

FACTORS ASSOCIATED WITH ATTACHMENT IN INTERNATIONAL ADOPTION

by

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B.S., Virginia Polytechnic Institute and State University, 1994

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AN ABSTRACT OF A DISSERTATION

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ABSTRACT

As the number of adoptable infants within the U.S. has declined, many families have chosen to adopt internationally. According to the U.S. Department of State, for the 2002 fiscal year 19,139 immigrant visas were issued to orphans coming into the U.S. A majority of these adopted children came from China, South Korea, Romania and Russia. Previous studies have found attachment problems in some adopted populations in early childhood. However, a majority of studies have focused on other problem areas for older adopted children. The purpose of this study was to investigate the factors associated with attachment in children adopted from these four countries in early childhood.

All of the agencies within the U.S. that provided adoption services to these four countries were contacted through letters describing the study. The agencies that agreed to participate contacted potential participants directly through a form letter describing the study and that contained a website address for them to visit. At this website address, the potential participants were asked to fill out a survey regarding their adoption experience. A total of 242 families who had adopted children who were currently between one and six years of age agreed to participate in the study.

Results indicated that secure attachments with their adoptive families were more likely in instances where the parenting style was authoritative, there was a positive emotional reaction from the parents on the day of adoption, the parents received strong social support, there were fewer health/developmental problems at arrival for the adopted child, there were fewer health/developmental services needed for the adopted child, the child spent more months in the adoptive home at the time of the survey and the parent spent more time with child before returning to work. Also, results indicated that adopted

children displayed more indiscriminately friendly behavior the more months spent in the adoptive home at the time of the survey and the more time the child spent in the institution.

The findings of this study support and extend previous research done on this topic while simultaneously opening up new avenues for international adoption research to explore. The findings of this study also provide useful information for adoption agencies to incorporate in their training of social workers and informing parents of the factors associated with developing secure attachments with their internationally adopted children.

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Chapter 1: Introduction

According to the U.S. Department of State in the Office of Children's Issues, for the 2002 fiscal year 19,139 immigrant visas were issued to orphans coming into the U.S. The number of Chinese (mainland) and South Korean (Asian) orphans adopted into the U.S. alone was 6,832. From Russia and Romania (Eastern Europe) there were 5,107 orphans adopted into the U.S. Due to the large number of international adoptions into the U.S. it is important not only to study the factors that contribute to the developmental gains/losses of these children, but also the relationships within the adoptive family. Understanding the cultural context from which these adopted children have come is vital to clarifying the developmental outcomes for these children.

Many prospective parents choose to adopt internationally either because of the limited number of healthy infants and young children available for adoption in the U.S., the length of time a couple has to wait for healthy infant and/or for humanitarian reasons (Alstein et al., 1994; Baden & Steward, 2000; Brodzinsky & Huffman, 1988; Henderson, 2000; Marcovitch et al., 1997; Serbin, 1997; and Wilkinson, 1995). The decline in the availability of healthy infants in the U.S. has been "directly related to the increased availability of abortion and contraception, and to the greater acceptance by society of young women rearing their out-of-wedlock babies" (Brodzinsky & Huffman, 1988, p. 269). As a result, there have been a large number of children adopted from Asian and Eastern European countries. The reason for such a concentrated interest in these particular countries is due to the idiosyncratic conditions and government policies affecting the orphaned children in these countries.

For instance, in 1979, the People's Republic of China implemented a family planning policy more commonly known as the one-child-per family policy. Under this policy, any new family, living in urban areas, would suffer severe penalties for having a second child. However, families living in more rural communities were only limited to having two children under this new policy. Such penalties could include having to pay additional fees/fines and having no salary increases for a certain time period (Meredith, 1993). Equally, there are incentives for families that pledge to have only one child. "In urban areas, pledging to have just one child has been rewarded with such financial incentives as monthly bonuses for both parents until the child reaches the age of 14, extended leave for the mother after childbirth, priority entitlements for the child to attend key schools and receive free medical care" (Meredith, 1993, p. 40). The Chinese government's justification for implementing such a policy is based on the need to increase economic development and decrease the country's population (Meredith, 1993; Rosenberg & Jing, 1996). Therefore, by restricting the number of children new families can have the Chinese government hopes to keep the Chinese people from starvation with their limited resources.

A consequence of the one-child-per-family-policy, along with the culture's emphasis on having sons, has been a negative impact on the overall well being of many Chinese girls. Within Confucianism it is believed that having male children is crucial for carrying on the family line and caring for the parents later in life (Rosenberg & Jing, 1996). Therefore a family's strong desire to have sons and the restriction of having only one child has driven many families to either kill or abandon their female children (Meredith, 1993). Fortunately, infanticide is no longer common in China, however the

abandonment of female newborns is still practiced. Many of these Chinese girls are abandoned at state supported institutions and are often cared for by doctors and nurses (Cecere, 1999).

The reasons that the Korean orphans are given up for adoption differ from those of Chinese orphans. Beginning in the 1950's there were a variety of circumstances leading to the availability of so many adoptable children in Korea. In the 1950's there were a large number of war orphans, in the 1960's there were a high number of out of wedlock pregnancies, and in the 1970's and 1980's the orphans were products of the development of large industries, machine production, urban workers and other forms of industrialization (Kim, 1995). What is unique about Korean adoption is that orphans are taken care of even before they are born. "The arrangement of adoptions often begins with the recruiting of unwed, pregnant, young women through obstetrical clinics. The prenatal and postnatal care before adoption is provided by a well-organized network of medical and foster care services supported by adoption agencies" (Kim, 1995, p. 143). In contrast to Chinese orphans, orphans from Korea are often reared in foster homes until adopted (Johnson & Dole, 1999). It was not until the 1988 Olympics that government support of international adoptions changed for the worse. The negative press coverage of some of Korea's cultural practices and the claim that the government was selling babies to the international community disgraced and humiliated the Korean people. Even though Korea still remains in the top three countries to receive immigrant visas for their orphans to come to the U.S., the number of orphans adopted has decreased significantly. Specifically, in the 1998 fiscal year, there were 3,544 immigrant visas issued to Korean

orphans coming to the U.S. and there were only 1,779 issued in the 2002 fiscal year (U.S. Department of State, 2002).

Within Romania, the fall of the Nicolae Ceausescu's regime during 1990 unveiled a mandatory fertility policy that required all women of childbearing age bear at least five children to contribute to the country's labor force (Wilkinson, 1995). However, due to the country's failing economy many families were forced to place their children in state orphanages because they were financially unable to care for them. "These children were placed in orphanages where physical care was barely adequate and large numbers of children were cared for by a few overburdened adults" (Marcovitch et al., 1997, p. 17). Therefore, not only were these orphans' physical needs not adequately met, but their social emotional needs were not met as well.

Similar conditions of poverty and the inability to financially care for their own children exist within the former Soviet Union. "Dire economic and social circumstances existing in the former Soviet Union have contributed to the adverse circumstances surrounding the children awaiting adoption" (McGuinness & Pallanosh, 2000, p. 457). Like Romania, many of these institutions do not provide adequate nutrition and have high child to caregiver ratios (Judge, 1999; McGuinness & Pallanosh, 2000).

Knowledge of the effects of institutionalization on children from Romania and Russia are not recent phenomena. In the early 1950s, John Bowlby (1952) documented the deleterious effects of institutionalization on children in Europe. Therefore, the conceptual framework of the current study is based on the work of John Bowlby. His earlier work focused on the effects of maternal deprivation upon a child in the event that the mother had been hospitalized (i.e., illness or childbirth). Bowlby's description of the

hospital conditions in 1952 parallel the observations that have been made of Eastern European institutions today. “It is true that these infants were living in conditions especially bad from the psychological point of view, as not only was there but one nurse to some seven children, but for reasons of hygiene, the children were kept restricted to cots and cubicles in what amounted to solitary confinement” (Bowlby, 1952, p. 18). The conclusions that he drew from his observations indicated that institutionalization and maternal deprivation could have severe detrimental effects upon the attachment between the child and the mother. “To say of a child (or older person) that he is attached to, or has an attachment to, someone means that he is strongly disposed to seek proximity to and contact with that individual and to do so especially in certain specified conditions” (Bowlby, 1982, p. 36). Even though the children that Bowlby observed were not orphans, in either case the effects of prolonged institutionalization and maternal deprivation could be deleterious.

Recent research findings indicate that domestically and internationally adopted children suffer from more than just difficulties in attachment. Specifically, the adopted child may have identity (Carstens & Julia, 2000; Feigelman & Silverman, 1983; Hollingsworth, 1997; Huh & Reid, 2000; Simon & Altstein, 1996; and Vroegh, 1997) and/or emotional/behavioral problems in addition to attachment problems (Brodzinsky, 1984; Brodzinsky, Radice, Huffman, & Merkler, 1987; Brodzinsky & Steiger, 1991; Feigelman & Silverman, 1983; Kim, 1980; Marcovitch, Cesaroni, Roberts, & Swanson, 1995; Marcovitch et al., 1997; and Yarrow & Goodwin, 1973). Emotional/behavioral problems have been shown to occur in children adopted after the age of one year and in some cases after the age of six months. Examples of emotional/behavioral problems that

have been consistently documented in domestically and internationally adopted children are hyperactivity, depression and aggression (Brodzinsky et al., 1987).

Studies of the relationship between the child's age at adoption and developmental outcomes has generally found that if the child is adopted early on than the child is more likely to have positive developmental outcomes. Based on the founding work of Bowlby and Ainsworth, adoption should occur within the first year of life in order to develop a secure attachment between the child and adopting parents. However, recent researchers have found that children who are adopted before six months of age have more positive developmental outcomes than children adopted after six months of age (Juffer & Rosenboom, 1997; Stams, Juffer, & van Ijzendoorn, 2002; and Stovall & Dozier, 2000).

In addition to the age at adoption, there are several other factors that may influence either positive or negative developmental outcomes occurring in these adopted children. The presence of a sibling in the adoptive home, parenting style, the transition process, social support, and transracial adoption are only a few of the factors that may have a relationship with developmental outcomes.

Studies of the presence of a sibling in the adoptive home have yielded conflicting findings in the literature suggesting that it could either hinder or help the developmental outcomes of the adopted child. Some researchers have reported no differences in developmental outcomes where there is a sibling present in the home (Juffer & Rosenboom, 1997; Vroegh, 1997). However, other studies find that the factor of the presence of a sibling can be a positive (Teti & Ablard, 1989; van Ijzendoorn et al., 2000; and Ward, Vaughn & Robb, 1988) or negative influence upon the developmental

outcome of the child (Brodzinsky & Brodzinsky, 1992; Fisher, Ames, Chisholm, & Savoie, 1997; Marcovitch et al., 1995 and Marcovitch et al., 1997).

The adoptive parents' parenting style in relation to developmental outcomes is another important factor to consider. Generally speaking, having authoritative parents has produced the most positive developmental outcomes in comparison with authoritarian or permissive parenting styles. In particular, an association has been found between authoritative parents and secure attachments in children (Neal & Frick-Horbury, 2001 and Tavecchio, Thomeer, & Meeus, 1999).

With respect to the factor of the transition process between the pre-adoptive care to the adoptive home, there is a lack of empirical information on a possible association. Most of what is known about transitioning children from one setting to another is based on articles written for child care situations in child development magazines (Bove, 1999; Daniel, 1993; and Daniel, 1995b). The emphasis placed in these articles is on the importance of gradually transitioning a child from the care of the biological parent to another child care arrangement. "Children are given the time they need to manage the transition in small, incremental steps. The result is a smooth transition that allows the child both the independence and the support needed to make a positive growth step. Moreover, the effective transition enables the child to move from one quality environment to another" (Daniel, 1993, p. 20). The conclusions drawn from these articles can be directly applied to adoption situations, in that providing gradual/smooth transitions for adopted children from their prior child care arrangements to their adoptive families is a protective factor for developing positive developmental outcomes. Other researchers have alluded to the idea of transitioning in adoption situations, but have not

directly studied the affects it may have upon developmental outcomes (Kim, 1995; Kim, Shin, & Carey, 1998; Wilkinson, 1995).

If the adoptive parents receive social support from the friends, family and professionals then the adopted child is more likely to have positive developmental outcomes (Chisholm, 1998; Chisholm, Carter, Ames, & Morison , 1995; Crockenberg, 1981; Daniel & Shapiro, 1996; Feigelman & Silverman, 1983; Johnson & Dole, 1999; and Singer, Brodzinsky, Ramsey, Steir, & Waters, 1985). The research to date is inconsistent regarding whether there is a negative or positive association between being transracially adopted and developmental outcomes. The main argument surrounding adopting children outside a family's race is that the child may have difficulties in forming their own positive identities because of their lack of exposure to people of their own race. However, there are several research studies that have suggested otherwise (Simon & Altstein, 1996 and Vroegh, 1997). Both of these research groups found no evidence that children who are adopted by parents of a different race have difficulty forming positive self-identities. By contrast, Singer et al. (1985) found that the children who are transracially adopted have negative developmental outcomes due to their difference in race to their adoptive parents. Several other researchers have regarded transracial adoptions as being positive for developmental outcomes for the adopted child (Juffer & Rosenboom, 1997; Marcovitch et al., 1995; Stams et al., 2002).

Therefore, given the contradictory evidence or lack of evidence to date, additional research is needed to investigate factors that influence developmental outcomes for children adopted internationally. Most studies of the outcomes of adoption have focused on identity and emotional/behavioral problems in older domestically adopted children.

By contrast, this study will focus on multiple factors that influence attachment in younger children adopted internationally. Children adopted from South Korea, China, Romania, and the Russia constitute a large portion of children adopted internationally and will be the focus of this study.

Study Objectives

The objectives of this study are to investigate the relations between:

1. Attachment and age at adoption
2. Attachment and presence of a sibling
3. Attachment and dimensions of parenting
4. Attachment and the nature of the transition process between pre-adoptive care and care by the adoptive parents.
5. Attachment and presence of social support
6. Attachment and transracial adoption

Chapter 2: Literature Review

The adoption literature has long indicated that adopted children fare less well than non-adopted children in the developmental areas of attachment, identity and behavior. Some adopted children experience difficulty in attaching to their adoptive families, while other adopted children have difficulty in forming a sense of identity and still others may have difficulty in controlling their behavior both at home and at school. Great emphasis has been placed upon researching what factors are associated with positive or negative developmental outcomes in relation to adopted children. Various researchers have shown that there are a host of factors that can have a significant impact upon the developmental outcomes for the adopted child. Before discussing which factors are associated with specific developmental outcomes, it is important to explore what is known about attachment, identity, and emotional/behavioral outcomes for adopted children. A word of caution should be noted that as with any research, the developmental outcomes experienced by one adopted child are not necessarily characteristic of all adopted children.

This chapter will be structured by first providing a conceptual framework by using attachment theory developed by John Bowlby. Attachment research, past and present, will be offered in addition to theory in order to provide a stable foundation for this study. Afterwards the various developmental outcomes associated with adoption will be discussed within a broad ecological context. Finally, the risk and protective factors that can result in variations in the various developmental outcomes will be reviewed.

Attachment theory and research

Introduction

The concept of attachment cannot be defined by a single behavior elicited by a child to their caregiver, but it is a long-lasting relationship built upon the daily interactions between them. It is these daily interactions that the child develops a sense of trust and security that is sought out in the situations where the child is unsure or frightened. John Bowlby and Mary Ainsworth are often credited with developing the concept of attachment into a working theory. In order to understand attachment theory it is necessary to understand the hypotheses on which it is founded. There are three hypotheses that are the core of attachment theory, the sensitivity hypothesis, the competence hypothesis and the secure base hypothesis (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). The sensitivity hypothesis is based on the mother's ability to respond sensitively to the child's signals. The competence hypothesis states that "children who are secure become more socially and emotionally competent children and adults than do children who are insecure" (Rothbaum et al., 2000, p. 1095). Lastly, the secure base hypothesis is deeply rooted in the work of John Bowlby and Mary Ainsworth in which children use their mother as a base in which to explore their environment and seek out their mother for comfort when threatened or stressed (Rothbaum et al., 2000). Bowlby's attachment theory and his research will provide the conceptual framework in which the present study will be grounded. Therefore, the following sections will provide clarification of his viewpoint of attachment theory. Specifically, the definition of attachment, attachment and mother-infant interactions, disorders in attachment,

attachment measurements, the critiques of attachment theory and the existing literature on adoption and the various factors that will be studied.

Definition of attachment

“Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world” (Bowlby, 1982, p. 34). Although the most obvious attachment behaviors are exhibited while the person is a child, Bowlby suggested that attachment behaviors can be seen throughout the life cycle (Bowlby, 1982). These adult attachment behaviors can be seen in cases of emergency when the person turns to the familiar individual for assistance or comfort (Bowlby, 1982). Bowlby also suggests that in the event that the preferred person is not available for assistance or comfort, the child (or adult) will go to the next available person, which is often someone that the child is familiar with (Bowlby, 1982). The child’s inaccessibility to the preferred caregiver and having to rely upon another for comfort could have implications for adoption situations. In adoption situations, the child will not have their preferred caregiver to go to from the institution or orphanage and would then have to settle for the next available person. The research of John Bowlby has pointed out the deleterious factors associated with institutional care and attachment. The children in his study often had multiple caregivers over the course of a day, suffered a lack of stimulation, and were often confined to the cots in which they slept (Bowlby, 1952). Most of his psychiatric cases showed that the pathogenic cases involved children adopted after six months and a majority after one year (Bowlby, 1952). However, “the comparative success of many babies adopted between six and nine months who have spent their first half-year in conditions of deprivation

makes it virtually certain that, for many babies at least, provided they receive good mothering in time, the effects of early damage can be greatly reduced” (Bowlby, 1952, p. 49).

In comparison with non-adopted children, Bowlby indicated that there were situations where securely attached infants were only separated from their mothers for a short period of time who also displayed difficulties in attachment upon reunion (Bowlby, 1952). Therefore, even with non-adopted children the circumstances of their care can affect their developmental outcome as negatively or positively as adopted children. Regardless of a child being adopted or not there are three key factors to consider in the developmental outcomes of attachment for all children. These three key factors are that caregivers provide: “(1) prompt and consistent response to the infant’s needs, (2) a limited number of caretakers, and (3) mutual interactions between a caretaker and the child, with the caretaker both initiating patterns of interaction, and being alert and sensitive to the infant’s signals” (Watson, 1997, p. 162). It is these three factors that need to be considered when comparing the developmental outcomes of adopted and non-adopted children with respect to the relationship between caregiver and child.

