Adoption anxiety among prospective adoptive parents

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ADOPTION ANXIETY AMONG
PROSPECTIVE ADOPTIVE PARENTS

by

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A thesis submitted in partial fulfillment of the
requirements for the degree of

Master

in

Social Work

Department of Social Work
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May 1995
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ABSTRACT

Adoption has existed for thousands of years. Originally, the process was closed, i.e., the natural and the adopting parents did not have direct contact with one another. They remained anonymous. Recently, the process has opened up to include an open adoption, i.e., the natural and adopting parents meet each other before the adoption process is completed and they maintain contact with each other thereafter. This has created some anxiety among the prospective adoptive parents regarding the possibility that their contact with the birth mother may somehow create a problem or spoil a successful adoption from taking place. Anxiety surrounding this process may manifest itself in three ways: (1) physical and (2) psychological (to include; general signs, attitudes and thoughts) and (3) behavioral outcomes.

This study examines the relationship between the gender of the adoptive parents and the degree of anxiety which they may experience. The hypothesis of this study states that first time prospective adoptive mothers, working within an open adoption tend to have more anxiety toward the birth mother than their male counterparts.

To assist with this study, 16 Catholic Charities Adoption Services located in the Western region of the United States were solicited to participate. 298 self-reporting questionnaires were mailed out with 52 responses: 17 male, 31 female and 4 no response were returned. Of the completed responses, the results indicate a trend that the women tend to be more anxious than men toward the birth mother prior to the completion of the adoption process.
ACKNOWLEDGEMENTS

I would like to thank all those who took the time to support me during my academic journey. I would also like to thank Dr. Hailu Abatena for chairing this project. Even though he cringed every time his phone rang, knowing it was me on the other end, he continually took the time to assist me and return my frantic calls. And to Paul Nakayu for allowing me to monopolize his time so he could tutor me on the SPSS software.

Many thanks to the adoption agencies that willing participated in this study, for without them, this study would not have been possible.

My appreciation to Larry Widner for his words of wisdom. I do feel I am a "meaningful specific" and not a "wondering generality" now that I am done.

And finally, my deepest appreciation to my parents, Chuck: my husband, C.J. and Michael: my sons for their endless support and tolerance. I doubt I would have made it through this program and thesis without such a strong support system. Thank you all very much.
DEDICATION

This thesis is dedicated to my husband, children and parents for their love and support, but more so for believing in me.

In addition to my family, this paper is also dedicated to all those prospective adoptive parents. You are the epitome of unconditional acceptance. God Bless!!
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CHAPTER 1

INTRODUCTION

In such a technologically advanced society as the United States, people might think the concept of adoption would change but it is a concept that has remained the same through out time. Adoption deals with a situation where, for whatever reason, the biological parents are either unable to provide and care for the infant/child or are unwilling to keep the child, he/she is placed for adoption. Another adult or adults who are willing and able to provide a permanent home for a baby are waiting for a child to be placed for adoption. These adoptive parents can be biologically related to the child, allowing the child to be reared within the family of origin or the adoptive parents can be non-related but desire to create a family for and with a child.

Adoption is a sensitive and emotionally charged issue for many who seek this process as an alternative to forming a family, because of the extent each party divulges personal and private information surrounding the adoption. Adoptive parents explain the reason for their adopting a child, which can include such a sensitive issue as infertility. As for the birth mother, she may reveal how the child was conceived, which can consist of forced intercourse. These sensitive issues affect all those who are involved; the infant/child, birth parents and the adoptive parents.
The process of adoption is when a child, most often an infant, is permanently incorporated into a family where the child is not biologically related. This arrangement serves a dual purpose: (1) It allows the adoptive parents to expand their family and rear a child. (2) It provides a home for a child whose birth parents are unable or unwilling to provide such an environment (McRoy, Grovetant and White, 1988).

This practice of adoption has existed for thousands of years. The adoption of Moses by the Pharaoh's daughter is perhaps one of the most famous and well known adoptions (NIV Bible, 1985). During the past, adults have adopted children, like the Pharaoh's daughter, for various reasons. One reason and perhaps the most prevalent is the issue of infertility. This condition may exist in either the female or the male resulting in the couple not being able to produce an off-spring through conventional means. Prior to infertile individuals seeking adoption as an alternative to family development, they may seek assistance from medical doctors. What the infertile individuals hope for is that the doctor will be able to assist them in becoming pregnant through non-conventional means such as invitrofertilization. Some individuals seek the assistance of surrogate women and men from whom they can obtain eggs, sperm, and/or someone to carry a fetus to term. But in spite of peoples best efforts to obtain a biological off-spring, sometimes these efforts are in vain. When some individuals realize that they will not be able to produce a biological off-spring, they will seek the assistance of adoption (Warren - Lindsay, 1987).

