____	_____	_____
5. Talked to me about our plans and listened to what I had to say.....	_____	_____	_____	_____
6. Complained about me to others when I did not listen to her.....	_____	_____	_____	_____
7. Took an active interest in me.....	_____	_____	_____	_____
8. Encouraged me to bring my friends home, and tried to make things pleasant for them.....	_____	_____	_____	_____
9. Ridiculed and made fun of me.....	_____	_____	_____	_____
10. Ignored me as long as I did not do anything to bother her.....	_____	_____	_____	_____
11. Yelled at me when she was angry.....	_____	_____	_____	_____
12. Made it easy for me to tell her things that were important.....	_____	_____	_____	_____
13. Treated me harshly.....	_____	_____	_____	_____
14. Enjoyed having me around her.....	_____	_____	_____	_____
15. Made me feel proud when I did well.....	_____	_____	_____	_____
16. Hit me, even when I did not deserve it.....	_____	_____	_____	_____
17. Forgot things she was supposed to do for me.....	_____	_____	_____	_____
18. Saw me as a big bother.....	_____	_____	_____	_____
19. Praised me to others.....	_____	_____	_____	_____
20. Punished me severely when she was angry.....	_____	_____	_____	_____

MY MOTHER

	TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
21. Made sure I had the right kind of food to eat.....	_____	_____	_____	_____
22. Talked to me in a warm and loving way.	_____	_____	_____	_____
23. Got angry at me easily.....	_____	_____	_____	_____
24. Was too busy to answer my questions....	_____	_____	_____	_____
25. Seemed to dislike me.....	_____	_____	_____	_____
26. Said nice things to me when I deserved them.....	_____	_____	_____	_____
27. Got mad quickly and picked on me.....	_____	_____	_____	_____
28. Was concerned who my friends were.....	_____	_____	_____	_____
29. Was really interested in what I did.....	_____	_____	_____	_____
30. Said many unkind things to me.....	_____	_____	_____	_____
31. Ignored me when I asked for help.....	_____	_____	_____	_____
32. Thought it was my own fault when I was having trouble.....	_____	_____	_____	_____
33. Made me feel wanted and needed.....	_____	_____	_____	_____
34. Told me that I got on her nerves.....	_____	_____	_____	_____
35. Paid a lot of attention to me.....	_____	_____	_____	_____
36. Told me how proud she was of me when I was good.....	_____	_____	_____	_____
37. Went out of her way to hurt my feelings.....	_____	_____	_____	_____
38. Forgot important things I thought she should remember.....	_____	_____	_____	_____
39. Made me feel I was not loved any more if I misbehaved.....	_____	_____	_____	_____
40. Made me feel what I did was important.	_____	_____	_____	_____
41. Frightened or threatened me when I did something wrong.....	_____	_____	_____	_____

	TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<i>MY MOTHER</i>				
42. Liked to spend time with me.....	_____	_____	_____	_____
43. Tried to help me when I was scared or upset.....	_____	_____	_____	_____
44. Shamed me in front of my playmates when I misbehaved.....	_____	_____	_____	_____
45. Tried to stay away from me.....	_____	_____	_____	_____
46. Complained about me.....	_____	_____	_____	_____
47. Cared about what I thought and liked me to talk about it.....	_____	_____	_____	_____
48. Felt other children were better than I was no matter what I did.....	_____	_____	_____	_____
49. Cared about what I would like when she made plans.....	_____	_____	_____	_____
50. Let me do things I thought were important, even if it was inconvenient for her.....	_____	_____	_____	_____
51. Thought other children behaved better than I did.....	_____	_____	_____	_____
52. Made other people take care of me (for example, a neighbor or relative).....	_____	_____	_____	_____
53. Let me know I was not wanted.....	_____	_____	_____	_____
54. Was interested in the things I did.....	_____	_____	_____	_____
55. Tried to make me feel better when I was hurt or sick.....	_____	_____	_____	_____
56. Told me how ashamed she was when I misbehaved.....	_____	_____	_____	_____
57. Let me know she loved me.....	_____	_____	_____	_____
58. Treated me gently and with kindness.....	_____	_____	_____	_____
59. Made me feel ashamed or guilty when I misbehaved.....	_____	_____	_____	_____
60. Tried to make me happy.....	_____	_____	_____	_____

ADULT PAQ

Personality Assessment Questionnaire

Name (or I.D. number)

Date

The following pages contain a number of statements describing the way different people feel about themselves. Read each statement carefully and think how well it describes you. Work quickly; give your first impression and move on to the next item. Do not dwell on any item.