Attachment and mother-infant interaction

Mary Ainsworth is most well known within attachment theory and research for her development of the Strange Situation that measures attachment behaviors between mother and child. The Strange Situation consists of several separation and reunion episodes involving the mother, child and a stranger in a laboratory setting. The goal of this measurement is to identify specific behaviors elicited in these separation and reunion episodes in order to classify the attachment relationship between mother and child into

one of three groups: secure (Group B), anxious and resistant (Group C), or anxious and avoidant (Group A). In secure relationships, the behaviors that are often elicited in the separation/reunion episodes are in situations where the child reacts with “increased efforts to gain and to maintain interaction, proximity, and/or contact with the mother, especially in reunion episodes, accompanied by little or no avoidant or resistant behavior” (Ainsworth, 1979a, p. 9). In contrast, the anxiously attached and resistant group displayed similar proximity seeking behaviors upon reunion, “but simultaneously displayed angry, resistant behaviors in the reunion episodes” (Ainsworth, 1979a, p. 9). The final group, the anxious and avoidant group did not demonstrate similar proximity seeking behaviors as the other two groups in the reunion episodes with the mother, but avoided contact with her (Ainsworth, 1979a).

Ainsworth (1979a) further demonstrated the association between maternal behavior and the different attachment classifications. Specifically, that sensitive responding by the mother was associated with Group B babies (securely attached), inconsistent responding by the mother was associated with Group C babies, and rejection by the mother was associated with Group A babies. An important element of maternal behavior is the way in which a child was held “with tender, careful holding being most closely associated with positive infant responses and inept holding being associated with negative infant responses” (Ainsworth, 1979a, p. 22). Other important elements of maternal behaviors that were most consistently found in mothers of securely attached babies were that they were sensitive to the child’s signals, acceptant, cooperative and accessible (Ainsworth, 1979a). While mothers who were insensitive to their child’s signals, rejecting, interfering and ignoring had children who were classified as anxiously

attachment (Groups A and C (Ainsworth, 1979a). “Group A mothers also tended to provide their babies with unpleasant and even painful experiences in the context of close bodily contact significantly more often than non-A mothers” (Ainsworth, 1979a, p. 34). As a sidebar, it should be noted that Ainsworth’s use of the word “mother” denotes the person who spends the most time with the child and provides the majority of the care, which in many cases is mother. However, in certain circumstances a father can also be the primary caregiver and the primary attachment figure as well. Studies indicate that fathers and child care providers can also be secondary attachment figures (Ainsworth, 1979b and Bowlby, 1969). Bowlby thought of there being a hierarchy of attachment figures for the child. However, he maintained that there would be only one primary attachment figure and a couple of secondary attachment figures (Bowlby, 1969). “A baby may both enjoy and derive security from all of his or her attachment figures but, under certain circumstances (e.g., illness, fatigue, stress), is likely to show a clear preference among them” (Ainsworth, 1979b, p. 936).

Adopted children have more conditions or risk factors for insecure attachments in comparison with biological children. Circumstances prior to care can determine the level of insecure attachment with the adoptive family. For instance, when a child is cared for by multiple and inconsistent caregivers, as in institutional care, the adopted child is more likely to develop insecure attachments with their adoptive family. Having multiple and inconsistent caregivers denies the child the chance to develop strong attachments to a primary caregiver. Ainsworth suggests that it is not only important to have a consistent primary caregiver, but that that caregiver needs to be sensitive and responsive to the child’s needs (1979a). It is within children’s first 6 months of life that they learn whether

their mother will be accessible and responsive to their needs (Ainsworth, 1979a). It is upon this foundation of trust between mother and child that dictates further development. By having a secure base the child then has the confidence to explore and learn from the environment around them.

Not having a consistent, sensitive and responsive primary caregiver has direct implications for internationally adopted children since many are not adopted until after 6 months of age when most attachments are formed with a primary caregiver. In institutional settings, sensitive and responsive caregiving may not be possible with so many children to care for. These children may not even have had an opportunity to develop any type of attachment because of the number of multiple and inconsistent caregivers. “Thus, when an infant with long institutional rearing appears to have lost the capacity for becoming attached, he might be viewed as protecting himself against the pain of the repeated rebuffs he received whenever he did begin to focus on one of his many caregivers as a potential attachment figure. In that sense, even deviant development has sometimes been identified as adaptive” (Ainsworth, 1979a, p. 43). As a result, many of these children may develop attachment disorders based on their institutional experiences prior to being adopted.

Disorders in attachment

Beyond the three groups of attachment originally identified by Ainsworth, several researchers discovered groups of children who did not fit within the original three groups. These children were identified as disorganized/disoriented showing behaviors that were characteristic of both of the insecure groups (Karen, 1994). “They often sought proximity to their mother in strange and disoriented ways: They approached her

backwards, or they froze suddenly in the middle of a movement, or they sat for a while and stared into space” (Karen, 1994, p. 216). In most instances, the conditions that were found to foster disorganized/disoriented types of attachment have been in circumstances in which the child has been abused. As with insecure attachments, adopted children have more conditions or risk factors for being identified with disorganized/disoriented attachments. Having inconsistent, multiple, insensitive and unresponsive caregivers are all factors that contribute to insecure and disorganized/disoriented attachments.

Disorganized/disoriented attachments may also foreshadow disorders in attachment.

There are five types of attachment disorders described by clinicians: nonattached attachment disorder, indiscriminate attachment disorder, inhibited attachment disorder, aggressive attachment disorder and role-reversed attachment disorder. Each of these disorders are characterized by a unique “pattern of the balance between the child’s attachment system and exploratory system” (Zeanah, 1993, p. 344). For instance, children diagnosed with nonattached attachment disorder exhibit behaviors that indicate an inability to develop an attachment to a particular person. These children do not seek out a particular individual when sick, hurt or frightened; do not protest at separation or cry when anyone leaves and are indiscriminately social (Zeanah, 1993, p. 339).

However, in some cases these children do have the ability to form attachments to a particular person, but the child has been denied the opportunity to form an attachment.

This disorder has often been diagnosed in children who have experienced institutionalization, extreme neglect and multiple caregivers (Zeanah, 1993).

The second disorder, indiscriminate attachment disorder, is also known as

reactive attachment disorder (RAD) and disinhibited attachment disorder. Children who are diagnosed with this disorder are or have been institutionalized or have experienced disrupted early attachment histories, as in the case of multiple foster placements.

(Zeanah, 1993). “In this disorder, the child exhibits an imbalance in the attachment-exploration functions by failing to check back with the caregiver in unfamiliar settings and by failing to retreat to the caregiver as a safe haven when frightened or threatened. Instead, there is an indiscriminate and promiscuous use of others for comfort and nurturance” (Zeanah, 1993, p. 340). The two subtypes of this disorder are: socially promiscuous and reckless/accident-prone/risk-taking.

Children classified as being socially promiscuous, within reactive attachment disorder, usually “have had repeated changes in caregivers without the opportunity to develop a preferred attachment figure” (Zeanah, 1993, p. 341). The child will often exhibit behaviors of indiscriminate friendliness, shallow social responsiveness, no preference for being soothed by a particular adult and is difficult to soothe. What is interesting about this particular subtype of the disorder is that even after the child has developed an attachment to the adoptive parents, the child could continue to exhibit indiscriminate sociability behaviors towards unfamiliar adults (Zeanah, 2000). The second subtype, reckless/accident-prone/risk-taking, is when the “child appears to exhibit a pattern of recklessness, accident proneness, and risk-taking behavior that is more than can be explained by a failure to check back with an attachment figure” (Zeanah, 1993, p. 339).

While the previous two disorders dealt with difficulties in the attachment system, in the third disorder, inhibited attachment disorder, the child has difficulties in the

exploratory system. “At the other end of disturbances in the balance between attachment and exploration are children who are unwilling to venture away from their attachment figures to engage in age-appropriate exploration, at times when it is expectable for them to do so” (Zeanah, 1993, p. 342). Inhibited attachment disorder is also divided into two subtypes: excessive clinging and compulsive compliance. As the first subtype name suggests, the child exhibits excessive clinging when the child should be exploring the environment (Zeanah, 1993). The second subtype, compulsive compliance, “the child appears to have learned to comply with the caregiver immediately and unquestioningly, in order to avoid physical abuse” (Zeanah, 1993, p. 342).

The fourth disorder, aggressive attachment disorder, is primarily diagnosed in children who are witness to or a victim of domestic violence (Zeanah, 1993). The “Child has a clear preference for an attachment figure, but comfort seeking is often interrupted by the child’s aggressive, angry outbursts directed toward the attachment figure or toward the self” (Zeanah, 1993, p. 339). The fifth and final disorder, role-reversed attachment disorder, is broken into two major forms: controlling/caregiving and controlling/punitive. In the first form the child is nurturant toward the caregiver while in contrast the second form “the child behaves in an overly bossy, punitive, or rejecting manner toward the caregiver” (Zeanah, 1993, p. 343-4).

Attachment measurements

The two measures that are predominantly used to assess the quality of the parent-child attachment in families formed through international adoption are the Strange Situation (S/S) and the Attachment Q-sort (AQS). In addition to these two attachment measures, the indiscriminant friendliness measure by Chisholm et al. (1995) will be

discussed as a potential indicator of attachment disorder. Within the following sections their relative strengths and weaknesses will be discussed.

Strange Situation

“The Strange Situation was developed by Mary Ainsworth and her colleagues (Ainsworth et al., 1978) to assess an infant’s ability to use the parent as a secure base from which he or she can explore. The Strange Situation is a standardized laboratory procedure that lasts about 24 min and involves two brief separations and reunions between the parent and child. Ratings of attachment quality are based primarily on the infant’s response to the parent during reunion episodes” (Stovall & Dozier, 2000, p. 137).

One of the major strengths of the Strange Situation is that the researcher has more control over the environment in comparison with other attachment measures since it is administered in a laboratory setting. “Moreover, there are certain advantages in working with this procedure because of its standardized administration, the manner in which it systematically elicits theoretically relevant attachment behaviors, and because of the reliability and training requirements that coders must meet” (Tarabulsy, Avgoustis, Phillips, Pederson, & Moran, 1995, p. 600). In some instances, coders must meet at least a minimum of the requirement standards to be certified to use this instrument (Solomon & George, 1999, p. 290). The emphasis upon certification to become a coder can be regarded as both a strength and/or a weakness with regards to this instrument. It is a strength because such requirements ensure a high standard of reliability, however, the training and certification of coders can also be time consuming and an additional cost for the researcher. Another aspect of the Strange Situation that contributes to good reliability is having the sessions videotaped which would increase the inter-rater agreement in that

the video could be viewed repeatedly (Pederson & Moran, 1995). Finally, an additional strength of the Strange Situation (S/S) is that, in comparison with the Attachment Q-sort (AQS), it only takes 24 minutes to administer.

The more common weakness cited in the literature regarding the S/S is that it is not an accurate reflection of attachment behavior. “The success of the Strange Situation served to move research out of the naturalistic domain of the home and into the world of structured separations and reunions, where there are few opportunities to study the dynamics of mother-infant interaction” (Pederson & Moran, 1995, p. 111). The S/S is also criticized for eliciting only ‘emergency’ attachment behaviors, rather than naturally occurring behaviors as in the AQS (Teti & McGourty, 1996).

One of the criticisms of the S/S is that it is a culture-specific measure. “Ainsworth and Wittig (1969) originally developed the strange situation as a culture-specific laboratory procedure” (Colin, 1996, p. 151). The circumstances involved in the S/S have been found to be stressful for infants in other cultures, like Ganda (Colin, 1996). Also, the reunion behaviors that are essential in determining attachment in the S/S may not be the same as in other cultures (Colin, 1996). Therefore, the S/S would not be a valid measure in determining the security of attachment in certain cultures. “In the United States, many middle-class mothers appear to enjoy, solicit and, reward excited greetings from their babies upon reunion. In many African cultures, quiet holding and breast feeding are the usual reunion behaviors” (Colin, 1996, p. 151).

A weakness of the S/S is that it is limited to the age range of 11 to 20 months and that it classifies attachment into only three categories. However, the reason for this limitation may be based on the fact that “preschoolers are less likely to be distressed by

brief separations from the caregiver in a strange environment” (Teti & Ablard, 1989, p. 1520). This measurement is also limited in that it cannot determine the security of attachment in new relationships, such as is the case in adoptions and foster cares. “To examine a developing attachment relationship in a new dyad, multiple observations over time were needed. The Strange Situation cannot be reliably administered at intervals spanning less than several months” (Stoval & Dozier, 2000, p. 134).

Attachment Q-sort

The Attachment Q-sort (AQS) by Waters and Deane (1985) was originally designed to observe parent and child interactions in the home over several hours. This 90-item measure consists of statements describing attachment behaviors of the observed child in comparison with a prototype of a securely attached child. “The degree of similarity of a particular child’s sort to a prototype secure child yields a continuous measure of security of attachment that focuses on the balance of proximity and exploratory behaviors in the home setting” (Seifer, Schiller, Sameroff, Resnick, & Riordan, 1996, p. 13).

The Attachment Q-sort (AQS) was designed to observe attachment behaviors in a natural context, instead of a laboratory setting. “Until the development of the Attachment Q-sort (AQS; Waters & Deane, 1985), the description of attachment behavioral organization in naturalistic contexts had been relatively understudied” (Tarabulsky et al., 1997, p. 600). Since this measure observes behaviors in the home setting, it provides additional opportunities to observe a variety of behaviors (Mangelsdorf et al., 1996). Unlike the Strange Situation, the AQS investigates more ordinary behaviors of the child within the context of their home. By conducting observations of the security of

attachment in a more naturalistic setting, the instrument has greater face validity in comparison to observations done in a laboratory setting (Seifer et al., 1996).

An additional strength of the AQS, in comparison with the Strange Situation, is that it measures the security of attachment on a scale versus placing respondents in definite classifications. By measuring the security of attachment on a scale it allows greater statistical power (Tarabulsky et al., 1997) and individual differences in security of attachment (Posada, Waters, Crowell, & Jay, 1995). The AQS can also be administered in a variety of contexts by parents and/or trained observers. “The AQS can be used by either caregivers who sort and record their perceptions of their child’s behavior in relation to themselves or by trained, independent observers” (Howes & Smith, 1995, p. 47). The benefit of using mothers as the observer, rather than a trained observer, is that they may have greater access to typical behaviors of the child. Enlisting the services of mothers as observers is also cheaper than training and paying outside observers. This measure is also more applicable for use in other cultural settings where it is not possible to come into the family’s home environment and it would therefore be necessary to use the mothers as the observer.

Since the child observed in the AQS is compared to an ‘optimally secure’ child, there has been some criticism that this is one of the weaknesses of the AQS. However, several studies conducted in this culture and others have defined what constitutes an ‘optimally secure’ child similarly. For instance, Schölmerich, Fracasso, Lamb, & Broberg (1995) stated that “A high correlation indicates that the child under study is very similar to the ‘most secure’ child” (p. 64). Also, Posada et al. (1995) found similarity between what parents observed and what trained ‘expert’ observed from countries like China,

Colombia, Germany, Israel, Japan, Norway and the U.S. Strayer, Verissimo, Vaughn, & Howes (1995) also found a strength of the AQS is that it is a valuable tool for studying the security of attachment cross-culturally. “The fact that in all countries these security scores were skewed toward the positive side of the distribution indicates that the secure-base behavior is not a phenomenon exclusive to middle-class children in the United States but is observed and described by mothers from various sociocultural contexts” (Posada et al., 1995, p. 44).

Research studies have been conducted to determine whether the classifications derived from the AQS are equivalent to those derived from the Strange Situation. Howes and Hamilton (1992) found that the classification from the Attachment Q-set “were conceptually similar to those derived for mothers in the Strange Situation” (Howes & Smith, 1995, p. 44).

Since the AQS is a survey it possesses the strengths characteristic of this method. In comparison with face-to-face interviews it is less expensive, quicker and respondents are more likely to report behaviors and attitudes that they would not normally do in the presence of an interviewer. Also, if the survey was mailed out the cost of conducting the study locally would be the same as conducting it nationally.

The Attachment Q-sort was “designed to assess the ability of infants and preschoolers to use an attachment figure as a secure base to explore the home environment” (Teti & Ablard, 1989, p. 1520). Even though the measure was originally designed to assess the security of attachment in children ages 12 to 36 months, the Q-sort has been used with children as old as six years in the Netherlands (Pool, Bijleveld, & Tavecchio, 2000). It has also been used several times with preschool age children in

Canada, Israel, and the United States (Clark & Symons, 2000; Oppenheim, 1997; Posada et al., 1995; and Symons, Clark, Isaksen, & Marshall, 1998).

A characteristic of this measure that can be viewed as a weakness is that the behaviors described are very specific in nature and may not allow for other attachment behaviors to be considered. “The items on the Attachment Q-sort (AQS) describe rather specific behavioral events or circumstances (e.g., ‘Child has a cuddly toy or security blanket that he carries around, takes to bed, or hold when upset’)” (Scholmerich, Fracasso, Lam, & Broberg, 1995, p. 64).

Also due to the specific nature of this instrument towards measuring only behaviors associated with secure attachment, this instrument does not account for behaviors that would be considered insecure.

Lastly, even though the following are not weaknesses that have been specifically cited in the research literature, they still need to be considered when conducting any survey. A self-administered survey has the weakness of having incomplete or unreturned surveys, which contributes to a low response rate. Since an interviewer does not administer the survey, this method also has the added weakness of not having someone to clarify questions with the researcher. Also, a survey method does not give the researcher the total life situation of the respondent since it is limited to only the questions asked. Finally, as with other correlational methods, a survey method does not allow the researcher to infer a cause-and-effect relationship of the variables under study.

Five item indiscriminately friendly behavior measure

The Five item indiscriminately friendly behavior measure (5IF) was developed by Chisholm et al. (1995) as part of a study on the attachment security and indiscriminately

friendly behavior in children adopted from Romanian orphanages. The purpose of this measure is to assess whether the child displays indiscriminately friendly behavior in specific situations ranging from wandering to their behavior around new adults. “In these cases a child’s behavior toward other adults cannot be discriminated from his or her behavior toward caregivers” (Chisholm et al., 1995, p. 285).

This measure has been used by parents of adopted children ranging in age of zero to about six years of age (68 months) (Chisholm, 1998 and Chisholm et al. 1995). As the name implies, this measure consists of five statements that can be answered using specific multiple-choice answers. “For each question a child was given a score of 1 if the parent gave a response indicating indiscriminate friendliness. For example, a score of 1 (IF response) was given in response to the question about wandering only if the parent reported that the child wandered and was not distressed at the consequent separation from the parent. If the parent reported that the child either did not wander, or wandered but was then distressed at finding himself/herself separated from the parent, the child would be given a score of 0 on that item” (Chisholm et al., 1995, p. 288). This measure has shown an association between indiscriminately friendly behavior in Romanian children adopted after eight months of age and who have spent at least eight months in institutional care (Chisholm, 1998 and Chisholm et al., 1995).