When they begin the adoption process, they open themselves up to a whole new experience because they are no longer relying on themselves or a doctor to obtain a baby,
they are relying on another female or couple to place their biological child permanently with the adoptive parent(s) to rear and love as their own. Infertility is not the only reason people adopt. Some choose to adopt for humanitarian reasons believing they must adopt a child to prevent one more child from starving or being abused. And some will adopt for religious reasons, while others will adopt just because they fell in love with a particular child. What ever the reason for the adoption, each adoption has one thing in common -- *The Adoptive Triangle* (see figure 1) (Sorosky, et al., 1984).

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**Figure 1: The Adoptive Triangle**

INFANT

ADOPTIVE PARENTS

BIRTH PARENTS

Within this triangle, Sorosky et al, (1984) defines three main components:

**Birth Parents:** The biological couple that came together and produced an off-spring.

**Adoptive Parents:** A couple or person seeking to obtain legal custody and rear a child which is not a biological off-spring of either adult within or out side this union.
Infant / Child: The off-spring of a couple who are unable or unwilling to care for their child and decide to place the child for adoption either with a family member or with a non-related person or persons. As a result of placing this child for adoption, the biological parents relinquish their parental rights and legally empower the adoptive parent or parents with full parental rights and obligations.

The terms and conditions influencing the construction of this triangle depends a great deal upon the adults involved in the triangle. Each alliance is built on an adoption continuum ranging from completely closed to fully open (Rappaport, 1992). A completely closed adoption is when the communication between the three parties is closed and blocked. The birth parents know absolutely nothing about the family in which their child will live and become a member. All adoptive information is sealed and restricted. Parallel to the birth mothers knowing nothing, the adoptive parents are only given non-identifying medical information about the birth parents. There is no personal contact between members of the triangle. While adoptions are on a continuum that moves between closed and open, an open adoption allows for varying degrees of disclosed information between adoptive and birth parents. They may exchange names, addresses, phone numbers, and visit regularly or they may wish to stay in contact over the phone. The openness really depends upon those involved in the triangle. Although this spectrum of adoption options has been available for years, the process continues to evolve and change (Rappaport, 1992).
As the adoptive process continues to change and evolve, an increasing number of birth mothers are selecting open adoption. With the birth mother deciding the type of adoption she wishes for her child to be placed through, the adoptive parents feel as though their options are restricted primarily to open adoption (Heiman, 1992). According to Berry (1993) he states that because of this restriction in adoption options for the adopting parents, they experience increased anxiety and apprehension toward birth mothers. This increased anxiety within the adoptive parents is a result of knowing that their prospective open adoption is a result of the birth mother's choosing the open adoption instead of closed, because within the open adoption plan, the birth mother desires an on going relationship with the adoptive parents. The prospect of this on going relationship with the birth mother is a situation which the adoptive parents may not have considered before and now have to to reach their goal of having a family. However, in spite of the narrow selection in adoption choices and the reservations and fears adoptive parents have concerning open adoption, the adoptive parents, on and average, will choose open adoption (Berry, 1993).

PURPOSE

The purpose of this study is to explore the anxiety of prospective adoptive parents who are planning to adopt a child within an open adoption and have a continuing relationship with the birth mother throughout the child's life. Unfortunately, the available knowledge surrounding the prospective adoptive parents' anxiety toward the birth mother
prior to placement is limited. The available research centering on open adoption predominantly concentrates on either the adoption process, post-placement issues, or infertility but not on prospective adoptive parents and their feelings toward the birth mother prior to placement (McRoy, Grovetant and White, 1988). Gaining greater understanding of the prospective adoptive parents' feelings, specifically anxiety toward the birth mother prior to placement, will allow adoption workers to develop programs that address this issue. In addition, adoption workers may also be able to better determine the degree of openness suitable for each adoptive parent or parents. And finally, this study may assist agencies in increasing their sensitivity to prospective adoptive parents' possible anxiety toward the birth mother in an open adoption.
CHAPTER 2

LITERATURE REVIEW

During the past twenty years, infants being placed for adoption have continually decreased while those seeking adoption have increased.

Today, a million and a half young, single women get pregnant each year, but one third of these pregnancies are selectively terminated with 96 percent of the remaining cases, the women decide to parent, deciding in favor of single motherhood. This leaves fewer than 3 percent of these single women developing an adoption plan for their child (Rappaport, 1992, pg. 14).