Four lines are drawn after each sentence. If the statement is *basically* true about you then ask yourself, "Is it almost *always* true?" or "Is it only *sometimes* true?" If you think the statement is almost always true put an X on the line ALMOST ALWAYS TRUE; if you feel the statement is only sometimes true mark SOMETIMES TRUE. If you feel the statement is *basically untrue* about you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true then put an X on the line RARELY TRUE; if you feel the statement is almost never true mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement so be as frank as you can. Respond to each statement the way you think you really are rather than the way you would like to be. For example, if you almost always think highly of yourself then mark the item as follows:

TRUE OF ME	NOT TRUE OF ME
Almost	Almost
Always	Rarely
True	Never
Sometimes	True
True	True

1. I think highly of myself.....

X
_
_
_

Adult PAQ

	TRUE OF ME		NOT TRUE OF ME	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
1. I feel resentment against people.....	_____	_____	_____	_____
2. I like to be given encouragement when I am having trouble with something.....	_____	_____	_____	_____
3. I get disgusted with myself..	_____	_____	_____	_____
4. I think I am a failure.....	_____	_____	_____	_____
5. I feel I have trouble making and keeping close, intimate friends.....	_____	_____	_____	_____
6. I get upset easily when I meet difficult problems.....	_____	_____	_____	_____
7. I view the universe as a threatening, dangerous place..	_____	_____	_____	_____
8. I have trouble controlling my temper.....	_____	_____	_____	_____
9. I like people to feel sorry for me when I am sick.....	_____	_____	_____	_____
10. I feel I am a good person and worthy of the respect of others.....	_____	_____	_____	_____
11. I can compete successfully for the things I want.....	_____	_____	_____	_____
12. It is hard for me to be emotionally spontaneous around people.....	_____	_____	_____	_____
13. I get upset when things go wrong.....	_____	_____	_____	_____
14. Overall, life--the very nature of the universe--is for me good, friendly, and secure.....	_____	_____	_____	_____
15. I find myself pouting or sulking when I get angry.....	_____	_____	_____	_____

Adult PAQ

	TRUE OF ME		NOT TRUE OF ME	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
16. I would rather keep my problems to myself than seek sympathy or comfort.....	_____	_____	_____	_____
17. I certainly feel worthless....	_____	_____	_____	_____
18. I am overcome by feelings of inadequacy.....	_____	_____	_____	_____
19. My relationship with others is spontaneous and warm.....	_____	_____	_____	_____
20. My mood is fairly constant throughout the day.....	_____	_____	_____	_____
21. I see life, by its very nature, as being insecure and threatening.....	_____	_____	_____	_____
22. I make fun of people who do stupid things.....	_____	_____	_____	_____
23. I like my friends to make a fuss over me when I am hurt or sick.....	_____	_____	_____	_____
24. I feel pretty good about myself.....	_____	_____	_____	_____
25. I feel I am successful in the things I do.....	_____	_____	_____	_____
26. I feel distant and detached from most people.....	_____	_____	_____	_____
27. I am cross and grouchy without any good reason.....	_____	_____	_____	_____
28. Life for me is a good thing...	_____	_____	_____	_____
29. I like being sarcastic.....	_____	_____	_____	_____
30. I like my friends to sympathize with me and to cheer me up when I am depressed.....	_____	_____	_____	_____
31. When I meet a stranger I think that he is better than I am.....	_____	_____	_____	_____

Adult PAQ

	TRUE OF ME		NOT TRUE OF ME	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
32. I feel depressed by my own inability to handle various situations.....	_____	_____	_____	_____
33. It is easy for me to be affectionate with people I care about.....	_____	_____	_____	_____
34. Some things get on my nerves unbearably even though I know they are unimportant...	_____	_____	_____	_____
35. I view the world as an anxious and insecure place to live in.	_____	_____	_____	_____
36. I get so angry I throw and break things.....	_____	_____	_____	_____
37. I like to be given encouragement when I have failed.....	_____	_____	_____	_____
38. I like myself.....	_____	_____	_____	_____
39. I am pretty satisfied with my ability to meet daily demands as they arise.....	_____	_____	_____	_____
40. I have trouble expressing my true feelings.....	_____	_____	_____	_____
41. I can take a lot of frustration without getting angry or upset	_____	_____	_____	_____
42. In my view the world is basically a good, happy place.	_____	_____	_____	_____
43. I get revenge when someone insults me or hurts my feelings.....	_____	_____	_____	_____
44. I prefer to work out problems on my own rather than ask for reassurance or encouragement..	_____	_____	_____	_____
45. I feel that I am no good and never will be any good.....	_____	_____	_____	_____
46. I am dissatisfied with myself, feeling that I am not as capable as most of the people I know.....	_____	_____	_____	_____