Critiques of attachment theory

The main critique of attachment theory is specific to a particular measure that has been commonly used to collect data on attachment behaviors. Mary Ainsworth’s Strange Situation requires the use of a laboratory to investigate the parent-child interactions. The main argument against the use of a laboratory setting in favor of a home situation is that

it is a stressful situation for both the parent and the child (van Ijzendoorn & Sagi, 1999). This criticism of the Strange Situation has been solved with the creation of another measure, the Attachment Q-sort, which collects information on attachment behaviors in a less stressful manner and in a familiar setting. Unlike Ainsworth's Strange Situation, the Attachment Q-Sort can be used within the context of where the child lives, which was one of the main problems of the Strange Situation in that it was used in a laboratory setting (Bronfenbrenner, 1989). Also, the Attachment Q-sort does not use any strangers to elicit attachment behaviors within the measure. The AQS is a standardized test and has had many different versions, including a version for China (Vaughn & Waters, 1990) and Japan (Vereijken, Riksen-Walraven, & Kondo-Ikemura, 1997).

Developmental Outcomes of Adoption

There are several developmental outcomes that have been associated with adoption. Attachment, identity and emotional/behavioral problems are the outcomes that have been most consistently cited in the research literature. However, being adopted does not guarantee that the child will have positive or negative outcomes in any of these three areas. What is known is that a child's developmental outcome is not only influenced by the setting in which they live, but also from the community, the culture and the relations between these systems. Urie Bronfenbrenner proposed a contextual view of development. "It consists of five environmental systems ranging from the fine-grained inputs of direct interactions with social agents to the broad-based inputs of culture" (Santrock, 1999, p. 42). For instance, an adopted child's developmental outcome can be influenced by parenting style (microsystem), support systems for the adoptive family within the community (exosystem), financial support of the government in offering an

adoption credit towards taxes (macrosystem) and the connections between these systems. Also, within each level of the system there can be risk and protective factors.

Risk factors can inhibit positive developmental outcomes from occurring, while protective factors can facilitate more positive developmental outcomes. Several researchers assert that there can also be an “accumulation of risk” when a child is faced with more than one risk factor at a given time (Garbarino & Kostelny, 1995 & Sameroff & Fiese, 2000). A child could be living in poverty conditions, have a mentally ill parent and be suffering from neglect and abuse. Also, the effects upon development would be far greater for a child suffering from multiple risk factors in comparison with a child who suffers from only one risk factor (Sameroff & Fiese, 2000). Risk factors upon development can be direct or indirect in their origin. “Risks to parenting can come both from direct threats and from the absence of normal, expectable opportunities” (Garbarino & Kostelny, 1995, p. 420). A more direct threat would be violence in the community and an example of the absence of a normal, expectable opportunity would be economic inequality (Garbarino & Ganzel, 2000).

“We need not make life risk free for children to protect them from serious harm, but rather we must prevent the accumulation of risk beyond the coping capacity of the child” (Garbarino & Ganzel, 2000, p. 85). In order to accomplish this there needs to be at least a balance of risk and protective factors in the child’s life (Garbarino & Ganzel, 2000 and Werner, 2000). For instance, if a child is adopted after six months and who has experienced deplorable institutional conditions prior to being adopted, then age at adoption and institutional conditions would be examples of risk factors. However, if the adopted child had authoritative parents and experienced a gradual transition from the

institution into the adoptive home, then the child would have a greater chance at positive developmental outcomes than if the scale was tipped in favor of risk factors influencing the child's development.

Attachment

“Adoption presents notable challenges to the attachment process because it involves special circumstances, such as the breaking of bonds between infant and biological mother, and the development of new bonds between infant and the adoptive mother” (Portello, 1993, p. 177). The research literature has well documented the detrimental affects experienced by adopted children from Eastern European countries. For instance, the media's extensive coverage of the deplorable conditions of Eastern European orphanages has been cited as the main cause for the interest in these types of adoptions (Groze & Ileana, 1996). The extensive media coverage stimulated the research community in focusing their attention upon this group of adopted children. “These children were placed in orphanages where physical care was barely adequate and large numbers of children were cared for by a few overburdened adults” (Marcovitch et al, 1997, p. 17). The association between the deplorable conditions experienced by these children and their ability to form secure attachments was studied by Marcovitch et al. in 1995. According to this study, over 32 percent of the children adopted from Eastern European countries were reported to have initial and present difficulties in attachment to their adoptive parents. Based on these findings the adoptive child's ability to form secure attachments may not only be a matter of whether the child was adopted, but what the conditions were prior to adoption. For instance, in a study conducted by Juffer & Rosenboom (1997) concluded that just being adopted does not necessarily lead to a

disturbed attachment to their adoptive family, but it may be due to understimulation or a lack of personal affection from the institution prior to adoption. In the 80 mother-infant pairs, 74% demonstrated a secure attachment to their adopted mothers at 12 months of age. It should be noted that these children were adopted at a reasonably young age (e.g. under 6 months) and did not experience deplorable conditions prior to adoption. The same results may not occur in later placed adoptees.

Chisholm et al. (1995) suggests that developing a secure attachment when the child is adopted after two years of age might prove to be difficult. The children in the study composed of three groups, Romanian adoptees who spent at least eight months in institutional care (RO), Romanian adoptees who were adopted before four months of age (RC) and a nonadopted group (CB). As predicted the RO children had the lowest level of attachment security scores out of all three groups (Chisholm et al., 1995). The other two groups showed no significant differences from one another in level of attachment security (Chisholm et al., 1995). These results do not imply that the optimum age for developing a secure attachment relationship may be at or before the child is four months of age because the RO and RC groups were not in the institution for the same length of time. In a three-year follow-up study with the subjects, they found similar results to their initial study. The RO group continued to demonstrate more insecure attachment behaviors in comparison with the other two groups and there was no significant difference between the other two groups (Chisholm, 1998). "Because such children were adopted before they were 4 months of age, there was no reason to expect that the development of attachment in this group would differ from children in the CB group, because attachment

was developing on time, and such children had not experienced the duration of neglect experienced by RO children” (Chisholm, 1998, p. 1103).

Johnson & Dole (1999) found that children raised in deplorable conditions, such as those from Eastern European institutions, have an increased risk for developing attachment disorders. One such attachment disorder is that they have no fear of strangers and often times will go to anyone who will pay attention to them. As discussed previously, this particular disorder goes by several names: reactive attachment disorder, indiscriminate attachment disorder, disinhibited attachment disorder and more commonly known as indiscriminate friendliness. “Indiscriminate friendliness is a common behavior among institutionalized children and is part of the spectrum of attachment problems seen in institutionalized children” (Johnson & Dole, 1999, p. 41). Even though the indiscriminate behavior exhibited by these children may be regarded as friendly, the behavior has the potential of being dangerous in the social world. Chisholm (1998) found that children who had spent at least eight months in an orphanage were more likely to exhibit indiscriminate friendliness than nonadopted children or children adopted before four months of age. The previous study was the follow-up to a study conducted by Fisher et al. in 1997. In the initial study the researchers found that the group of children who spent at least eight months in the orphanage had a higher incidence of this attachment disorder when compared to the other two groups. The children who were adopted before four months were relatively unaffected by the impoverished conditions of the orphanage (Chisholm et al., 1995). These three studies support the notion that the sensitive period for developing attachment disorders may be before the child is six months of age.

Much less has been documented regarding children adopted from Asian countries, like China and Korea. Often times these children are not only adopted transculturally, but adopted transracially as well. This raises the question if being of a different race increases the likelihood of additional negative developmental outcomes. Juffer and Rosenboom (1997) recruited mothers from the Netherlands who had adopted children from Sri Lanka, South Korea and Colombia. As previously stated, they found no association between the difference in culture and a higher susceptibility to insecure attachment. Stams et al. (2002) also studied children adopted internationally from Sri Lanka, South Korea and Columbia by Caucasian parents. In this study, it was established that the “investigation of adopted children’s development as related to their early childhood experiences of parenting and attachment shows that parents make a difference even when genetic commonalities have been excluded” (Stams et al., 2002, p. 816). It was also found that early childhood relationships had a significant impact on these adopted children’s later adjustment in middle childhood (Stams et al., 2002). The results of this study should be interpreted with the knowledge that all these children were adopted prior to six months of age. In these two studies, the parents were of one race/culture and the children were all adopted internationally from a variety of races and cultures.

Some of the same outcomes experienced by Eastern European adoptees were also experienced by Korean adopted children. Therefore, with respect to attachment, it may not be an issue of culture, but the conditions surrounding the adoption. For instance, Kim (1980) discusses the behavior changes in three Korean children after being adopted transracially, transculturally and beyond the sensitive period for attachment (14-18

months). As a result these children experienced an intense disruption in their ability to “form a close relationship with another person” (Kim, 1980, p. 221). In a case review of three adopted Korean children, Wieder described the children as having an “aloofness from relationships and learning situations” (1977, p. 18). The results of Kim indicate that there may be an association between race, culture and age at adoption in connection with the child’s ability to attach to their adoptive family.

Several researchers have discovered that there are no differences in the attachment between adopted and non-adopted children, if the child is adopted at an ‘early age’ (Bowlby, 1952; Silin, 1996; and Stovall and Dozier, 2000). However, some researchers disagree on how the term ‘early age’ should be operationally defined. “It is unlikely that any sensitive phase begins before about six weeks and it may be some weeks later” (Bowlby, 1969, p. 222-223). However, the disagreement between researchers does not arise out of when the sensitive period for attachment begins, but when it ends. Even though John Bowlby did not clearly indicate an ending point to his definition of a sensitive period, he did suggest that the ability to form new attachments is difficult after the child is one year old. “Because of the growing frequency and strength of such fear responses, the development of attachment to a new figure becomes increasingly difficult towards the end of the first year and subsequently” (Bowlby, 1969, p. 222-223). Also, because of the onset of stranger anxiety after six months, adopted children may have stronger fear responses to their newly adoptive families in comparison with when the child was younger (Bowlby, 1969). Therefore children who are adopted after six months of age could have a difficult time forming an attachment with their adoptive parents.

The foundation of the research on the attachment of adopted children has provided a large amount of evidence that there is an association between the age at which the child was adopted and later attachment outcomes with the adopting parents. Most research has agreed that in order for the child to have the best attachment outcomes the child must be adopted within the child's first year of life. However, recent research has indicated that it may be 6 months or younger that the child has the best attachment outcomes. Regardless of which is more precise, the age at which the child was adopted has been associated with attachment outcomes. Strongly related to the findings of age of adoption and attachment is the relationship between the length of time the child is in the institution and adoption. Generally speaking, the shorter amount of time the child is in the institution, then the greater chance for developing positive attachment outcomes. No research studies have been able to separate the factors of age at adoption and length of time in the institution. This is because these two variables are often hopelessly confounded.

Identity

The controversy surrounding the association between identity formation and adoption remains a heavily disputed topic in the research literature. Identity is "the psychosocial domain concerning feelings and thoughts about the self" (Steinberg, 1999, p. 431). Unlike non-adopted children, adopted children deal with the added emotional burden of being given up for adoption. Particularly during adolescence the adopted or non-adopted child is trying to gain a sense of identity with respect to their family, peers, and the outside world. "Most of the controversy has centered around whether transracially or transethnically adopted children are able to develop the racial or ethnic

identity which is characteristic of the identity of members of their racial and ethnic groups” (Hollingsworth, 1997, p. 100). Actually, even though most of the research findings suggest negative identity outcomes for these children some researchers have found good or very good self-identities for these children. In a longitudinal study, Vroegh (1997) found that after studying the same group of transracially adopted children for 17 years there was no evidence to indicate that these children did not develop a black-identity by not living with same-race parents. It was also found that there was no evidence that everyday contact with black people was essential in identity development (Vroegh, 1997). Simon and Altstein (1996) found similar results in their study of identity development in a longitudinal study of Black children adopted into Caucasian families. Nevertheless, there are those who strongly disagree with these findings (Carstens & Julia, 2000). For instance, in 1972 and 1986 the National Association of Black Social Workers issued a formal statement against transracial adoption. This statement is “based on the belief that African-American children who grow up in ethnoracially different families suffer serious identity conflicts and structural barriers to socialization” (Carstens & Julia, 2000, p.61).

With respect to transcultural and transracial adoptions, Huh and Reid (2000) studied the ethnic identity of Korean children adopted by Caucasian parents. Their research findings suggest that parental encouragement and co-participation in cultural activities is essential to the formation of the Korean side of their identity (Huh & Reid, 2000). Feigelman and Silverman (1983) also pointed out the importance of parental encouragement in pursuing and instilling pride in the adopted child’s Korean heritage.

Parents who support the child's interest in their cultural heritage will also support the development of a positive racial identification within the adoptive child.

Emotional/behavioral problems

A high incidence of emotional and behavioral problems has been found in adopted children. Brodzinsky, Schechter, Braff and Singer (1984) found that adopted children had higher scores in the areas of "psychological and school-related problems, and lower in social competence and school achievement, than were nonadopted children" (Brodzinsky et al., 1984, p. 587). According to Brodzinsky (1987), the vulnerability of adopted children to behavior problems is primarily restricted to middle childhood and adolescence. When adopted and nonadopted 6-11 year old children were tested, the results supported the association between psychological problems and adoption. Brodzinsky demonstrated that adopted boys are more likely to exhibit uncommunicative behavior and hyperactivity in comparison with adopted girls (Brodzinsky et al., 1987). On the other hand, adopted girls are more likely to exhibit depression, hyperactivity and aggression (Brodzinsky et al., 1987). These studies (Brodzinsky, 1987; Brodzinsky, 1993; Brodzinsky et al., 1987; and Brodzinsky et al., 1984) indicate that even though adopted adolescents exhibit these behaviors, they are not in the range of being considered deviant.

In 1991 Brodzinsky and Steiger found that there was also an overrepresentation of adopted children in special education programs. Specifically, these children had been diagnosed with neurological impairments, perceptual impairments, and were emotionally disturbed (Brodzinsky & Steiger, 1991). "The prevalence of adoptees in these groups is three to four times what one would expect, given their representation in the general

population” (Brodzinsky & Steiger, 1991, p. 486). It is surprising that most of these children were adopted within their first year of life however, some of these problems could relate to poor prenatal care causing neurological impairments which might not be helped by earlier adoption if these impairments are severe. As previously stated, a bulk of the research literature supports the idea that children who are adopted within their first year of life are more likely to have positive developmental outcomes, which is not supported by this particular study. Yarrow and Goodwin (1973) found similar results to Brodzinsky in 70 children who were placed in foster care before 1 year. These children experienced sleep, social and emotional disturbances. Specifically, 80 % of children placed between 7 and 9 months experienced all three of these disturbances (Yarrow & Goodwin, 1973). However, children who were placed in foster care before six months showed fewer sleep, social and emotional problems in comparison with children placed in foster care after six months. The results of these studies may indicate that the sensitive period for fewer emotional/behavioral problems may be before the age of six months, not before one year of age.

In 1997, Marcovitch et al. tested 56 Romanian orphans who had experienced adverse living conditions in the institutions from which they were adopted. Age at adoption and length of time the child spent in the institution were highly correlated with behavior problems. Children who were adopted early and experienced less than six months of institutional care had fewer developmental difficulties when compared to children who were adopted later on and spent more than six months in institutional care setting (Marcovitch et al., 1997). In an earlier study Marcovitch et al. (1995) found that the older group (adopted > 2 years) of adoptees overcame their behavioral problems with

time. In contrast to previous findings the adoptees that exhibited an increase in behavioral problems over time were from the younger group (adopted < 2 years). The behaviors consisted of primarily temper tantrums, high activity level, and difficulties in peer interactions (Marcovitch et al., 1995).

To this point the research findings thus presented have involved Caucasian children being adopted into Caucasian families, domestically and internationally. With respect to Korean children adopted by white parents, Feigelman and Silverman (1983) found that Korean adolescent adoptees described themselves as 'mostly or extremely well adjusted' more often than the white adolescent adoptees in this study. "Approximately three-fourths were described as well adjusted in their adoptive families" (Feigelman & Silverman, 1983, p. 160). On the item of 'child described as being free of emotional adjustment problems,' 65% of Korean adoptees reported this to be accurate while 52% of White adoptees agreed that they felt free of emotional adjustment problems (Feigelman & Silverman, 1983). Twenty nine percent of Korean adoptees reported on the item of having difficulty getting along with peers, while 43% of White adoptees felt similarly (Feigelman & Silverman, 1983). The White adoptees' average age at adoption was 3.2 years while the Korean adoptees average age was 5.3 years. Therefore, based on the results of this study, age at adoption within the preschool years and being transculturally or transracially adopted are not associated with emotional and behavioral problems for these adoptees. Also, children who are adopted domestically do not necessarily fare better with respect to fewer emotional/behavioral problems when compared to international adoptions. In contrast to the previous study, Kim (1980) researched the behavior problems of three Korean boys adopted by white families. It should be noted

that the adoptive parents of these Korean boys either entirely ignored or lightly dealt with the child's cultural heritage (Kim, 1980). It is also worth noting that the children were adopted between the ages of 14 to 28 months. These children also experienced a lack of stimulation and the attention of a consistent caregiver prior to adoption. This may also have contributed to the children's emotional and behavioral problems. Therefore, the results may indicate that the parent's lack of support/involvement in the child's country of origin, later age at adoption, and the conditions of care prior to adoption could be associated with a high incidence of behavioral problems in this group of Korean boys.

Post-adoption factors associated with adoption outcomes

Introduction

In the discussion of the developmental outcomes of adopted children there have been several factors that have already been discussed. Specifically, the factors of age at adoption and transracial adoptions have been discussed in the previous sections. It would have been difficult to discuss the outcome of attachment without including the research on age at adoption. It would have been equally difficult to discuss the outcome of identity without including the research on transracial or interracial adoption. Therefore this section will discuss additional post adoption factors that can result in variations in the developmental outcomes already discussed. The presence of a sibling, parenting style, the transition from the care prior to adoption to the adopting family, and the presence of social support are the remaining factors that will be covered in this section.

Presence of a sibling

Research findings on whether the presence of a sibling is a risk or protective factor for emotional/behavioral problems suggest that it is equivocal. With respect to the

relationship between the presence of a sibling and attachment, Juffer & Rosenboom (1997) found no difference between the children adopted from Sri Lanka, South Korea or Colombia when compared to non-adopted children. The results show that “secure infant-mother attachments are developed in adoptive families without biological children as often as in families with biological children” (Juffer & Rosenboom, 1997, p. 101). The authors attribute the secure attachment outcomes of the children to their relatively young age at adoption. Therefore the conclusions drawn from this study may not be valid for those children placed in their adoptive families after six months of age.

Brodzinsky & Brodzinsky (1992) found no association between the presence of a sibling in the adoptive family and an increased risk of behavioral problems in the adoptive child. The only exception was in families where the adopted child was the ‘only’ child or the first adopted child in the family and the child was adopted at a later age. “Age at adoption ranged from three days to three years, six months ($M = 3.2$)” Brodzinsky & Brodzinsky, 1992, p. 71). Therefore adoptive families with no children may be a risk factor for developing behavior problems in their adopted children compared with families with siblings already present in the home in situations where the child is adopted at a later age. The results of this study should be examined with the knowledge that there was relatively no increased risk for emotional/behavioral problems for children who were adopted at an early age and adopted into an intraracial family, regardless of adoption order or the presence of a sibling (Brodzinsky & Brodzinsky, 1992). Amongst black transracial and intraracial adoptees, Vroegh found that 60% reported getting along with their siblings while the other 40% reported getting along with at least one of their siblings (1997). The direction of the relationship between the factors

of the presence of a sibling in the adoptive home and risk of the domestically adopted child developing behavioral/emotional problems remains to be seen based on the contradictory findings presented in these studies.