Similarly, Nancy Weaver (1991) has noted that as aging baby-boomers strive to become parents an estimated 2 million couples and individuals in this country want to adopt a child. But there are only about 50,000 children - 30,000 of them infants -- available for adoption nationally each year. With so many adults desiring to adopt so few children, the waiting time can be as long as six years (Heiman, 1992).

This great demand for adoptions have allowed birth mothers to have predominant influence over the adoption process. The birth mothers are determining what type of adoptive families they want for their children. They are spending time with their babies in the hospitals and deciding, in some cases, to stay in contact with the adoptive families throughout the child's life (Conley, 1990). It is the birth mothers' desire to have continued contact with their children and the adoptive parents acquiescence which has the adoption
process changing. A decade ago, a wall of secrecy separated birth parents from the adoptive parents (Billings Gazette, Jan, 10, 1993).

However, with this "wall of secrecy" gone, this new openness means adoptive parents enter a life long relationship with birth mothers and possibly their extended families. It also means an increased risk for the adoptive parents (Billing Gazette, Jan 10, 1993). For example, the adoptive parents are now chosen by birth mothers instead of the adoption agency. This type of procedure requires contact between the birth mothers and adoptive parents. Not only do adoptive parents have to be accepted and approved by the agency, they also have to be accepted and approved by the birth mother. Peggy O'Crowley (1994) has found that this aspect of open adoption creates uncertainty and adds to the emotional risks inherent between birth parents and adoptive parents. In addition to the adoptive parents being accepted by the birth mother, they may also form a bond with her, but what happens after she gives birth and decides to parent? The adoptive parents are left broken hearted and mourning the loss of their potential child and friendship with the birth mother.

Birth Mother Relationship

By recognizing, preparing for and possibly solving problems like that just mentioned before the finalization of the adoption can spare or decrease the adoptive parents' possible heartache (Klibanoff and Klibanoff, 1973). If at all possible, adoptive parents should be safeguarded against unnecessary risks and disappointments (Rowe,
One emotional risk with open adoption is the relationship with the birth mother. This development of a relationship between adoptive parents and birth mother requires communication, time and energy. Such demands may add significant stress to the lives of first-time adoptive parents. Because of these stressors, anxieties will arise. With the increased involvement of the birth mother determining the type of adoption, adoptive parents are often given limited choices within the adoption process. Sometimes adoptive parents are asked to make additional sacrifices to assist with the needs of the birth mother in an open adoption (McRoy, Grovetant and White, 1988).

With the prospective adoptive parents sacrificing more, the birth mother's role within the decision making process of open adoption seems to be legitimized. Birth mothers have a growing understanding that many adults wish to parent their children. Their perspective is that they have a right to know who is going to care for their children. They are not going to just trust anyone to parent their baby or allow someone else to make such an important decision for themselves and their children's future. Within the past ten years, birth mothers have become more vocal with their desires concerning their children (Chandler, 1993). These desires include choosing, meeting and continuing contact with the adoptive family. By going through this process and having certain desires met reassures the birth mother her decision was the right one (Sorosky, et al., 1984). The myth that birth mothers are not interested in the child that they are willing to place for adoption is unfounded. In fact, just the opposite is true. These birth mothers, on the average, love their children so deeply that they have placed their "wants and/or interests"
aside for the betterment of their child. While outsiders may perceive the placing of a child for adoption cruel and mean, it really is a selfless act (Conley, 1990). Lori Eikman (1991) stated there is a selflessness in this whole adoption process. Through this process, a great need is created within the birth mother. She no longer wanted to be the forgotten portion of the triad like she has been in the past (Sorosky, et al., 1984).

Prospective Adoptive Parents

As a result of the birth mother's careful scrutiny of the adoptive process, the prospective adoptive parents tend to evaluate their position within the same procedure more carefully. At the beginning of their application, the adoptive parents first feel that openness was demanded rather than offered by the adoption agency, and that they feel refusing would jeopardize their chances of adopting a child (Berry, 1993). Deborah Siegal (1993) concurs with Berry's statement based on interviews she conducted with adoptive mothers. They stated the idea of a birth mother was very threatening. It was just some terrible obstacle in the middle of getting a baby. Dealing with the birth mother was not part of the plan.