Adult PAQ

	TRUE OF ME		NOT TRUE OF ME	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
47. I feel uncomfortable and awkward when I try to show the way I really feel to someone I like.....	_____	_____	_____	_____
48. Small setbacks upset me a lot.	_____	_____	_____	_____
49. I see life as full of dangers.	_____	_____	_____	_____
50. I want to hit something or someone.....	_____	_____	_____	_____
51. I like people to be sympathetic toward me when I have problems.....	_____	_____	_____	_____
52. I feel I am inferior to others in most respects.....	_____	_____	_____	_____
53. I feel I am as capable as most people around me.....	_____	_____	_____	_____
54. I am warm and affectionate toward the people I really like.	_____	_____	_____	_____
55. I am cheery and happy one minute and gloomy or discontent the next.....	_____	_____	_____	_____
56. I feel that life is pleasant..	_____	_____	_____	_____
57. I think about fighting or being mean.....	_____	_____	_____	_____
58. I like my friends to show a lot of affection toward me....	_____	_____	_____	_____
59. I wish I could have more respect for myself.....	_____	_____	_____	_____
60. I feel inept in many of the things I try to do.....	_____	_____	_____	_____
61. I avoid close interpersonal relationships.....	_____	_____	_____	_____
62. I can keep my composure when I am under minor emotional stress.	_____	_____	_____	_____
63. I see the world as basically a secure and pleasant place to live in...	_____	_____	_____	_____

DEMOGRAPHIC DATA REGARDING ADOPTION

REFERENCE CODE: _____

1. How old were you when you were adopted? _____
2. How old were you when you were first told that you were adopted? _____
3. Were you ever told why you were placed for adoption?
Why do you think you were placed?

4. How satisfied were you with the information given to you about your adoption?

Satisfied (3)
Ambivalent (2)
Dissatisfied (1)
5. How openly discussed was the fact that you were adopted?

Quite openly discussed (3)
Occasionally discussed (2)
Never mentioned (1)
6. How similar in appearance are you to your adoptive parents/family?

Very similar physical characteristics (3)
Somewhat similar (2)
Strikingly different in appearance (1)
7. Some adoptees have wondered about their biological parents; others have not. While others have tried to obtain information about them. Which would you say best characterizes you?
 1. Actively seeking information with the intention of meeting biological parents.
 2. Actively seeking information but with no intention of meeting biological parents.
 3. Wondered about biological parents but never have tried to obtain information.
 4. Never wondered.

8. How would you describe your relationship with your adoptive mother?

Compatible (3)
Neutral (2)
Incompatible (1)

9. How would you describe your relationship with your adoptive father?

Compatible (3)
Neutral (2)
Incompatible (1)

10. How would you describe your relationship with other adoptive siblings?

Compatible (3)
Neutral (2)
Incompatible (1)

11. How are you ranked in adoption order from 1st to last of siblings?

12. How comfortable do you feel within your adoptive family?

Definite sense of belonging (3)
Variable (2)
Estranged (1)

APPENDIX E
Adoptees' PARQ Scores

PARQ SCORES AND STATISTICAL SUMMARY

SUBJECT	W/A	A/H	N/I	Rej/undif	TOTAL
10125	23	60	59	37	233
10126	21	60	59	40	238
10127	27	56	52	36	217
10128	21	52	54	37	222
10129	42	53	50	32	193
10130	21	59	55	37	230
10133	59	20	35	17	113
10134	29	56	53	34	214
10135	33	51	51	29	198
10137	54	39	44	21	150
10138	25	54	53	31	213
10139	24	52	59	36	223
10140	40	49	42	31	182
10141	43	35	49	22	163
10142	21	56	59	36	230
10149	23	59	59	39	234
10150	38	45	51	28	186
10151	21	53	57	35	224
10152	27	57	59	36	225
10153	67	49	32	24	138
10156	39	32	52	29	174
10157	36	38	58	30	190
10158	51	24	44	18	135
10160	20	60	60	40	240
10161	23	57	48	38	220
10162	20	58	59	39	236
10163	22	55	60	37	230
10164	29	44	48	33	196
10165	30	45	53	30	198
10166	58	43	33	28	146
10167	29	52	57	32	212
10168	44	55	39	35	185
10169	27	55	56	37	221
10170	44	38	49	32	175
<u>SD</u>	12.97	10.30	7.94	6.13	33.83
<u>M</u>	33.26	49.15	51.41	32.24	199.53