In contrast, Fisher et al. (1997) illustrated how more Romanian adopted children reported having problems with their siblings than children who had never been adopted or institutionalized either in Canada, where this study was conducted, or in a Romanian comparison group. The Romanian adoptees “were not used to being with children who were noisy, busy and boisterous. They were overwhelmed by the intensity and unpredictability of social interaction with peers and siblings” (Fisher et al., 1997, p.80). Marcovitch et al. (1997), found similar associations between the presence of a sibling and behavior problems. In this study, the presence of a sibling would be a risk factor for behavior problems because the adopted child would have to adapt to additional people, additional children would also limit the amount of parenting resources for the adopted child, and the age of the siblings may also contribute to the adopted child’s behavior problems. In an earlier study Marcovitch et al. (1995) discovered that adoptive parents reported an increase over time in temper tantrums and difficulties with peers and siblings in their Romanian children. Interestingly enough these children were adopted directly from their biological parents. Therefore, the findings of these three studies indicate that Romanian adoptees are at risk for developing emotional/behavioral problems in circumstances where there is sibling already present in the adoptive family. Based on the overall findings of the research presented thus far, the presence of a sibling could be considered a risk factor with regards to positive attachment outcomes.

Parenting styles

A major component of Mary Ainsworth's viewpoint on attachment theory involved the matter of maternal sensitivity. Sensitivity in parenting, either maternal or paternal, can be directly translated into what is known regarding the research literature on parenting styles. Even though her research findings were based on the relationships between the biological mother and the child, the results can also be applied to adoption relationships. For instance, Ainsworth found that it is not how much the mother holds the child, but how the mother holds the child when he/she seeks proximity to her. "It was not the total amount of time that the baby was held by the mother that promoted secure attachment so much as the contingency of the pick-up with the infant signals of desire for contact, and the manner in which the mother then held and handled the baby" (Ainsworth & Bowlby, 1991, p. 338). It can therefore be inferred that in adoption situations, it is not the amount of time that the caregiver spends holding the child that matters most, but the quality of that holding. "A great deal of learning takes place without overt evidence of learning through small, often seemingly trivial occurrences arising in the course of ordinary give-and-take interactions" (Maier, 1991, p. 403). A secure attachment can develop within the course of everyday activities by making sure that the child is met with sensitive and consistent responses. This will make the child feel secure in the fact that the mother figure will be accessible to meet their needs over time (Ainsworth, 1979a). Hence, there should be no differences in attachment between adopted and non-adopted children if the child is adopted into a quality relationship.

The importance of sensitive and consistent responses to a child by a parent can also be seen as essential elements in research literature on parenting styles. The idea of

providing sensitive and consistent responses to children is highlighted within the four dimensions of parenting. Specifically, parenting can be viewed as a combination of four different dimensions: “(1) warmth or nurturance, (2) level of expectations, which she [Bee] describes in terms of ‘maturity demands,’ (3) the clarity and consistency of rules, and (4) communication between parent and child” (Bee, 1992, p. 501). Based on these four dimensions, there are three different parenting styles that can be derived: permissive, authoritarian, and authoritative parenting styles (Baumrind, 1966). Each of these three parenting styles addresses the four dimensions differently. For instance, the permissive parent is regarded as indulgent to the child’s desires and behavior. Little, if any, demands are placed upon the child with regards to regulating behavior or responsibilities. “She allows the child to regulate his own activities as much as possible, avoids the exercise of control, and does not encourage him to obey externally defined standards” (Baumrind, 1966, p. 889).

In contrast, the authoritarian parent is strict, demanding and controlling of the child’s behavior. High expectations are placed upon the child with respect to their behavior and responsibilities. The authoritarian parent “values obedience as a virtue and favors punitive, forceful measures to curb self-will at points where the child’s actions or beliefs conflict with what she thinks is right conduct” (Baumrind, 1966, p. 890). Despite the fact that this style of parenting appears to be abusive based on the previous description made by Baumrind (1966), the researcher pointed out that authoritarian parents also love their children very much.

Where permissive parents are indulgent in their care of children and authoritarian parents are strict and controlling, authoritative parents take on a more balanced

approached to child rearing by providing both control and autonomy. The authoritative parent “encourages verbal give and take, shares with the child the reasoning behind her policy, and solicits his objections when he refuses to conform. Both autonomous self-will and disciplined conformity are valued by the authoritative parent” (Baumrind, 1966, p. 891). Baumrind found evidence for an association between arbitrary authority (associated authoritarian parenting style) and the child’s desire to end relationships with others (1968, p. 258). This could support the idea of a relationship between parenting style and the affect upon relationships.

Neal & Frick-Horbury (2001) found a significant association between parenting styles and attachment styles. Specifically, 92% of the subjects in this study who reported having authoritative parents were also securely attached (Neal & Frick-Horbury, 2001, p. 178). The original hypotheses involved finding a significant association between authoritarian parenting and avoidant attachment, as well as permissive parenting and ambivalent attachment styles. Neither of these relationships was found to be statistically significant. Tavecchio et al. (1999) found a similar association between parenting styles and attachment styles in that “the securely attached respondents perceived both parents as more caring and also as less controlling than the insecurely attached respondents” (p. 257).

Transition process

The factor of the process, if any, involved in transitioning the child from the institution to the adopting parents has not been explored extensively in research literature. The transition process is important to the attachment relationship with the adoptive family. According to Ahnert, Gunnar, Lamb and Barthel (2004) “attachments remained

secure or became secure if mothers spent more days adapting their children to child care” (p. 639). It can therefore be speculated that the more gradually the child is eased into the relationship with the adoptive parents and away from the care of the institution, then the greater the possibility of a secure attachment developing between the adoptive child and the adopting parents. This is speculation because there has been no empirical research done on the adoption and the transition process.

Despite the lack of empirical research on the transition process from the institution to the adoptive home, this factor still deserves attention with regards to the developmental outcomes of the adoptive child. A benefit of providing a gradual transition is that it may give the child the opportunity to say ‘good-bye’ to their caregiver and friends at the institution and give the child emotional closure as well. The best way to promote a gradual transition is if the adoptive parents are given the opportunity to spend several weeks getting to know their child, so that the interactions are gradual. By observing the child from afar with no interactions and then broadening the interactions to include playing with the child without the presence of the institution’s caregiver would be the ideal towards providing a gradual transition (Daniel, 1993). This gradual transition process has been proven to be success in settings where there are new children entering a child care center. Transitions like this one ultimately can take as long as the child needs to get adjusted to the new environment, sometimes up to six weeks. “Children are given the time they need to manage the transition in small, incremental steps. The result is a smooth transition that allows the child both the independence and the support needed to make a positive growth step” (Daniel, 1993, p. 20). Specifically, some of the more significant features of the transition process are:

1. the length of time that the child was transitioned between the pre-adoptive care to the adopting parents,
2. how the child was transitioned,
3. And the behavior of the child the first few days after the transition.

The significance of the length of time that the child was transitioned from their pre-adoptive care to their new parents is an interesting issue within international adoption. Bowlby (1973) indicates that the amount and nature of the interaction between the child and the parents are essential elements for a child to form an attachment to a particular person. Therefore this implies that the amount of time the adoptive parents spend with the child prior to the finalization of the adoption may have an impact upon attachment. The transitioning process is similar to the idea of pre-placement visits discussed earlier in the social support section. However, the literature is lacking on the transition process for the child from the pre-adoption care setting to the adoptive parents. The main overarching theme in the article on transition is that it must be done at the child's pace and over an extended period of time (Chun, 2003; Daniel, 1995b; Daniel, 1993 and Bove, 1999). Therefore, transitioning the child at their own pace would provide an opportunity to get to know the adoptive parents before final placement.

Previously, the issue was how long the transition process was between the pre-adoptive care to the adoptive family. However, another important issue is how the child was transitioned. Even though many of these children have multiple caregivers, it is important for a familiar caregiver to be there during the visits between the child and the adoptive parents. The presence of a familiar caregiver provides the child with a secure base in which to interact with the adoptive parents (Ahert et al., 2004 and Bove, 1999).

“This shared time together also creates a starting point from which to define new relationships for the adults” (Bove, 1999, p. 33). Within child care transitions, the parent and the teacher would ideally discuss general parenting issues with one another concerning how the child eats, sleeps, plays (Bove, 1999). However, within international adoptions this interaction may be a luxury because of not only the language barrier between the adopting parents and the caregiver, the lack of consistent caregiver who would know that information, but also the finances to support such meetings. For such meetings to occur, the caregiver in the foster care or orphanage would have to be pulled away from their regular duties in order to transition this child. Conditions for children in Eastern European institutions are barely adequate with limited funding, so they are unlikely to support such an endeavor.

Finally, the significance of the child’s behavior within the first few days after the transition may be indicative of future developmental outcomes. Bowlby (1982) discussed how the child might have great anxiety about being separated from their preferred caregiver from the pre-adoptive care, also known as separation anxiety. “He believed that separation anxiety occurs when attachment behavior is activated by the absence of the attachment figure, but cannot be terminated” (Ainsworth & Bowlby, 1991, p. 336). Also, the child may go through a period of mourning over the loss of the preferred caregiver. “Whilst separation anxiety is the usual response to a threat or some other risk of loss, mourning is the usual response to a loss after it has occurred” (Bowlby, 1982, p. 38). The presence of separation anxiety behaviors or mourning by the child may indicate whether the transition between caregivers was gradual or abrupt.

According to attachment theory, if the preferred caregiver is not available, then the next available person who is familiar to the child is the next best alternative (Bowlby, 1982). So, if the child is familiar with the adoptive family prior to the finalization of adoption through a gradual transition, then the child may have a better chance at a secure attachment. The adopted child may not exhibit these attachment or emotional/behavioral problems until the child is taken from the care of the institution. According to Johnson & Dole (1999) adoptive parents could witness bizarre behaviors in their child, but suggests that they tolerate them as long as there are no safety risks. “Most diminish with time and reemerge only when a child is tired or stressed” (Johnson & Dole, 1999, p. 42). Even though this implies great recovery on the part of the adopted child, the behaviors elicited in the first few days of placement may help adoptive parents seek out the proper service to help the child early on. Johnson & Dole (1999) suggest that a good reason for seeking help early on is that “prompt intervention usually results in better outcomes” (p. 42). Daniel (1995a) believed that children with behavior problems could improve with a supportive transition from one situation to the next. This has direct implications for adoption since many of Eastern European adoptees have entered into the adoption relationship with multiple problems. Based on Daniel’s philosophy, the transition from the deplorable conditions of the institution into the adoptive family needs to be handled with patience, support and an open mind. Daniel (1995a) further implies that in order for the child to overcome their behavior problems that the adopting parents have to view the child as having the potential for being a normally developing child who can elicit positive behaviors. Furthermore, the child must be trusted by the parents so that they can be given the opportunity to make the right choices and finally the parents or other adults should

not negatively label the child. “The child with problems needs to be perceived by all of his or her caregivers as having the capacity of a normally developing child. All of the child’s caregivers must have the expectation of positive behavioral outcomes on the part of the child” (Daniel, 1995a, p. 19). The philosophy behind transitioning these children who have had problems in the past in other child care situations is that they arrive with a clean slate. The teachers in the child’s classroom are not told about the previous behaviors of the child and the child is not reminded of the past. The goal of withholding prior misbehaviors of the child from the teacher is that it will not create a “self-fulfilling prophecy” of the misbehaviors possibly reoccurring (Daniel, 1995a, p. 19). With respect to adoptions this viewpoint implies that the less information known about the child’s previous misbehaviors, the better off the child may be. However this particular article only states that past behaviors should be forgotten, not any medical information pertaining to the child.

It should be mentioned that the transition process truly begins before the adoptive parents even meet the child. The transition process would not be possible without the institution’s care or the government’s care of these adoptable children. Within the Korean culture, the adoption planning begins while the child’s biological mother is pregnant. It has been the high occurrence of positive developmental outcomes for Korean international adoptees that has sparked the interest of researchers of which factors within the transition process are influencing such outcomes. “Effective and efficient adoption arrangements from the prenatal period by adoption agencies have provided good prenatal, neonatal, and pre-adoption care through a well-organized network of medical and foster care services, thus reducing the incidence of malnutrition, deprivation or

abuse” (Kim, 1995, p. 150 & Kim et al., 1998). Also, within Confucian ethics a high value is placed upon the care of their children. This is evident not only in effective and efficient adoption arrangements, but in the daily care of the children in foster care homes rather than in institutions (Kim et al., 1998). All of these protective factors may account for the positive developmental outcomes for this group of international adoptees.

Despite the fact that Korean children usually never met their adoptive parents prior to the finalization of the adoption it is surprising that these children maintain a high incidence of positive developmental outcomes. Wilkinson (1995) describes the Korean children being taken to the airport by their foster parents to board an airplane with other adoptees to go to their “new parents” in the United States. “The older children were often told by their caretakers to be good, not to make problems, to be cooperative with their adoptive parents, to study hard, and to return to Korea as successful adults. The children were expected to take these words of wisdom while fighting back tears” (Wilkinson, 1995, p. 176). These particular children did not meet their adoptive parents until they were greeted at the airport. As soon as they got onto the airplane, they left everything that was familiar to them in Korea and arrived in a place where there would be so many changes to handle. “The changes included differences in language, type of food, and sleeping arrangements” (Wilkinson, 1995, p. 177).

Based on what is known about transitioning children in new circumstances within child cares, there is reason to argue that gradual transitions are better in comparison with abrupt ones. However this partially conflicts with reports that Korean children who experience abrupt transitions to their adoptive families seem to adjust positively. Their

rearing prior to being adopted may influence the positive developmental outcomes that these children demonstrate, regardless of the abrupt transition to their adoptive families.

Social support

Social support is an essential factor to positive developmental outcomes for parents of both biological and adopted children. According to Crockenberg (1981), the social support received by parents is a protective factor that can result in variations in developmental outcomes for a child. In this particular study, the influence of social support was studied with respect to the security of infant-mother attachment. With children cared for by their biological parents, Crockenberg (1981) found a strong association between social support and attachment. Specifically, the “results indicate that social support is the best predictor of secure attachment” (Crockenberg, 1981, p. 857). There were three sources of social support studied: “father, older children in the family, and others (extended family, neighbors, friends, professionals)” (Crockenberg, 1981, p. 859-890). As expected, the results indicated that low social support was associated with anxious attachment, while high social support was associated with secure attachments. Therefore, social support for parents is an essential factor in the development of attachment regardless of whether the child is adopted or biologically related to the parents.

When interviewed, parents of Romanian adopted children stated that what they found most useful in parenting were the child development workshops and support groups (Marcovitch et al., 1995). The workshops provided classes in basic child development information regarding the care of their child. The participants of these support groups consisted of families with adoptive children. However, what these

families found lacking was that the workshops did not educate them on developmental issues directly related to their child's pre-adoption circumstances, they were not informed of additional resources available to them, and they felt that they did not have enough support from family, friends and schools (Marcovitch et al., 1995).

With these issues in mind, prior to the finalization of adoption, social workers and adoption agencies can help educate adoptive parents of the potential risk factors that their child may have been exposed to prior to adoption. Research findings suggest, "parents who intend to adopt internationally must be concerned about their children's social-emotional development as well as developmental delay, medical problems, and behavioral concerns" (Chisholm, 1998, p. 1102; Chisholm et al., 1995). By being aware of the potential risk factors, parents can be better prepared for attachment, identity or emotional/behavioral problems if they arise. Professionals can also "assist families in identifying local resources. Awareness of local resources may be a determining factor in a family's decision about accepting a particular child" (Johnson & Dole, 1999, p. 36-7). For instance, depending upon the individual needs of the adopted child, adoptive parents may need pediatricians, physical therapists, speech and language pathologists, or other child development specialists (Johnson & Dole, 1999). Additional resources may need to be sought out for children from Eastern European countries because of the high incidence of FAS/FAE, while children from Korean foster homes often experience gross motor delays (Johnson & Dole, 1999). "A general guideline is that for each 3 months in an institution, a child will lose approximately 1 month of development" (Johnson & Dole, 1999, p. 40).

In addition to educating adoptive parents prior to adoption, another protective factor that would encourage optimal developmental outcomes would be for social service agencies to provide post-adoptive services. “Since many of the children adopted internationally are considered at risk for difficulties and most would benefit from early intervention services, agencies facilitating these adoptions must assist the adoptive families. Failure to do so reinforces the notion that adoption is a one-time event instead of a life-long process” (Groze & Ileana, 1996, p. 562). Altstein et al. (1994) recommended that post-adoption practices/services include providing the opportunities to form support groups and maintaining and reinforcing the adoptee’s cultural identity. Support groups would be an additional protective factor in that it would provide the opportunity for parents of internationally adopted children to share their experiences with other parents. “Often the only support parents need is confirmation that these behaviors are commonly encountered in adoptees, particularly those placed from institutional care settings” (Johnson & Dole, 1999, p. 41). Families involved in international adoption support groups are able to understand what it means to be an adoptive parent of a transculturally and sometimes transracially adopted child. As a parent, it is sometimes difficult knowing what is the right thing to do with so much parenting advice being given, but being with other parents in a support group and seeing the interactions between the parents and their children can often bolster a parents’ perception of their own parenting skills (Daniel & Shapiro, 1996). Support groups have the potential in helping parents deal with various parenting situations within a supportive environment. Like pre-adoption services, post adoption services like support groups could help strengthen not

only the interactions between the adopted child and the adoptive family, but also with school and peers.

Feigelman and Silverman (1983) discussed how the support of family and even neighbors could have an impact upon the adopted child's adjustment. The results indicate that in situations where "families responded with ambivalence and disapproval, only one-third reported satisfactory adjustment for their children" (1983, p. 165). This is in comparison with families who were supportive of adopting the Korean child, which were associated with one-half reporting satisfactory adjustment (Feigelman & Silverman, 1983). Thirty one percent of parents reported satisfactory adjustment in their adopted children regardless of the unsupportive nature of their neighbors. In contrast, neighbors who were supportive to the adopting family reported 46% satisfactory adjustment in the adopted children (Feigelman & Silverman, 1983). Therefore, the support of family and neighbors is important to satisfactory adjustment in interracial adoptions. Singer et al. (1985) pointed out those mothers of interracial adopted infants "perceived less emotional support from extended family and friends for their decision to adopt a child prior to the actual adoption than did other mothers" (p. 1543). Based on findings of this study, interracial adoption would be associated with receiving less social support.