In addition to this concern of meeting the birth mother, there is the seemingly constant concern that the birth mother may return and reclaim her biological child. This concern of the birth mother returning is very real. Some prospective adoptive parents think after a picture of their adoptive child is given to the birth mother today, she will want to visit the child tomorrow, and then want to visit regularly. From here, adoptive parents
fear the birth mother will want to co-parent and finally, moving to a reclaiming of the child (O'Crowley, 1994). Silber and Dorner (1989) have found that adoptive parents fear that if the birth mother saw how beautiful her biological child is, she would want her child back. They worry she might even attempt to kidnap the baby.

One of the reasons for this unspoken fear is the fact that adoptive parents know the bond between the child and the biological parents, especially the birth mother, begins during pregnancy. Breaking this bond is a painful and life long challenge for the birth mother. Some birth mothers may never get over the personal pain felt after placing a child for adoption (Warren - Lindsay, 1987).

One reason the adoptive parents understand this biological attachment is because a large number of those seeking adoption can not bear their own offspring because of infertility reasons. Those experiencing such a loss go through a period of mourning. They mourn the loss of the biological child that will never be born (Berry, 1993). This loss causes adoptive parents to view birth mothers in varying ways such as someone who is going to make their dreams come true or as a young person who is able to get pregnant and should not for whatever reason. While most adoptive parents view birth mothers as the most self-less person, other adoptive parents may be jealous because the birth mother can give birth while the adoptive parents cannot (Sandelowski, Harris and Holditch-Davis, 1994). The adoptive parents' jealous feelings may manifest in anxious related signs/symptoms and an increased desire to control some aspects of the adoption process.
Some adoptive parents perceive that open adoption intrudes on their ability to create their own adoptive plan. Adoptive parents may think open adoption robs them of any power in their adoption plan since they generally are chosen by the birth parent. However, adoptive parents have the power to say 'No,' to open adoption and/or birth mother if they do not feel like it is going to work (Warren-Lindsay, 1987). This issue of being "chosen" by the birth mother, also creates anxiety for the prospective adoptive parents. Such anxiety may manifest itself within the adoptive parents to feel under pressure to be the perfect parent creating an increased fear of the birth parents' rejection (Siegal, 1993). If a couple is not selected by a birth mother after meeting her, they may become more anxious as a result of this perceived rejection. Not many people enjoy having their life reviewed and critique for approval. Most people believe they lead a rather normal life. However, if after this evaluation, the prospective adoptive parents are rejected, they may hold each other responsible in some way for the failure of not being selected (Rosenberg, 1992). The stressors of this selection process are often interpreted by the adoptive parents as an indication of their failure of being good parental material. If selected, the adoptive parents perceive that the birth mother has given them her blessing to rear her child. Kurt Chandler (1993) has found when adoptive parents are chosen, they are given a sense of entitlement to raise the birth mother's child. Similarly, Silber and Dorner (1989) believe the adoptive parents have a heightened sense of entitlement to their adoptive child. This sense of entitlement is essential for all prospective parents to function well in their role as parents.
Although going through the selection process is a stressful encounter, the possibility of being selected and then to be informed that the birth mother has decided to parent introduces even greater anxiety. After adoptive parents become adjusted to the concept that they will not be the only parents to their adoptive child, they begin to let down their guard and open up to the birth mother. As they open up to her, they begin to develop a relationship with her with the hope that all will go well when she delivers the baby. But as the delivery date draws near, the fear that she will decide to keep the baby becomes more prevalent. This is the risk that the adoptive parents take when they enter into an open adoption (Billings Gazette, Jan. 10, 1993). Rosenberg (1992, pg. 65) thus states:

At the extreme, adoptive parents may meet with birth parents during the pregnancy, attend the birth, hold the baby, and then find that the parents have decided not to relinquish the child. Some couples have gone through more than one such experience before they achieve a completed adoption. These couples must struggle with profound disappointment. They must also grieve the loss of the child they had imagined would be theirs, a child they perhaps even met and held. Some couples have likened this experience to a stillbirth; surely it has all the related emotions. A couple will need time to recover from this loss before they feel ready to welcome another child into their lives.