APPENDIX F
Adoptees' PAQ Scores

PAQ SCORES AND STATISTICAL SUMMARY

SUBJECT	H/A	DEP	NSE	NSA	EU	EI	NWV	TOTAL
10125	32	26	34	32	34	29	36	223
10126	26	19	27	27	29	19	36	183
10127	26	17	25	25	27	26	20	166
10128	26	23	14	18	21	18	27	147
10129	32	18	31	34	34	31	35	215
10130	23	17	25	28	31	29	22	175
10133	34	25	27	25	25	27	34	197
10134	24	25	20	23	19	19	14	144
10135	25	24	22	20	22	28	26	167
10137	23	32	12	10	17	10	23	127
10138	33	27	35	36	33	32	34	230
10139	32	19	29	33	31	30	36	210
10140	26	20	26	21	23	26	26	168
10141	27	12	19	29	16	23	28	154
10142	32	19	32	33	27	32	27	202
10149	35	25	26	28	21	35	30	200
10150	28	18	33	36	25	35	35	210
10151	23	20	24	27	29	26	28	177
10152	33	24	36	36	36	30	34	229
10153	24	17	14	13	12	21	11	112
10156	26	18	34	36	35	33	36	218
10157	29	21	27	27	10	25	35	174
10158	21	15	20	29	19	20	11	135
10160	31	12	28	29	35	27	36	198
10161	19	20	23	25	34	17	27	162
10162	35	22	36	36	36	35	36	236
10163	28	20	25	27	29	23	32	184
10164	24	12	27	26	29	24	24	166
10165	22	23	21	17	22	28	25	158
10166	30	18	22	23	24	26	28	171
10167	32	20	35	36	35	34	36	228
10168	30	24	35	35	33	33	36	226
10169	30	18	32	29	27	26	25	187
10170	29	29	30	31	27	30	33	209
<u>SD</u>	4.58	4.63	6.84	7.03	7.69	6.37	7.86	34.08
<u>M</u>	27.88	20.58	26.12	27.54	26.19	26.27	28.58	183.04

APPENDIX G
Demographic Survey Results

DEMOGRAPHIC DATA REGARDING ADOPTION
Percentage Response
 $n = 34$

1. How old were you when you were adopted?_____

Birth - 3 months	3 months - 1 year	over 1 year
65% = 22	24% = 8	11% = 8

2. How old were you when you were first told that you were adopted?

birth - 2 years	2 years - 7 years	over 7 years
56% = 19	38% = 13	6% = 2

3. Were you ever told why you were placed for adoption?
Why do you think you were placed?

Told why Reason	Yes 53% = 18 Unmarried/ Affair	died	No 47% = 16 not wanted/ mistake	other
	35% = 12	6% = 2	18% = 6	41% = 14

4. How satisfied were you with the information given to you about your adoption?

Satisfied	38% = 13
Ambivalent	15% = 5
Dissatisfied	47% = 16

5. How openly discussed was the fact that you're adopted?

Quite openly discussed	68% = 23
Occasionally discussed	26% = 9
Never mentioned	6% = 2

6. How similar in appearance are you to your adoptive parents/family?

Very similar physical characteristics	14% = 5
Somewhat similar	62% = 21
Strikingly different in appearance	24% = 8

7. Some adoptees have wondered about their biological parents; others have not. While others have tried to obtain information about them. Which would you say best characterizes you?

1. Actively seeking information with the intention of meeting biological parents. 56% = 19

2. Actively seeking information but with no intention of meeting biological parents. 9% = 3

3. Wondered about biological parents but never have tried to obtain information. 29% = 10

4. Never wondered. 6% = 2

8. How would you describe your relationship with your adoptive mother?

Compatible 74% = 25

Neutral 14% = 5

Incompatible 12% = 4

9. How would you describe your relationship with your adoptive father?

Compatible 67% = 23

Neutral 24% = 8

Incompatible 8% = 3

10. How would you describe your relationship with other adoptive siblings?

Compatible 59% = 20

Neutral 29% = 10 No other siblings - 6% = 2

Incompatible 6% = 2

11. How are you rank in adoption order from 1st adopted to last of siblings?

only child	first	middle	last
15% = 5	35% = 12	21% = 7	29% = 10

12. How comfortable do you feel within your adoptive family?

Definite sense of belonging 59% = 20

Variable 35% = 12

Estranged 6% = 2