Social workers can encourage ethnic identity for transracial families by providing cultural programs that will bring together adoptive families. These cultural programs can not only provide support for both the parents and the children, but also can provide opportunities to learn more about the history of their child's culture. Parents can also help their adopted children in developing a positive ethnic identity by involving teaching and peers in the appreciation of the child's cultural heritage. "The major theme was

parents making significant efforts to relate to their children's birth culture. To do so, some have been actively involved in promoting diversity in their children's schools" (Friedlander et al., 2000, p. 192). Parents can promote diversity in their children's schools by cooking traditional ethnic meals of the child's culture or coming to talk to the child's class about the uniqueness of Asian cultures. All of these protective factors would contribute to more positive long-term developmental outcomes, with respect to identity, for the adopted child.

Based on the research to date, it is apparent that there are gaps in the literature with respect to specific factors related to the attachment relationships in international adoptions. For that reason, it is important that research be conducted on the age at adoption, presence of a sibling, parenting style, the transition process, social support, and transracial adoption in relation to attachment in internationally adopted children from Eastern European and Asian countries.

The factors associated with positive developmental outcomes in attachment are important to understanding and helping families who adopt children internationally. It has been well established in the literature that adopting a child within the first year of life provides for positive attachment outcomes. In contrast, the literature has explored the factor of the presence of a sibling in the adoptive home, but has yielded conflicting findings. Based on specifics of each of the research articles discussed thus far that are most closely related to the design of the present study, the results indicate that the presence of a sibling would be a risk factor for developing positive attachment outcomes. With respect to parenting styles, an authoritative parenting style will be more likely to be associated with positive attachment outcomes in comparison with authoritarian or

permissive parenting styles. Studies of the transition process from the institution to the adoptive parents are lacking in the research literature. What is known is based on child development magazines and the conclusions drawn from child care transitions suggesting that the most beneficial transition from an established situation to a new situation is gradual and proceeds at the child's pace. It can be hypothesized that the more gradual the transition, the more positive the developmental outcome for attachment.

Every family benefits from positive social support from one or more sources. Ultimately, support has been found to impact attachment and may be more important for interracial adoptions based on the research. Given the inconsistency in findings regarding developmental outcomes associated with transracial vs. intraracial adoptions in older children, the lack of data on younger children, and the potential confounding of racial congruity with protective factors such as quality of institutional care, the effects of racial congruity will be explored but no predictions are made as to whether racial congruity will be associated with better or worse attachment outcomes in this study.

Hypotheses

1. If the child is adopted before 6 months of age, then the child will have better attachment outcomes in comparison with those adopted after 6 months of age.
2. The adoptee will have better attachment outcomes in adoptive families where there are no siblings in comparison with the adoptive families where there are siblings.
3. Children who are adopted by more authoritative parents will have better attachment outcomes in comparison with children adopted by authoritarian parents.

4. The more gradual the transition between the institution or foster care, then the better the attachment outcomes.
5. The more social support that the adoptive family has, then the better the attachment outcomes.

Chapter 3: Research Methodology

Participants

The names and addresses of potential participants were obtained from adoption agencies and/or support groups that focus on international adoptions from four different countries (China, Korea, Romania, and Russia). Out of possible 213 U.S. international adoption agencies that were contacted, 18 agreed to participate in this study, yielding a 8.45% response rate.

The potential participants were contacted through letters with unique identification numbers that briefly described the study and contained a website address for them to go to if they consented to participate in the study (see Appendix B). In order to estimate a response rate, any unused cards were returned or at least the unused identification numbers were reported by the adoption agencies. Out of 1,568 potential participants that were contacted, 279 filled out the on-line survey, yielding a response rate of 17.79%. Thirty-one participants were eliminated due to the adopted children's age being beyond the recommended age of one of the measures. One participant was also eliminated from the study due to stopping abruptly and prematurely before any useful data could be documented. Finally, five cases were also eliminated because the participants did not give the age at which the child was adopted, which is essential to the study. Therefore, a total of 37 participants were eliminated from the study leaving 242 participants to remain.

The 242 participants were parent(s) of children adopted from Korea, China, Romania and Russia. Due to the low number of families adopting children from South Korea and Romania, the four groups were combined into two groups: Asian and Eastern

European. Out of a possible 242 participants, 54% adopted children from the two Asian countries and subsequently 46% were adopted from Eastern European countries.

Some of the significant characteristics of these adoptive families and children are displayed in Table 1. For instance, the mean age of the Asian adopted children, at the time the survey was filled out, was 30.85 months. While the mean age for the Eastern European group was 40.03 months. The mother's age was 42.64 years and the father's age was 43.55 years for the Asian group. In the Eastern European group, the adoptive mothers were 39.84 years and the fathers were 41.60 years.

Table 1

T-tests on Characteristics by the Child's Country of Origin

Variables	Asian (<u>n</u> =130)	Eastern European (<u>n</u> =112)	t- Value	Significance	Effect Size
	<u>M</u> (<u>SD</u>)	<u>M</u> (<u>SD</u>)			
Age of child presently (months)	30.85 (14.63)	40.03 (17.10)	-4.42	.00	-.87
Mother's age	42.64 (5.72)	39.84 (5.12)	3.83	.00	.52
Father's age	43.55 (6.97)	41.60 (6.47)	2.02	.05	.29
Mother's education	5.88 (1.60)	5.83 (1.48)	.26	.79	--

Father's education	6.09	5.89	.78	.45	--
	(1.90)	(1.78)			

The other significant characteristics were found between the two groups were: the gender of the adoptive child, the adoptive mother's race and the adoptive father's race (Table 2). In the Asian group, eight of the adoptive children were males and 122 were females. In the Eastern European group, 60 were males and 52 were females. With respect to race, a majority of the mothers and fathers reported to be white. Only seven mothers and 17 fathers reported being some other race than white the Asian group. In comparison, all the mothers were white and only five fathers reported to be some other race than white.

Table 2

Chi-Square on Characteristics by the Child's Country of Origin

Variables

Person filling out survey	Asian	Eastern European	Total	
Mother	104	88	192	$x^2=.28$
Father	18	18	36	$p=.87$
Both parents	8	6	14	
Total	130	112	242	
Marital status				

Married	112	102	214	$\chi^2=1.42$
Not married	18	10	28	$p=.23$
Total	130	112	242	
Gender				
Male	8	60	68	$\chi^2=66.96$
Female	122	52	174	$p=.00$
Total	130	112	242	
Reason for adoption				
Humanitarian and fertility	93	91	184	$\chi^2=3.11$
Other	37	21	58	$p=.08$
Total	130	112	242	
Child adopted from				
Institution/orphanage	114	106	220	$\chi^2=3.52$
Foster care/group home	16	6	22	$p=.06$
Total	130	112	242	
Mother's race				
White	114	99	213	$\chi^2=5.92$
Other	7	0	7	$p=.02$
Total	121	99	220	
Father's race				
White	99	88	187	$\chi^2=7.25$
Other	17	5	22	$p=.03$
Total	116	93	209	

Mother employed outside home				
Working	75	66	141	$\chi^2=.44$
Not working	44	32	76	$p=.51$
Total	119	98	217	
Father employed outside home				
Working	97	85	182	$\chi^2=.17$
Not working	6	4	10	$p=.68$
Total	103	89	192	

Procedure

The names, addresses and email addresses of all adoption agencies handling international adoption from China, South Korea, Romania and Russia into the U.S. were obtained from the National Adoption Information Clearinghouse. All of these agencies were contacted through a letter asking the agency to participate in the study (see Appendix A). Due to the agency's policy regarding confidentiality, blank envelopes were sent directly to the agency for a representative to affix the address labels of potential participants. The potential participants were solicited with a letter describing the study, contact information and the website address where the questionnaire was available. Each letter had a unique identification number that was necessary for filling out the questionnaire. The questionnaire consists of different question formats, ranging from likert-scale to open-ended questions. The survey takes approximately 30 minutes and could be filled out by either the mother or father. The website was accessible for twelve months in order reach the target sample size of at least 100, if not more. The questions

covered the demographic information, attachment relationship between the adoptive parent and the adopted child, level of social support received by the adoptive family, the transition between the pre-adoptive care setting and the adoptive home, and the parenting style of the adoptive parents.

Instruments

Transition

The Transition Survey (see Appendix C) is a new measure that has been developed by Bartel specifically for this study. This measure was developed due to the absence of any measure that studies the transition process between the institutions to the adoptive family. The Transition Survey consists of 37 questions that are open-ended or likert-type scales. Since this is a new measure there is no information regarding validity or reliability. An overall rating scale was developed based on the presence of features thought to be associated with optimal transitions.

A pilot study was conducted prior to it being used for the main study. The participants of the pilot study were 4 families who were involved in an international adoption support group in a rural college town in the central United States. Out of the 4 families who participated: 2 had adopted children from Russia; 1 had adopted a child from Korea; and 1 had adopted a child from Vietnam. No significant changes were made to the study other than the way that some questions were worded or the length of time the participants were told it would take to complete the study.

Attachment

One of the better known measures of parent-child attachment is the Attachment Q-sort (AQS) by Waters and Deane (1985). The original 100-item Q-Sort measured

attachment by a series of statements describing the behaviors of infants and young children when interacting with their primary caregivers (Waters, Vaughn, Posada, & Kondo-Ikemura, 1995). Waters and Deane has since then reduced it to a 90-item measure. An essential element of both of these versions of the AQS is that the child being observed is compared to a prototype of a securely attached child. This comparison yields a continuous measure of attachment security in which the child balances between remaining in close proximity to the mother and exploring the home environment (Seifer et al., 1996). Basically, the higher the score on this measure indicates a greater security of attachment between the primary caregiver and the child.

The Attachment Q-Sort was originally designed to assess the security of attachment in children ages 12 to 36 months. However, the AQS has been validated with children as old as six years in the Netherlands (Pool et al., 2000). It has also been used several times with preschool age children in Canada, Israel, and the United States (Clark & Symons, 2000; Oppenheim, 1997; Posada et al., 1995; and Symons et al., 1998). Therefore, the present study will target parents who have adopted children in the age range of 12 months to 6 years.

The reliability of the original measure has yielded alpha coefficients that have been satisfactory in Howes & Smith (1995); Strayer et al. (1995); and Waters and Deane (1985) studies. For the Howes and Smith (1995) study alpha coefficients ranged from .67 to .77; Strayer et al. (1995) ranged from .73 to .88.; and Waters and Deane (1985) ranged from .77 to .91.

The scale that will be used to measure attachment is an adaptation of Waters & Deane (1985) Attachment Q-Sort (see Appendix D). Chisholm et al. (1995) adapted the

measure to include the mother as the observer, shortened the length to 23 questions and transformed it into a scale format. This adaptation has been successfully used in several other research studies (Chisholm, 1998 and Mainemer, Gilman, & Ames, 1998). These 23 items were selected based on being representative of the highest and lowest loadings on the Security scale of the original Q-Sort. “An example of an item high on security is ‘child uses you as a base from which to explore,’ whereas an item low on security is ‘child is demanding and impatient with you” (Chisholm et al., 1995, p. 288).

Both parents and trained observers have previously been used in filling out this measure (Howes & Smith, 1995 and Waters et al., 1995). The benefit of using mothers as the observer, rather than a trained observer, is that they may have greater access to typical behaviors of the child. Enlisting the services of mothers as observers is also less expensive than training and paying outside observers. Since this will be a web-based questionnaire, the parents were asked to fill out the 23 items of this measurement. Parents were asked to answer the 23 items using a 5-point scale ranging from 1 = “very unlike my child” to 5 = “very like my child”. The scores were then compared to those of an “optimally” secure child as in the original measure. “That is, infants who are more able to use the mother as a secure base at home receive higher scores, and those who are less able to do so, or do so less effectively, receive lower scores” (Vaughn & Waters, 1990, p. 1966). One of the benefits of measuring the security of attachment on a scale is that it allows for greater statistical power (Tarabulsky et al., 1995) and individual differences in security of attachment (Posada et al., 1995) than an attachment classification system.

Alpha coefficients for the adaptation to this scale have been satisfactory in Chisholm et al. (1995) and Chisholm (1998) studies. For the Chisholm et al. (1995) study alpha coefficients ranged from .65 to .72. and .77 to .80 for Chisholm (1998). For this study, the alpha coefficient was .73 (See Table 3).

Table 3

Reliability of Measures

Measures

	Mean	Variance	Min.	Max.	No. of Cases	No. of Items	Alpha	Alpha found by Author
Attachment	3.71	.35	2.01	4.62	229	23	.73	.77-.80
Indiscriminate Friendliness	.28	.03	.06	.43	218	5	.61	.58-.72
Social Support	5.68	.04	5.43	5.85	215	6	.83	.93-.94
Parenting Style (authoritative)	4.53	.13	3.74	5.17	211	27	.88	.91

Indiscriminate Friendliness

In addition to the adaptation to the Attachment Q-sort (Waters & Deane, 1985), Chisholm et al. (1995) developed a measure of indiscriminate friendliness (see Appendix E). “For each question a child was given a score of 1 if the parent gave a response indicating indiscriminate friendliness” (Chisholm et al., 1995, p. 288). The child was

given the score of 0 if the parent indicated that the child did not elicit such behaviors. Therefore, given that there are only five questions in this measure, the total possible score ranged from 0 being discriminately friendly to 5 being indiscriminately friendly. Alpha coefficients for this measure ranged from .46 to .65 in the initial use by Chisholm et al. (1995) and .58 to .72 by Chisholm (1998). For this study, the alpha coefficient was .61 (See Table 3).

Social Support

The Arizona Social Support Interview Schedule (ASSIS) (see Appendix F) was developed as a measure “for assessing social support network indices and subjects’ satisfaction with and need for support” (Barrera, 1981, p. 75). Since there are many different sources and types of social support, Barrera divided the measure into six categories based on the different types of social support provided to the participants:

- (1) Material Aid: providing material aid in the form of money and other physical objects;
- (2) Physical Assistance: sharing of tasks;
- (3) Intimate Interaction: interacting in a nondirective manner such that feelings and personal concerns are expressed;
- (4) Guidance: offering advice and guidance;
- (5) Feedback: providing individuals with information about themselves;
- (6) Social Participation: engaging in social interactions for fun, relaxation, and diversion from demanding conditions (Barrera, 1981, p. 75).

An essential component of the ASSIS is the emphasis it places upon the identification of those persons who provide support within the participant’s social support

network (spouses, aunt/uncle, father/mother, friend, etc.) and whether they have provided support to the participant in the last month. In addition to identification of sources of support, the participant's satisfaction with the support given and the perception of the need of that support during the past month is also measured (Barrera, 1981). A unique component of the ASSIS is that it measures sources of support and sources of interpersonal conflict. As with sources of support, those persons who are a source of interpersonal conflict are also identified with respect to the six categories. "Finally, the subject is asked a series of questions about the personal characteristics of individuals as providing support, such as age, sex and ethnicity" (Payne & Jones, 1987, p. 171).

The ASSIS uses a 3-point scale to measure social support and interpersonal conflict. The ASSIS yields five different scores: total network size, unconflicted network size, conflicted network size, support satisfaction, and support need. Barrera (1981) found that the ASSIS demonstrated adequate reliability on four of the five different scores yielded by the ASSIS. The support satisfaction score was the only aspect of the measure that produced a low internal consistency with a coefficient alpha of .33. (Barrera, 1981). In contrast, Barrera (1981) reported a moderate internal consistency with a coefficient alpha of .52 for support need. Overall, the internal consistencies reported by Barrera ranged from .52 through .88 (Barrera, 1981). The test retest reliabilities ranged from .60 through .88 for the original study (Barrera, 1981). In Rivera, Rose, Futterman, Lovett, and Gallagher-Thompson (1991) reported internal consistency support need at .746 and .615 for support satisfaction. Due to the focus and constraints of this study, only support satisfaction and support need will be measured. For this study, the alpha coefficient was .83 (See Table 3).

Parenting Style

Parenting styles will be measured using the Robinson, Mandelco, Olsen and Hart measure (1995). The original measure was titled Parenting Styles and Dimensions Questionnaire and was designed for use by both mothers and fathers of preschool and/or school-age children. This measure uses the same typologies as Baumrind (1966) in order to distinguish the different types of parenting: authoritative, authoritarian, and permissive.

The Parenting Styles and Dimensions Questionnaire is comprised of a total of 62 questions of parenting behaviors representing the three different parenting typologies. Parents are asked to report on specific behaviors that have been used by both themselves and their spouse in interacting with their children. Participants rate the questions using a five-point scale with 1 representing “never” and 5 representing “always.”

A unique feature of this particular parenting measure is that the three different typologies are assessed using various subscales. “Authoritative parenting was assessed using the subscales of warmth, induction, democratic participation, and easygoingness. Permissive parenting was assessed using the variables of lack of follow through, ignoring misbehavior, and self-confidence. Authoritarian parenting was rated on verbal hostility, corporal punishment, punitive strategies, and directiveness” (Neal & Frick-Horbury, 2001, p. 179). However, only the three different typologies will be reported on, not the various subscales.

The authors of this measure have reported Cronbach alpha’s ranging from .75 to .91 for the three parenting dimensions. Chipman, Olsen, Klein, Hart and Robinson (2000) made an adaptation to the measure by having participants report how both their

mothers and fathers parented them. “Cronbach’s alphas for authoritative, authoritarian, and permissive parenting of mothers were .96, .94, and .78, respectively. Cronbach’s alphas for fathers’ authoritative, authoritarian, and permissive parenting were .97, .95, and .78, respectively” (Chipman et al., 2000, p. 5-6).

Since the development of the original Parenting Styles & Dimensions Questionnaire (PSDQ) (1995), Robinson, Mandelco, Olsen, & Hart (2001) have reduced it from a 62-item measure to a 32-item version (see Appendix G). This version is referenced as “a modification of the PSDQ” and was developed using Structural Equation Modeling (SEM). With SEM procedures the reliabilities are not relevant and were not calculated by the authors. Robinson, Mandelco, Olsen, & Hart reported the SEM standard coefficients for all 32-items of the measure and have subdivided the items into the three different parenting styles. The SEM standard coefficients for authoritative parenting style of mothers have ranged from .43 to .74 on the fifteen items. For fathers the standard coefficients were .50 to .74. For authoritarian parenting style, the standard coefficients ranged .43 to .84 for mothers and .52 to .78 for fathers for the twelve items. While for permissive parenting style the SEM standard coefficients for mothers ranged from .39 to .71 and fathers .37 and .78 for the five items. For this study, the alpha coefficient was .88 for the authoritative parenting style (See Table 3).

Demographic Information Survey

The demographic information survey (see Appendix H) by Bartel is a new measure that has been developed for this study. This measure was developed in order to gather demographic information of adoptive parents. This measure only consists of eight close-ended questions asking about age, race, education level attained and employment.

Since this is a new measure, there is no information regarding validity or reliability. However, a pilot study was conducted prior to it being used for the main study with four members of an international adoption support group. Comments made by this group regarding this measure indicated that only changes in verbiage were necessary before the main study was conducted.

Chapter 4: Results

Preliminary Analysis

The study's design addressed issues of the transition between the institution and the adopting parents; attachment; indiscriminate friendliness; social support; parenting style; and demographic information. Intercorrelations among the major study variables can be found in Appendix I. Preliminary analyses were performed to investigate possible differences between the four countries (China, South Korea, Romania and Russia). Due to the low numbers of participants from the South Korean and Romanian groups, the groups were combined into two groups: Asian (China and South Korea) and Eastern European (Romania and Russia).

Parametric tests of significance, specifically t-tests, were applied to the variables shown in Table 4. When the group means were compared only authoritative parenting ($p < .01$), age at adoption (months) ($p < .00$) and smoothness of adoption ($p < .05$) were found to be significant with respect to the variables mentioned in the hypotheses. The group means for authoritative parenting were 4.32 and 4.20 respectively for the Asian and Eastern European groups, suggesting that parents adopting Asian children were more authoritative. The child's age at adoption (months) differed between the two groups. The mean age in the Asian group was 13.26 months, while the Eastern European group had a mean of 19.89 months. The parent's perception of the overall smoothness of the adoption was 1.68 for the Asian group and 1.88 for the Eastern European group. The variable was coded as 1 = "smoother than expected", 2 = "about as expected", and 3 = "more ups and downs than expected." Therefore, both group's perception of the overall

smoothness of adoption was between being “smoother than expected” and “about as expected”.

Other variables that were found to be significantly different between the groups were the time spent in institution (months) ($p < .00$), number of health/developmental problems at arrival ($p < .01$), and number of caregivers interacting with child in one week at the institution ($p < .00$). With respect to the time the adopted child spent in the institution, the Asian group spent 11.69 months, while the Eastern European group spent 15.26 months. The Asian group had the mean of 5.51 for the number of health/developmental problems at arrival while the Eastern European group had the mean of 6.25. The number of caregivers assigned to care for the adopted child within one week at the institution varied amongst the two groups. According to the adoptive parents, 4.27 caregivers took care of their Asian child within one week. In the Eastern European group 6.64 caregivers took care of their child within one week at the institution.

Table 4

T-tests on Variables by the Child’s Country of Origin

Variables	Asian ($n=130$)	Eastern European ($n=112$)	t- Value	Significance	Effect Size
	<u>M</u> (<u>SD</u>)	<u>M</u> (<u>SD</u>)			
Attachment	3.71 (.40)	3.72 (.41)	-.15	.88	--

Indiscriminate friendliness	1.35 (1.36)	1.50 (1.30)	-.86	.39	--
Social support	5.66 (1.20)	5.63 (1.01)	.20	.84	--
Parenting (authoritative)	4.32 (.32)	4.20 (.38)	2.53	.01	.34
Smoothness of adoption	1.68 (.70)	1.88 (.82)	-2.01	.05	-.26
Age at adoption (months)	13.26 (6.77)	19.89 (13.80)	-4.59	.00	-.64
Parent emotional reactions on day of adoption	2.30 (.76)	2.34 (.78)	-.35	.73	--
Amount of biological information given the parents	1.50 (.80)	1.80 (.80)	-1.21	.25	--
Days spent with child prior to adoption	8.83 (51.28)	2.06 (4.11)	1.47	.14	--
Months spent in adoptive home	3.19 (1.85)	3.26 (1.80)	-.28	.78	--
Number of people child met first day	1.52 (.99)	1.36 (.93)	1.28	.20	--
Number of measures taken by institution staff to	1.09 (.36)	1.11 (.42)	-.28	.78	--

prepare child					
Number of	4.77	5.37	-.88	.39	--
health/developmental	(2.24)	(1.89)			
problem at birth					
Time child spent in	11.69	15.26	-3.07	.00	-.41
institution (months)	(6.95)	(10.31)			
Number of	5.51	6.25	-2.79	.01	-.56
health/developmental	(1.42)	(1.22)			
problems at arrival					
Number of caregivers	4.27	6.64	-3.76	.00	-.71
interacting with your child	(3.38)	(3.34)			
in one week					
Amount of time before	3.73	3.74	-.07	.95	--
parent returned to work	(1.23)	(1.14)			

Non-parametric tests of significance, specifically chi-squares, were applied to the categorical variables of primary care arrangement (relative or other) within 1st year, racial congruity between parent and adopted child (yes), presence of sibling in adoptive home, and services needed presently for adopted child (yes) (see Table 5). Only racial congruity between the parent and adopted child and services needed presently for the adopted child were found to be significant ($p < .00$). Within the Asian group, there was a significant lack of congruity between the race of the adoptive parent and the adopted child. On the other hand, there was a significant amount of congruity between the race of

adoptive parent and the adopted child in the Eastern European group. Fewer Asian children than Eastern European adopted children needed services presently.

Table 5

Chi-Square on Variables by the Child's Country of Origin

Variables

Primary care arrangement	Asian	Eastern European	Total	
within 1st year				
Parent or relative	86	78	164	$x^2=.34$
Other	44	34	78	$p=.56$
Total	130	112	242	
Racial congruity between parent and adopted child				
No	114	3	117	$x^2=179.32$
Yes	8	96	104	$p=.00$
Total	122	99	221	
Presence of sibling in adoptive home				
First Child	49	55	104	$x^2=3.20$
Other	81	57	138	$p=.07$
Total	130	112	242	
Services needed presently for adopted child				

No	105	71	176	$\chi^2=9.16$
Yes	25	41	66	$p=.00$
Total	130	112	242	

In Table 6, descriptive data is shown for sublevels of one variable in which multiple responses were allowed. Upon arrival, some adoptive parents reported their child was malnourished/underweight/failure to thrive (nutrition), contracted a disease, had difficulties physically with their gross motor development, other health or developmental problems or a multiple number of problems. Overall, parents in the Eastern European group reported more problems. Parents within the Asian group, 2% reported nutrition problems, 7% reported diseases, 24% reported physical/motor problems, 38% reported other problems and 29% reported multiple problems in their adopted children. However, in the Eastern European group, 5% reported nutrition problems or physical/motor problems, 36% reported other problems and 54% reported multiple problems in their adopted children.

Table 6

Percentages on Variables by the Child's Country of Origin

Variables	Asian ($n=130$)	Eastern European ($n=112$)
	<u>%</u>	<u>%</u>

Types of health/developmental problems at arrival

Nutrition	2%	5%
Disease	7%	0%
Physical/Motor	24%	5%
Other	38%	36%
Multiple	29%	54%

Table 7 contains those variables that were hypothesized to be significantly related to the two attachment measures (attachment and indiscriminate friendliness) ($p < .01$), as well as those variables that were found in addition to be significantly related to the two attachment measures ($p < .05$). The variables, presence of a sibling in the adoptive home and services needed presently for the adopted child were all recoded as dummy variables for the correlation analysis. Authoritative parenting was related to a more secure attachment ($p < .001$). Also, the adoptive parent's positive emotional reactions on the day their child was released into their permanent care was found to be significantly related to a more secure attachment ($p < .01$). The more social support that the adoptive family received was related to a more secure attachment ($p < .001$). The fewer services that the adopted child needed at the time the survey was filled out was related to a more secure attachment ($p < .001$). The fewer health and/or developmental problems the child exhibited upon arrival to the adoptive parents was related to a more secure attachment ($p < .05$). The more time spent in the adoptive home at the time the survey was filled out by the adoptive parent was also related to a more secure attachment ($p < .01$). Finally, the more time that the parent filling out the survey spent at home and did not return to work was also related to a more secure attachment ($p < .05$).

The more time that was spent in the adoptive home at the time the survey was filled out by the adoptive parent was also related to more indiscriminately friendly behavior from the adopted child ($p < .05$). Finally, the more time child spent in the institution was found to be significantly related to the indiscriminate friendly behavior from the adopted child ($p < .05$).

Table 7

Correlations of Independent Variables with Attachment Measures

Variables	Attachment	Indiscriminate Friendliness
	r. (N)	r. (N)
Age at adoption	-.05 (233)	.05 (217)
Presence of sibling in adoptive home (no)	.06 (235)	-.02 (218)
Parenting (authoritative)	.27 (223) ***	.02 (209)
Parent emotional reactions on day of adoption	.17 (230) **	.04 (215)
Smoothness of adoption	-.02 (235)	-.01 (218)
Social Support	.23 (230) ***	.11 (215)
Services needed presently for adopted child	-.21 (235) ***	.05 (218)
Number of health/developmental	-.21 (104) *	.01 (97)

problems at arrival		
Months spent in adoptive home	.17 (228) **	.15 (212) *
Number of measures taken by staff to prepare child	.10 (97)	-.19 (94)
Time before parent returned to work	.13 (235) *	-.08 (218)
Time child spent in institution (months)	-.01 (231)	.17 (214) *

*p < .05, ** p < .01, *** p < .001

Regression Analysis

Regression analysis was used to describe the relationship between the independent variables in this study and the two attachment scores (security score and indiscriminate friendliness score) (Table 8). In Step 1 of the regression analysis all the independent variables (authoritative parenting, parent emotional reactions on day of adoption, social support) that were hypothesized to be related to the attachment measure were entered. In Step 2 of the regression analysis, the hypothesized independent variables and those variables that were found to significantly related (services needed presently for adopted child, number of health or developmental problems at arrival, months spent in adoptive home, and time before parent returned to work) to the attachment measure were added to Step 1. However, model 1 (authoritative parenting) could explain only 7% of the variability in the independent variables. In model 2 (authoritative parenting and

social support) 11% of the variability of the independent variables could be explained in relation to the attachment measure. Finally, in model 3 (authoritative parenting, social support, services needed presently for adopted child, number of health/developmental problems at arrival, months spent in the adoptive home, and time before parent returned to work) 21% of the variability could be explained in relation to the attachment measure.

In Step 1 of the regression analysis for the indiscriminate friendliness measure, the independent variables (months spent in adoptive home and the time the child spent in the institution) were selected based on the significance found in the correlational analyses with this measure. Within model 1 (the time the child spent in the institution) only 3% of the variability of the independent variables could be explained. Model 2 (the time the child spent in the institution and months spent in adoptive home) 6% of the variability could be explained by this model.

Table 8

Regression Analysis with Attachment Measures

Variables/Measures	<u>B</u>	<u>SE B</u>	β	t	Sig.	R ²
Attachment Security Score						
Model 1-Attachment	2.41	.48		5.05	.00	.07
Parenting (authoritative)	.31	.11	.27	2.73	.01	
Model 2-Attachment	2.13	.49		4.35	.00	.11
Parenting (authoritative)	.28	.11	.24	2.49	.01	
Social support	.07	.04	.20	2.04	.04	

Model 3-Attachment	2.22	.57		3.92	.00	.21
Parenting (authoritative)	.27	.11	.24	2.44	.02	
Social support	.07	.03	.18	1.93	.06	
Services needed presently for adopted child	-.13	.09	-.15	-1.58	.12	
Number of health/developmental problems at arrival	-.04	.03	-.13	-1.33	.19	
Months spent in adoptive home	.00	.00	.18	1.83	.07	
Time before parent returned to work	.04	.03	.13	1.35	.18	
<hr/>						
Indiscriminate Friendliness Score						
Model 1-Indiscriminate Friendliness	1.07	.16		6.62	.00	.03
Time child spent in institution	.03	.01	.17	2.56	.01	
Model 2-Indiscriminate Friendliness	.78	.20		4.01	.00	.06
Months spent in adoptive home	.03	.01	.19	2.87	.00	
Time child spent in institution	.01	.01	.17	2.55	.01	

Chapter 5: Discussion

The purpose of this study was to investigate the potential factors associated with attachment in families who have adopted from China, South Korea, Romania and Russia. The main factors that were studied were: age at adoption, presence of a sibling in the adoptive home, authoritative parenting style, the transition between the institution/foster care and the adoptive home and social support. The two measures that were used to determine the strength of the attachment relationship were these variables: Attachment Q-Sort (adaptation by Chisholm et al., 1995) and the Indiscriminate Friendliness measure developed by Chisholm et al. (1995).

According to the U.S. Department of State in the Office of Children's Issues, for the 2002 fiscal year 19,139 immigrant visas were issued to orphans coming into the U.S. The number of Asian (Chinese and South Korean) orphans adopted into the U.S. alone was 6,832. From Eastern Europe (Russia and Romania) there were 5,107 orphans adopted into the U.S. Out of the possible 213 U.S. international adoption agencies that were contacted for this study, 18 agreed to participate, yielding a 8.45% response rate. These 18 international agencies produced 242 families that completed the on-line survey. Based on the response rate and the number of visas issued to adoptive families, this is obviously an underrepresentation of what has been a dramatically growing portion of the U.S. population, internationally adopted children. Most studies of the outcomes of adoption have thus far focused on identity and emotional/behavioral problems in older domestically adopted children, while this study focuses on adopted children who were one to six years of age at the time that the survey was being filled out.

Specifically, secure attachment is a concern for both nonadoptive and adoptive families. Developing a secure attachment between a child and caregiver is not something that can be done overnight, but it is built upon the daily exchanges between them. When a child feels securely attached, then they are demonstrating that they trust their caregiver and feel secure in their presence, especially in situations where the child is unsure or frightened. Secure attachment is important in developing intimate relationships not only in the child's family of origin, but also later on as an adult. The relationships that children develop with their family members serve as a model for later relationships between other adults and subsequently their own children. The findings of the present study suggest that they can develop secure attachments with their adopted children if certain factors are present within their lives.

Group Comparisons

Comparisons were made between children adopted from Asian and Eastern European countries. There were no significant group differences in attachment, indiscriminate friendliness, social support, parent emotional reactions on day of adoption, days spent with child prior to adoption, or presence of sibling in adoptive home. Group differences were found in authoritative parenting, smoothness of adoption, and age at adoption. It is difficult to cite any similar comparisons that have been made within the research literature due to the uniqueness of this study in comparing adoption experiences across four distinctly different countries. Also, the variables that comprise the gradualness of adoption are new variables that were created specifically for this study.

Parents in the Asian group were more authoritative in their parenting in comparison to the parents in the Eastern European group. There is no particular reason

why these two groups should differ since the adoption process is similar for all four countries. The parents in the Asian group also reported feeling that the overall smoothness of the adoption was “smoother than expected” than the parents in the Eastern European group. There is nothing that has been indicated in the research literature that would indicate that certain policies in the Asian government would make the adoption process smoother than the Eastern European governments. The only difference would be in the lack of federal funding in Eastern European governments has allocated to institutional care. Finally, Asian children were adopted almost seven months sooner than their Eastern European counterparts. One hypothesis about the authoritative difference is that the Asian parents were older and being older is correlated with more authoritative parenting in our sample ($p < .01$).

Other variables that were found to have significant group differences were: time child spent in institution, number of health/developmental problems at arrival, number of caregivers interacting with the adopted child within one week, racial congruity between parent and adopted child, and services needed presently for adopted child. The Eastern European children spent, on average, an additional three months in the institution waiting to be adopted than the children in the Asian group.

The research literature has documented the health and/or developmental problems of children adopted from Eastern European countries. (Morison et al., 1995; Marcovitch et al., 1997; & Marcovitch et al., 1995). The range of health and/or developmental problems from this group was confirmed by the results in this study. Children from this group suffered from AIDS/HIV, FAS, heart defects and other significant medical problems. However, what has not been reported is any health and/or developmental

problems of children adopted from Asian countries, although these children had fewer problems overall. The only mention in the research literature of any difficulties from South Korean adopted children is that they had a slight delay in their gross motor capabilities (Johnson & Dole, 1999). The reason for this slight delay was due to South Korean foster mothers physically carrying around young children a lot longer in comparison to Western cultures. However, these children had no difficulties in “catching-up” once in the adoptive home. Related to this variable is the services needed presently for the adopted child. The adoptive parents in the Asian group only reported 19% of their children needing services in comparison to 37% of the adopted children within the Eastern European group needing services at the time the survey was filled out.

The number of caregivers interacting with the adopted child within one week of the institution is also a new variable to the research literature. Within Eastern European countries, adoptive parents are often permitted to enter the institution of the adopted child. This is not the case in South Korea where children are delivered to their adoptive parents on U.S. soil. In China, adoptive parents are also not permitted to see the institution and the adopted children are brought to the hotel where the adoptive parents are staying. Based on this information it is difficult to determine the accuracy of these findings. With that in mind, adoptive parents from the Asian group reported 4.27 caregivers interacting with their adopted child within one week, while adoptive parents within the Eastern European group reported 6.64 caregivers. However, the number of caregivers has not been mentioned in the research literature since the reports by the adoptive parents is unreliable.

The racial congruity between parent and adopted child is not surprising based on the race of the adoptive families in comparison to the adopted children. One hundred and fourteen adoptive families reported no racial congruity with their adopted children in the Asian group. While only three adoptive families in the Eastern European group reported that their race was not congruent with their adopted child.

Variables Related to Attachment

It was hypothesized that if the child was adopted before 6 months of age, the adoptive parents were more authoritative in their parenting style, the transition was gradual between the institution or foster care and more social support was received children would have better attachment outcomes. Both the Asian (13.26 months) and Eastern European (19.89 months) groups were adopted well past 6 months. In the sample only 7 children were adopted before the age of 6 months and it was not possible to do this analysis due to such small numbers. As a result, it was not possible to provide evidence to support the relationship between the variable of age at adoption and secure attachment.

The lack of relationship between the presence of a sibling in the adoptive home and secure attachment is not surprising given the lack of consistent findings on this relationship in the research literature (Juffer & Rosenboom (1997); van Ijzendoorn et al., (2000); Teti & Ablard (1989); & Ward et al, (1988)). The presence of a sibling was hypothesized to be a risk factor for secure attachment in this study because slightly more studies confirmed than disconfirmed this relationship in the research literature.

Finally, the relationship of a gradual transition (between the institution or foster care and the adoptive home) and secure attachment was explored through a new measure created by the author based on a lack of any other instrument in the research field. The

overall smoothness of adoption, the total amount of time the adoptive parent spent with adopted child prior to the finalization of the adoption and the description of the day that the adopted child was released into the adoptive parent's permanent care were all variables that were thought would indicate the gradualness of the adoption. However, only the description of the day that the adopted child was released into the adoptive parent's permanent care found to be related to attachment. This variable is related to gradualness of the transition between the institution and adoptive home because the adoptive parent's reaction to their adopted child on the first day may set the pace for later interactions between them. Therefore, there may be a relationship between these variables, but it maybe necessary to find a much more precise instrument. Possible changes that could have been made to the instrument would have been to provide additional questions regarding the gradualness of adoption, rather than relying on only three questions. Also, having a variety of types of questions that ranged from open-ended to likert-scale could have been beneficial.

Out of the relationships hypothesized, only authoritative parenting and social support were found to be significantly related to better attachment outcomes ($p < .001$). Therefore, the more authoritative parenting behaviors predict more secure attachments between the adopted child and the adoptive parents. This significant relationship between authoritative parenting and secure attachment has also been found in Neal & Frick-Horbury (2000) and Tavecchio, Thomeer & Meeus (1999) studies, but these studies did not focus on adopted children. Neal & Frick-Horbury examined the relationship between parenting styles and attachment patterns in childhood. However, in their study, the adult subjects were asked to reflect upon the parenting style and attachment patterns

when they were children. Tavecchio, Thomeer & Meeus also confirmed this relationship in their study of attachment, social support and homelessness in young people.

The more social support received by the adoptive parent(s) predicted more secure attachment. These findings replicated the findings of Tavecchio, Thomeer & Meeus (1999), Singer et al. (1985) and Crockenberg (1981) in that they found that the “results indicate that social support is the best predictor of secure attachment” (p. 857).

Tavecchio, Thomeer & Meeus found a strong relationship between these two variables in homeless young people. Singer et al. used Ainsworth’s Strange Situation to measure mother-infant attachment in adoptive families in relation to perceived social support. In addition to providing support for the relationship between secure attachment and social support, they also found secure attachments in both interracial and intraracial adoptions. This particular finding is consistent with the findings of the present study in that there was no difference in attachment between the white adoptive families adopting Asian or Eastern European children.

Other variables found to be significantly related to more secure attachment between the adoptive parent and the adopted child are: positive emotional reactions on the day of the adoption, fewer services needed presently for the adopted child, fewer number of health/developmental problems at arrival, the more months the child spent in the adoptive home and more amount of time before parent returned to work after the adoption. As previously mentioned, the more positive emotional reactions from the adoptive parent on the day of the adoption predicted more secure the attachment ($p < .01$). This transition variable could be an indicator for authoritative parenting styles and therefore explain the relationship with secure attachment. This relationship was tested by

entering authoritative parenting prior to entering parent's emotional reactions on the day of adoption into a Stepwise regression. The variable of emotional reactions on the day of adoption ($p < .02$) remained significant even after the authoritative parenting variable ($p < .00$) was entered into the model. The results indicate that, at least in this study, authoritative parenting does not mediate the relationship with attachment and the emotional reaction variable contributes uniquely to the model. If the emotional reactions variable was not significant after authoritative parenting was taken out or controlled for, then authoritative parenting would have accounted for or mediated the relationship with respect to attachment.

The fewer services needed presently for the adopted child ($p < .001$) and the fewer number of health/developmental problems at arrival ($p < .05$) predicted more secure attachment. The stress of raising a child with health/developmental problems can only increase with needing to find services. Therefore if a child has health/developmental problems, this will be a stressor which could lead to less optimal parenting and hence insecure attachment. McGlone, Santos, Kazama, Fong & Mueller (2002) studied the psychological stress in adoptive parents of children with special needs. They found that parents who were involved in an effective program of support reported lower levels of stress. Furthermore, the findings demonstrated "the important role of stress related to parent-child interactions, child behavior, family cohesion, and adjustment to the adoption, and adoption service issues" (McGlone et al., 2002, p. 7). The findings from the McGlone et al. study indicate that support, parent child interactions (parenting style), child behavior (indiscriminate friendliness), family cohesion (parenting style) and adjustment to the adoption are all significantly related to the level of stress in adoptive

parents with special needs. Also, Mainemer, Gilman and Ames (1998) found that families who had adopted children from Romania had higher levels of stress than in the non-adopted families. Predictors of parenting stress in the Romanian adopted group were: attachment security, behavior problems, income, mother's age and number of adopted children. The strongest predictor for parenting stress was behavior problems in the adopted child.

The more months the adopted child spent in the adoptive home predicted more secure attachment ($p < .01$). Adoptive parents would have more of an opportunity to develop a secure attachment with their adopted child the longer the child was in their home. So, the less time an adopted child has with their adoptive parent(s) the less opportunity they have to develop a secure attachment. This conclusion can be further supported by the significant relationship found between the more time there was before the parent returned to work after the adoption and more secure attachment ($p < .05$). The more time the adoptive parent has in the home with their adopted child, then the more secure the attachment. More research is needed to replicate these findings in order to establish a solid connection similar to what has been found for authoritative parenting, social support and secure attachment in the research literature. Belsky in 1988 and 1991 reported that nonmaternal care within the first year of life increased the chances of insecure attachments. Belsky's findings were further supported in the study conducted by Lamb, Sternberg, & Prodomidis in 1992. They found that children that were in nonmaternal care for more than 5 hours per week, on a regular basis, were more likely to be classified as insecurely attached than those that were cared for exclusively by their mothers, regardless of what age they were placed in child care. Belsky & Fearon (2002)

argued that the recent findings of the NICHD study of early child care confirmed Belsky's original concerns that early and extensive nonmaternal care is a risk factor for insecure attachment. In addition the NICHD (2003) reported "that the more time children spent in any of a variety of nonmaternal care arrangements across the first 4.5 years of life, the more externalizing problems and conflict with adults they manifested at 54 months of age and in kindergarten, as reported by mothers, caregivers, and teachers" (p. 1001). Even when quality of care was controlled for, the results remained the same. Watamura, Donzella, Alwin, and Gunnar (2003) reported that there was a direct relationship between the rise in cortisol levels and the length of the child's day in nonmaternal care. The largest increases were observed amongst toddlers. In a study of toddlers transitioning into child care by Anhalt, et al. (2004), secure relationships were associated with mothers working fewer hours. These findings and the findings of other researchers suggest that adopted children who stay at home longer or have mothers working fewer hours may be better adjusted and not show the behavior problems that stress the parent infant relationship as described earlier.

Variables Related to Indiscriminate Friendliness

It was hypothesized that if the child was adopted before 6 months of age, there were no siblings present in the adoptive home, the adoptive parents were more authoritative in their parenting style, the transition was gradual between the institution or foster care and the more social support would all be associated with fewer indiscriminately friendly behaviors. However, none of these variables were significantly related to fewer indiscriminately friendly behaviors. The amount of time that the child

spent in the institution and in the adoptive home were both found to be significantly related to indiscriminant friendliness ($p < .05$).

The less time that the child spent in the institution was significantly related to fewer numbers of indiscriminately friendly behaviors, which is consistent with the research conducted by Zeanah (1993). Specifically, the children with more time in an institution and several changes in their caregivers have resulted in them being socially promiscuous. In 2000, Zeanah discovered that even after the adopted child has developed a secure attachment to the adoptive parents, they could still continue to exhibit indiscriminately friendly behaviors towards unfamiliar adults. This may also explain the relationship found between the amount of time the child spent in the adoptive home and the continued presence of indiscriminately friendly behaviors. In a study by Chisholm et al. (1995), the researchers failed to find a negative relationship between “parents’ reports of children’s indiscriminately friendly behavior and children’s attachment security” (p.293).

Another potential explanation for indiscriminate friendliness behaviors being less common the shorter amount of time a child is in the adoptive home could be the adoptive parent’s awareness of these behaviors becoming more apparent over time. What used to be cute behavior in the beginning has now turned into concern for these adoptive parents. Also, the older the child is then the more likely the child will be viewed by the adoptive parent as indiscriminately friendly. Finally, maybe the indiscriminately friendliness measure is not as meaningful for older children who are expected to be less reticent around strangers. This viewpoint is supported in the research conducted by Zeanah (2000 & 2002) with 11 month-old to 7-year-old children and in 2000 with children at least after

one or more years of age. He found that older children could exhibit indiscriminate friendliness behaviors and be attached to their adoptive parents.

What has become clear in the results found in this study and in other studies is that the more authoritative parenting, social support and time in the adoptive home are all protective factors for secure attachments between an adoptive parent and the adopted child. Also, the relationship between less time that the child spent in the institution and the fewer numbers of indiscriminately friendly behaviors is also consistent with what has been previously found. However, what is less clear is the relationship between the more time in the adoptive home being significantly related to more indiscriminately friendly behaviors. More research is therefore necessary in order to explain this unique relationship. As previously mentioned, alpha coefficients for this measure ranged from .46 to .65 in the initial use by Chisholm et al. (1995) and .58 to .72 by Chisholm (1998). For this study, the alpha coefficient was .61 (See Table 3), which is a lower alpha level for this measure and may suggest that it may not be a reliable measure.

Limitations of Study

There are several limitations of this study. The low reliability found in the indiscriminately friendliness measure could account for the lack of significant relationships with the hypothesized variables. This measure should be expanded past the five questions it offers to determine indiscriminately friendly behaviors. However, given that this variable is not related to security of attachment, it may not have construct validity as an indicator of attachment difficulties. It would have been desirable to have more observational data and prospective data as in the Canadian study conducted by Pomerleau et al. (2005).

Also, the inability to account for a higher percentage of the variance within the regression models was disappointing. Parent report instruments such as were used in this study may be less predictive than observational measures of sensitive parenting, which relate more strongly to attachment. The nature of this sample was based on convenience in that the participants were selected primarily if the adoption agency agreed to participate and if those participants agreed to fill out the survey. This being a convenience sample may affect the generalizability of the findings because this was not a random sampling of the families who have adopted internationally. Also, the findings of this study are correlational in nature in that the findings are not cause-effect relationships despite the fact that the findings are consistent with data reported in other longitudinal studies where it is more reasonable to make the case that parenting styles impact the security of attachment (Ainsworth, M. D. S., 1979a.; Ainsworth, M. D. S., 1979b & Ainsworth, M. D. S. & Bowlby, J., 1991).

The low response rate from both the international adoption agencies and the prospective parents could be regarded as additional limitations of this study. Out of the possible 213 U.S. international adoption agencies that were contacted, only 18 agreed to participate in this study, yielding a 8.45% response rate. Out of the 1,568 potential participants that were contacted, 279 filled out the on-line survey, yielding a response rate of 17.79%. Such low response rates may indicate that this sample may not be representative of the international adoptive families from these countries. However, the characteristics of this sample closely mirror the characteristics of a similar sample in a prospective study conducted by Pomerleau et al. (2005) with a much higher response rate of 32% of families adopting Chinese children and 65% of families adopting Russian

children during the recruitment period for the study. Parents in both studies were older on the average than biological parents, education levels were typical of middle to high socioeconomic status, more than 80% of parents in both studies were married, and about half of the families had other children.

Conclusions and Implications

The results of this study confirmed some relationships found in previous studies and brought to light new relationships that had not yet been explored. Although the relationships of authoritative parenting and social support with attachment have been reported with biological parents and their children, this is the first study to document similar relationships with adoptive parents and their children. The relationship between the adoptive parents' positive emotional reaction on the day of adoption and secure attachment supports the author's hypotheses concerning the importance of a gradual transition from the institution to the adoptive home. Also, it is reasonable that children with more health/developmental problems at arrival and needing more services would stress the parent-child relationship and develop less secure attachments.

The relationship found between the more months in the adoptive home and the more amount of time before the parent returned to work to secure attachment touched on an issue that had not been originally considered upon conception of this study. The continuing debate over the length of time before a parent should place the child in care outside the home and the subsequent developmental outcomes was further supported in this study. This finding needs to be replicated, but the results imply that the more time that the adoptive parent spends at home before returning to work and the more time the

child is in the adoptive home, then the more secure the attachment with the adoptive family.

This information can be invaluable to both social workers in the international adoption field and to internationally adoptive parents. For instance, the reassurance that adoptive families can develop a secure attachment with a child who is past the critical age of 6 months is vital to explain to families during and after the adoption process. Also, letting the adoptive families know beforehand that having a strong social support for the adoption and arranging for one or both parents to stay at home with the child as long as possible would be helpful information for adoptive parents. Providing treatment and early intervention for those children who have health/developmental problems, especially for language development may be beneficial since early attachment, socioemotional development and language skills are related (Belsky, Birkbeck, & Fearon, 2002). Also, if language intervention could be provided right away rather than waiting until a delay is evident, then this would reduce the parent's stress. Basically, any research-based information that can be provided to these families can only be beneficial to everyone involved.

Based on all the literature to date, it was surprising that there were little to no differences found between the Asian and Eastern European groups. For example, it appears that secure attachment is possible in either group even though the Eastern European group was adopted later in comparison, experienced more caregivers prior to adoption, and had more health and developmental problems at arrival. This was dependent upon the adoptive parents being authoritative in their parenting style, receiving social support and a host of other protective factors that have been previously mentioned.

While this study focused upon the factors related to secure attachment in children adopted internationally, “perhaps more importantly, this work attests to the resilience of children in overcoming such extreme early neglect” (Chisholm et al., 1995, p. 293). The results of this study also confirm the argument that security of attachment can be increased by authoritative parenting, positive emotional reactions on the day of the adoption from the adoptive parent, more social support, fewer health/developmental problem for the adoptive child upon arrival to the adoptive parents, fewer services needed for the adoptive child, the more months spent in the adoptive home and the longer the parent delays returning to work.

Future research should elaborate upon several different aspects already addressed in this study. First, a revised measure or a new measure is needed to investigate the intricacy of the transition process between the institution and the adoptive home. To begin with, transitioning of any kind is an underinvestigated portion of the research literature. So, having a transition instrument that measures the gradual introduction of a new environment or experience for a child is important to studying how transitions affect a secure attachment. Also, recruiting adoptive families as soon as possible after the finalization of the adoption may yield more detailed and accurate memories of the transition process between the institution and the adoptive family. Asking adoptive families to reflect upon past experiences may have caused them to remember the experience more positively than if asked soon after receiving their adopted child.

Secondly, making more cross-cultural comparisons within international adoption would yield results that would put findings in a broader context and perhaps yield different adoption correlates and outcomes. This study discovered that secure

attachments could be formed when children were adopted from two global regions. Investigating larger samples from individual countries might reveal different patterns of relationships than shown in this study.

Finally, an unexpected result in this study combined an issue that has been a recent concern, the effects of child care on development, and international adoption. In this study it was found that the longer that a parent stayed at home with the child and subsequently the longer the child spent in the adoptive home, then the more secure the attachment with the adoptive parents. Typically attachment develops over the course of the first year between infants and their primary caregivers. When there are few risk factors, infants in child care can develop secure attachments with their mothers. However, the results of this study beg the question of whether older adopted children who have had little to opportunity to develop attachments in orphanages may need a lengthy period of exclusive contact in order to develop attachments to their adoptive parents. Future research should address how much time and contact is needed to develop secure attachments after institutionalization in addition to other questions raised by this study.

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Appendices

Appendix A: Adoption agency letter

Dear Adoption Agency Representative,

I am conducting a study regarding the issues surrounding internationally adopted children and their adopting parents before, during and after the adoption has been finalized. It is my hope that the results of this study will help parents who have adopted or will further explain the issues that are important in adopting internationally.

I need your help by asking your agency to participate in this study. In order to make this study possible, I need the names and addresses of parents who have adopted internationally and whose adopted children are now between the ages of one and six years of age. I am specifically interested in children who have been adopted from China, South Korea, Romania and Russia. I was provided your name and contact information through the National Adoption Information Clearinghouse. Depending upon whether your agency agrees to participate in this study and also your agency's policy regarding client confidentiality, I could get the necessary information one of two ways:

- (1) I could send your agency prepaid postcards with the necessary information already printed out and your agency would only have to affix the names and address labels of client's who qualify OR
- (2) Your agency could mail or email me the names and addresses of the client's who would qualify for the study. All I could promise is that I would destroy the list after using it and in order to assure client confidentiality.

On the postcard that the clients would be sent, they will be given a website address to go to in order to fill out a brief survey. All answers will be anonymous and each completed survey will only be identified by the number listed on their postcard that they would enter as part of the survey. It is entirely their choice to participate or not to participate.

As reassurance to your organization, the results from this study will be reported only with respect to differences between the four different countries, not between the participating adoption agencies. Also, it would be my privilege to send you a copy of the results of this study after it's completion.

I would greatly appreciate a response from your organization one way or the other. If you do not choose to participate, then that would allow me time to pursue other avenues of recruiting participants for this study. Thank you very much for your time and attention. I hope to hear from you soon.

Sincerely,
Teresa M. C. Bartel
tbartel@ksu.edu
(717) 530-5714

Ann Murray, Ph.D.
Associate Professor
Department of Family Studies and Human Services
Kansas State University

Appendix B: Postcard

Dear Adoptive Parent(s),

I am conducting a study regarding the issues surrounding internationally adopted children and their adopting parents before, during and after the adoption has been finalized. It is my hope that the results of this study will help parents who have adopted or will further explain the issues that are important in adopting internationally.

Please participate by taking this brief survey located at the following URL address on the Internet. If you do not have access to the Internet, then please give me a call and I will be happy to send you a paper copy of the survey. All answers are anonymous and will only be identified by the number listed on this card that you will enter as part of the survey.

<http://www>

As my way of thanking you for your participation in this study, if you are interested in receiving a copy of the conclusions of this study free of charge, then please e-mail or call me with your name and address.

Thank you for your participation.
Sincerely,

Teresa M. C. Bartel
tbartel@ksu.edu
(717) 530-5714

Ann Murray, Ph.D.
Associate Professor
Department of Family Studies and Human Services
Kansas State University

Appendix C: Transition survey (Bartel, 2002)

All answers are anonymous and will only be identified by the identification number you entered at the beginning of the survey.

1. ID Number
2. Person filling out this survey is the child's:
 - a. Mother
 - b. Father
 - c. Both Parents
3. Marital status of person filling out this survey
 - a. Married spouse
 - b. Widowed
 - c. Divorced
 - d. Never married
4. Gender of adopted child
 - a. Male
 - b. Female
5. Race of adopted child
 - a. White
 - b. Black or African American
 - c. American Indian or Alaskan Native
 - d. Asian
 - e. Native Hawaiian or other Pacific Islander
 - f. Hispanic or Latino
 - g. Some other race
 - h. Two or more races
6. Country from which the child was adopted
7. Health problems at birth
 - a. Yes
 - b. No
 - c. Don't knowIf yes, please explain.
8. Health or developmental problems at arrival
 - a. Yes
 - b. No
 - c. Don't know.If yes, please explain.
9. Services needed for adopted child presently
 - a. Physical therapist
 - b. Counselor/psychiatrist
 - c. Speech therapist
 - d. Special services
 - e. Medical
 - f. Other
 - g. None

Describe:

10. Age of child at adoption (mos.)
11. Age of child today (mos.)
12. Motivation for adoption
 - a. Mainly humanitarian reasons
 - b. Fertility of mother or father
 - c. Humanitarian and fertility reasons
 - d. Other
13. Number, age and sex of adopted children in the family, including this one
14. Number, age and sex of biological children in the family
15. Adopted child is:
 - a. First child
 - b. Second child
 - c. Third Child
 - d. Fourth or fifth child
16. Was your child adopted from an:
 - a. Institution/orphanage
 - b. Foster care/group home
 - c. Biological parents
 - d. Don't know
17. Overall smoothness of adoption
 - a. Smoother than expected
 - b. About as expected
 - c. More ups and downs than expected
 - d. No response
18. Any information provided prior to adoption pertaining to your child
 - a. Health problems
 - b. Behavioral/Emotional problems
 - c. Circumstances leading to placement in institution
 - d. Picture of child
 - e. Any other siblings
 - f. None
19. Any information provided pertaining to your child's biological parents or family history?
Describe:
20. What measures were taken by the institution staff to prepare the child for leaving the institution?
Describe.
21. What measures were taken by others to prepare you for the adoption?
Describe.
22. What measures did you take to prepare for the adoption?
Describe.
23. Time child spent in institution (mos.)
24. Time child spent in adoptive home (mos.)
25. Number of caregivers interacting with your child within one week at the institution.

26. Total amount of time you spent with your adopted child prior to the finalization of the adoption.
27. If you were able to see where your child was living, then please describe the facilities (cleanliness, daily schedule, food, recreation).
28. Describe the day the adopted child was released into your permanent care.
29. How long did it take for the child to get adjusted into a routine at your home (i.e., regular eating and sleeping schedules, no problem behaviors)?
 - a. Few days
 - b. Few weeks
 - c. Few months
 - d. Not yet
30. List the people involved in caring for your child in a typical week:
 - a. Spouse/partner
 - b. Friend
 - c. Child care workers
 - d. Extended family
31. How soon after returning home did the child meet extended family?
 - a. Same day
 - b. A few days
 - c. A few weeks
 - d. A few months
 - e. After a year
 - f. Not yet
32. How soon after returning home did the child meet siblings?
 - a. Same day
 - b. A few days
 - c. A few weeks
 - d. A few months
 - e. After a year
 - f. Not yet
33. How soon after returning home did the child meet neighbors?
 - a. Same day
 - b. A few days
 - c. A few weeks
 - d. A few months
 - e. After a year
 - f. Not yet
34. How soon after returning home did the child meet friends?
 - a. Same day
 - b. A few days
 - c. A few weeks
 - d. A few months
 - e. After a year
 - f. Not yet

35. How soon did you return to work after bringing the child home?
- A few days
 - One week
 - Few weeks
 - Several months
 - Does not apply
36. How soon did your spouse return to work after bringing the child home?
- A few days
 - One week
 - Few weeks
 - Several months
 - Does not apply
37. What was the primary care arrangement for your child during the first year of being adopted?
- Child care center
 - Home-based child care
 - Parent or relative stayed at home with child
 - Nanny or in-home non-relative caregiver
38. What kind of primary care arrangement is your child in presently?
- Child care center
 - Home-based child care
 - Parent or relative stayed at home with child
 - Nanny or in-home non-relative caregiver

Appendix D: Attachment Q-sort (Waters & Deane, 1985)

All answers are anonymous and will only be identified by the identification number you entered at the beginning of the survey. Please rate each item on a 5-point scale in which:

- 1= Very unlike my child
- 2= Unlike my child
- 3 = Neither like nor unlike my child
- 4 = Like my child
- 5 = Very like my child.

- ___ 1. Your child readily shares with you or lets you hold things if he/she is asked to.
- ___ 2. When your child returns to you after playing, he/she is often fussy for no clear reason.
- ___ 3. Your child follows your suggestions readily even when they are clearly suggestions rather than orders.
- ___ 4. Your child keeps track of your location when he/she is playing around the house. For example, he/she calls now and then or he/she takes notice if you change rooms or activities.
- ___ 5. Your child sometimes gives the impression that he/she wants to be put down, and then fusses or wants to be picked right back up.
- ___ 6. Your child clearly shows a pattern of using you as a base from which to explore, that is, he/she moves out to play, returns, and then moves out to play again.
- ___ 7. Your child is demanding and impatient with you. He/she fusses and persists unless you do what he/she wants right away.
- ___ 8. Your child follows you when he/she is asked to do so. Refusals or delays which are playful don't count unless they are clearly disobedient.
- ___ 9. Your child recognizes when you are upset. He/she becomes quiet or upset or he/she tries to comfort you, or even asks what is wrong.
- ___ 10. When you pick your child up, he/she puts his/her arms around you or puts his/her arm on your shoulder.
- ___ 11. Your child acts like he/she expects you to interfere with his/her activities when you are simply trying to help him/her with something.
- ___ 12. If you reassure your child by saying something like "It's OK" or "It won't hurt you" he/she will approach or play with things that initially made him/her cautious or afraid.
- ___ 13. When your child plays with you, he/she plays roughly. For example, he/she bumps, scratches, or bites even though he/she does not necessarily mean to hurt you.
- ___ 14. Your child is easily upset if you make him/her change activities, even if the new activity is something he/she often enjoys.
- ___ 15. When you enter a room that your child is in, he/she quickly greets you, without you having to greet him/her first. For example, he/she smiles, shows a toy, gestures or says "Hi".
- ___ 16. If your child is frightened or upset, he/she stops crying and quickly recovers if you hold him/her.
- ___ 17. When you don't do what your child wants right away, he/she acts as if you were

not going to do it at all. For example, he/she fusses, gets angry, walks off to do other activities, etc.

___ 18. **At home**, your child gets upset or cries when you walk out of the room. **Note:** *May or may not follow.*

___ 19. Your child easily becomes angry at you.

___ 20. Your child uses your facial expressions as a good source of information when something looks risky or threatening.

___ 21. Your child cries as a way of getting you to do what he/she wants.

___ 22. When something upsets your child he/she tends to stay where he/she is and cries.

___ 23. If you move very far as your child is playing, he/she follows along and continues to play in the area you have moved to. He/she doesn't stop playing, doesn't get upset and doesn't have to be called or carried along.

Appendix E: Five item indiscriminately friendly behavior measure
(Chisholm et al., 1995)

All answers are anonymous and will only be identified by the identification number you entered at the beginning of the survey. The following questions are regarding your child's interactions with others. Please use the scale below to answer these questions.

- ___ 1. How friendly is your child with new adults?
 1 = generally not friendly (e.g. wary, does not approach new adults, clings to parents).
 2 = mixed reaction (e.g. usually friendly but sometimes cries, friendly to some strangers but not others, wary at first but then warms).
 3 = very friendly, interacts freely with all new adults
- ___ 2. Has your child ever been shy or behaved in a strange manner?
 0 = child has never been shy or behaved in a strange manner
 1 = child has been shy or behaved in a strange manner consistently throughout life in United States
 2 = initially behaved in a strange manner, no longer does so
 3 = did not behave in a strange manner or shy before, now does
 4 = child has been shy or behaved in a strange manner, no time frame specified
- ___ 3. What does your child do when he/she meets new adults?
 0 = child has not met any new adults
 1 = stands back, observes, evaluates
 2 = approaches adult (shows toys, speaks, asks questions)
 3 = is upset by new adults (e.g., cries, clings to parents, covers eyes)
 4 = respondent doesn't know
 5 = child is indifferent to new adults
- ___ 4. How willing would your child be to go home with an adult he/she had just met?
 0 = no, never has been willing
 1 = yes, always has been willing to
 2 = yes initially, currently no
 3 = no initially, currently yes
 4 = respondent doesn't know
 5 = yes, sometimes
- ___ 5. Does your child have a tendency to wander? If yes, Is your child subsequently distressed when he/she finds him/herself separated from you?
 0 = no, child does not wander off, has no opportunity (e.g., is kept in house or yard)
 1 = no, does not wander off
 2 = yes, child wanders, then is distressed at separation
 3 = yes, wanders off and is not distressed at separation
 4 = respondent doesn't know

Appendix F: Arizona Social Support Interview Schedule
(Barrera, 1981)

All answers are anonymous and will only be identified by the identification number you entered at the beginning of the survey. I would like to get an idea of how satisfied you've been with the help and support you've gotten from other people.

1. How would you rate your satisfaction or dissatisfaction with the times you talked to people about your personal and private feelings during the past month? Tell me which number best describes your rating.

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = Slightly dissatisfied
- 4 = Neither satisfied or dissatisfied
- 5 = Slightly satisfied
- 6 = Moderately satisfied
- 7 = Very satisfied

2. During the past month, how satisfied or dissatisfied were you with the things that people loaned or gave?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = Slightly dissatisfied
- 4 = Neither satisfied or dissatisfied
- 5 = Slightly satisfied
- 6 = Moderately satisfied
- 7 = Very satisfied

3. During the past month how satisfied or dissatisfied were you with the advice that you were given?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = Slightly dissatisfied
- 4 = Neither satisfied or dissatisfied
- 5 = Slightly satisfied
- 6 = Moderately satisfied
- 7 = Very satisfied

4. During the past month, how satisfied or dissatisfied were you with the times that people told you that they like your ideas or the things that you did?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = Slightly dissatisfied
- 4 = Neither satisfied or dissatisfied
- 5 = Slightly satisfied
- 6 = Moderately satisfied
- 7 = Very satisfied

5. During the past month, how satisfied or dissatisfied were you with the help you received in doing these things that you needed to do?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = Slightly dissatisfied
- 4 = Neither satisfied or dissatisfied
- 5 = Slightly satisfied
- 6 = Moderately satisfied
- 7 = Very satisfied

6. During the past month, how satisfied or dissatisfied were you with the times that you got together with people just to have fun and relax?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = Slightly dissatisfied
- 4 = Neither satisfied or dissatisfied
- 5 = Slightly satisfied
- 6 = Moderately satisfied
- 7 = Very satisfied

Appendix G: Parenting Styles and Dimensions Questionnaire Survey
(Robinson, Mandelco, Olsen & Hart, 1995)

All answers are anonymous and will only be identified by the identification number you entered at the beginning of the survey. The following pages contain a list of behaviors that parents may exhibit when interacting with their children. The questions are designed to measure *how often you* exhibit certain behaviors towards your child(ren).

I exhibit this behavior:

- 1 = Never
- 2 = Once in Awhile
- 3 = About Half of the Time
- 4 = Very Often
- 5 = Always
- 6 = Not applicable-child too young to talk

- ___ 1. I encourage my child to talk about their troubles.
- ___ 2. I guide my child by punishment more than by reason.
- ___ 3. I know the name of my child's friends.
- ___ 4. I find it difficult to discipline my child.
- ___ 5. I give praise when my child is good.
- ___ 6. I spank when my child is disobedient.
- ___ 7. I joke and play with my child.
- ___ 8. I withhold scolding and/or criticism even when my child acts contrary to my wishes.
- ___ 9. I show sympathy when my child is hurt or frustrated.
- ___ 10. I punish by taking privileges away from my child with little if any explanations.
- ___ 11. I spoil my child.
- ___ 12. I give comfort and understanding when my child is upset.
- ___ 13. I yell or shout when my child misbehaves.
- ___ 14. I am easygoing and relaxed with my child.
- ___ 15. I allow my child to annoy someone else.
- ___ 16. I tell my child my expectations regarding behavior before the child engages in an activity.
- ___ 17. I scold and criticize to make my child improve.
- ___ 18. I show patience with my child.
- ___ 19. I grab my child when being disobedient.
- ___ 20. I state punishments to my child and do not actually do them.
- ___ 21. I am responsive to my child's feelings or needs.
- ___ 22. I allow my child to give input into family rules.
- ___ 23. I argue with my child.
- ___ 24. I appear confident about parenting abilities.
- ___ 25. I give my child reasons why rules should be obeyed.
- ___ 26. I appear to be more concerned with own feelings than with my child's feelings.
- ___ 27. I tell my child that I appreciate what the child tries or accomplishes.
- ___ 28. I punish by putting my child off somewhere alone with little if any explanations.

- ___ 29. I help my child to understand the impact of behavior by encouraging my child to talk about the consequences of own actions.
- ___ 30. I am afraid that disciplining my child for misbehavior will cause the child to not like me.
- ___ 31. I take my child's desires into account before asking the child to do something.
- ___ 32. I explode in anger towards my child.
- ___ 33. I am aware of problems or concerns about my child in school.
- ___ 34. I threaten my child with punishments more often than actually giving it.
- ___ 35. I express affection by hugging, kissing, and holding my child.
- ___ 36. I ignore my child's misbehavior.
- ___ 37. I use physical punishment as a way of disciplining my child.
- ___ 38. I carry out discipline after my child misbehaves.
- ___ 39. I apologize to my child when making a mistake in parenting.
- ___ 40. I tell my child what to do.
- ___ 41. I give in to my child when the child causes a commotion about something.
- ___ 42. I talk it over and reason with my child when the child misbehaves.
- ___ 43. I slap my child when the child misbehaves.
- ___ 44. I disagree with my child.
- ___ 45. I allow my child to interrupt others.
- ___ 46. I have warm and intimate times together with my child.
- ___ 47. When two children are fighting, I discipline children first and ask questions later.
- ___ 48. I encourage my child to freely express himself/herself even when disagreeing with me
- ___ 49. I bribe my child with rewards to bring about compliance.
- ___ 50. I scold or criticize when my child's behavior doesn't meet my expectations.
- ___ 51. I show respect for my child's opinions by encouraging my child to express them.
- ___ 52. I set strict, well-established rules for my child.
- ___ 53. I explain to my child how I feel about the child's good and bad behavior.
- ___ 54. I use threats as punishment with little or no justification.
- ___ 55. I take into account my child's preferences in making plans for the family.
- ___ 56. When my child asks why he or she has to conform, I state: because I said so, or I am your parent and I want you to.
- ___ 57. I appear unsure of how to solve my child's misbehavior.
- ___ 58. I explain the consequences of the child's behavior.
- ___ 59. I demand that my child do things.
- ___ 60. I channel my child's misbehavior into a more acceptable activity.
- ___ 61. I shove my child when the child is disobedient.
- ___ 62. I emphasize the reasons for rules.

Appendix H: Demographic information survey
(Bartel, 2002)

All answers are anonymous and will only be identified by the identification number you entered at the beginning of the survey.

1. Mother's age
2. Mother's race
 - a. White
 - b. Black or African American
 - c. American Indian or Alaskan Native
 - d. Asian
 - e. Native Hawaiian or other Pacific Islander
 - f. Hispanic or Latino
 - g. Some other race
 - h. Two or more races
 - i. Not applicable
3. Father's age
4. Father's race
 - a. White
 - b. Black or African American
 - c. American Indian or Alaskan Native
 - d. Asian
 - e. Native Hawaiian or other Pacific Islander
 - f. Hispanic or Latino
 - g. Some other race

h. Two or more races

i. Not applicable

5. What is the highest level of education attained by the mother?

a. Some high school

b. GED

c. HS diploma

d. Some college

e. BS or BA

f. Some graduate

g. MS or MA

h. PhD or Ed.D. or M.D.

i. Not applicable

j. Other (describe below)

6. What is the highest level of education attained by the father?

a. Some high school

b. GED

c. HS diploma

d. Some college

e. BS or BA

f. Some graduate

g. MS or MA

h. PhD or Ed.D. or M.D.

i. Not applicable

j. Other (describe below)

7. Employment of mother outside home

- a. > 10 hours/week
- b. ≤ 10 hours/week
- c. Not working outside of home
- d. Not applicable

8. Employment of father outside home

- a. 10 hours/week
- b. ≤ 10 hours/week
- c. Not working outside of home
- d. Not applicable

Appendix I: Intercorrelations

		Parenting	Social support	Services needed presently	No. health/ dev. problems at arrival	Months in adoptive home	Time before parent returned to work	Time in institution	Attachment	Indisc. Friend.	Age of child presently	Mother's age	Emotional reactions	Smoothness of adoption	Age at adoption	No. of caregivers
Parenting	r	1.00	.13	-.20**	.15*	-.16*	-.05	-.10	.24**	.02	-.24**	.19**	.17*	-.15*	-.20**	-.05
	N	223	223	223	223	217	223	220	218	209	222	219	218	223	222	110
Social support	r	.13	1.00	-.06	-.08	-.01	.01	.07	.20**	.107	-.05	.00	.13*	-.11	-.02	.00
	N	223	230	230	230	223	230	226	225	215	229	219	225	230	229	112
Services needed presently	r	-.20**	-.06	1.00	-.28**	.00	.06	.27**	-.20**	.05	.24**	.02	-.12	.07	.27**	.17
	N	223	230	242	242	235	242	238	229	218	240	219	236	242	240	118
No. of health/ dev. problems at arrival	r	.15*	-.08	-.28**	1.00	-.17*	-.03	-.12	-.05	.03	-.22**	-.02	.01	-.03	-.126	-.12
	N	223	230	242	242	235	242	238	229	218	240	219	236	242	240	118
Months in adoptive home	r	-.16*	-.01	.00	-.17*	1.00	.08	-.12	.17**	.15*	.53**	.13	.06	.04	-.20**	-.16
	N	217	223	235	235	235	235	231	222	212	233	213	229	235	233	115
Time before parent returned to work	r	-.05	.01	.06	-.03	.08	1.00	-.02	.14*	-.08	.00	-.06	-.00	-.01	.06	-.01
	N	223	230	242	242	235	242	238	229	218	240	219	236	242	240	118
Time in institution	r	-.10	.07	.27**	-.12	-.12	-.02	1.00	.02	.17*	.36**	.15*	-.07	.02	.71**	.20*
	N	220	226	238	238	231	238	238	225	214	236	216	232	238	236	118
Attachment	r	.24**	.20**	-.20**	-.05	.17**	.14*	.02	1.00	.10	.13*	.04	.15*	.00	-.03	-.06
	N	218	225	229	229	222	229	225	229	216	227	215	225	229	227	113
Indisc. Friend.	r	.02	.11	.05	.03	.15*	-.08	.17*	.10	1.00	.18**	.04	.04	-.01	.05	-.13
	N	209	215	218	218	212	218	214	216	218	217	205	215	218	217	106

Age of child presently	r	-.24**	-.05	.24**	-.22**	.53**	.00	.36**	.13*	.18**	1.00	.17*	-.05	.15*	.46**	.01
	N	222	229	240	240	233	240	236	227	217	240	218	234	240	240	116
Mother's age	r	.19**	.00	.02	-.02	.13	-.06	.15*	.04	.04	.17*	1.00	-.00	.02	.06	-.15
	N	219	219	219	219	213	219	216	215	205	218	219	214	219	218	109
Emotional reactions	r	.17*	.13*	-.12	.01	.06	-.00	-.07	.15*	.04	-.05	-.00	1.00	-.15*	-.12	-.03
	N	218	225	236	236	229	236	232	225	215	234	214	236	236	234	115
Maturity of adoption	r	-.15*	-.11	.07	-.03	.04	-.01	.02	.00	-.01	.15*	.02	-.15*	1.00	.05	.05
	N	223	230	242	242	235	242	238	229	218	240	219	236	242	240	118
Age at adoption	r	-.20**	-.02	.27**	-.13	-.20**	.06	.71**	-.03	.05	.46**	.06	-.12	.05	1.00	.15
	N	222	229	240	240	233	240	236	227	217	240	218	234	240	240	116
No. of caregivers	r	-.05	.00	.17	-.12	-.16	-.01	.20*	-.06	-.13	.01	-.15	-.03	.05	.15	1.00
	N	110	112	118	118	115	118	118	113	106	116	109	115	118	116	118

† p< .01, * p< .05