Another area creating anxiety for the prospective adoptive parents is setting boundaries between themselves and the birth mother. Boundaries which allow everyone involved to understand their future role upon placement. Adoptive parents seem apprehensive that their future adopted child will become confused about who the real parents are and perceive they may be haunted by fears that they will lose their child to the birth mother (Precker, 1992). After all, open adoption is a lifetime relationship with the
birth mother and possibly her extended family (Billings Gazette, Jan. 10, 1993). This
time relationship is a constant reminder of how their family is different, and that they
are not the child's only parents (McRoy, Grovetant and White, 1988). Such a relationship
is an open acknowledgement that someone else gave birth to the adopted child. This type
of realism creates uncomfortable feelings toward open adoptions (Gilman, 1992). In an
effort to deal with these feelings, boundaries are sought by the prospective adoptive
parents. Because of the uncertainties revolving around this process of setting boundaries,
the use of a third party, usually the adoption agency, is often utilized but it is up to the two
primary parties (i.e., the adoptive parents and birth mother) to determine how loosely or
tightly they wish to construct their arrangement (Arms, 1983). These boundaries define
the future relationship and what it can be. The agreements are often times laid out in a
simple written contract between the two sets of parents (Chandler, 1993). Even though
this contract exists, it is really only a guide because open adoption is continually evolving.
No relationship is static. Open adoption evolves as people change (Gilman, 1993).
Knowing that tomorrow may be rather different than today seems to breed anxiety among
prospective adoptive parents. There are no guaranties within open adoption. Brodzinsky
and Schechter (1990, pg. 331) believe:

> It is clearly impossible to set any boundaries for the relationships within an open
adoption. The extent and kind of relationship that the birth parents will maintain
with the members of the adoptive family, the extent and kind of relationship that
the adoptee will continue with the birth parents, and the extent and kind of
relationship that the adoptive parents will desire with the birth parents are all
dependent on the interaction of the individuals involved as well as the changing
situation over the years. What is important is that an open adoption permits,
within its framework, whatever is necessary and meaningful for the individuals
involved. Certainly open adoption will encounter difficulties in the same way that complicated family relationships do. Some of these relationships may be so enmeshed or difficult that the people involved sever the connections. Some birth parents may be too needy and as some adoptive parents may need to set strict limits. However, in the best of all worlds, all couples would be happily and permanently united.

With all these pressures of open adoption, the process may be more intense for some prospective adoptive parents than others. The anxiety felt during this process can be overwhelming. However, in understand this challenge and how it may impact the prospective adoptive parents, solutions may be developed to decrease similar fears and anxiety or future adoptive parents in the open adoption setting (Warren - Lindsay, 1987).

ANXIETY

In open adoption, the adoptive parents always have insecurity about what the future will bring concerning the relationship with a birth mother (O’Crowley, 1994). The anxiety which adoptive parents have about future relations with a birth mother will vary from couple to couple and even more so, from person to person.

When a person experiences anxiety, it is usually encountered within the self via one's interpretive skills. Apprehension or anxiety depends centrally on how the individual interprets potential dangers. Thus a relatively harmless situation, objectively speaking, may become the occasion for great anxiety because of the complex ways, involving past experiences, etc., in which the individual interprets any given situation (May, 1950).
After a person has established the existence of an anxious situation, the outcome of such a circumstance often manifests itself in three ways: (1) physical signs, (2) psychological signs, and/or (3) behavioral signs. Not everyone will express anxiety in these ways. A person may express their anxiety more in one way and not so much in the remaining two (Whitmore, 1987).

PHYSICAL SIGNS: The physical response to anxiety is frequently experienced by everyone who interprets an anxious situation. These physiological changes induced in a person through sympathetic activity are known to each person based upon their own experiences of anxiety (May, 1950). Some physiological changes are:

* Accelerated Heart Beat - to pump more blood to the muscles
* "Cold Sweat" - prior to warm sweat
* Deeper / Rapid Breathing - insure a plentiful supply of oxygen
* Dilated Eyes - increased view of perceived threatening danger
* Dry Mouth - indication of suspended flow of gastric juices in stomach
* Increase of Bladder and Bowel - to free body of additional strenuous activity (May, 1950; Whitmore, 1987, pg. 10).

All of these and more (refer to Appendix A) are responses which are switched on as soon as the brain receives signals of perceived danger from the senses (Whitmore, 1987). Although everyone may experience some form of physical out come from anxiety, it may be minimal compared to their psychological outcomes.

PSYCHOLOGICAL SIGNS: A person does not become physically prepared for action without also being emotionally charged. There would be no point in being
physically prepared for action if the emotions were not aroused as well. People need to be emotionally aroused in order to motivate the body to deal with perceived danger (Whitmore, 1987). There are three primary areas of concern that make up the psychological response/reaction to anxiety:

1. The *emotions or feelings* people have when they are anxious
2. The specific things people *think or say* to themselves when they are anxious
3. The underlying *attitudes* people have which may help bring on and/or maintain anxiety (Whitmore, 1987, pg. 18).

As for emotions, Ralf Schwarzer (1986) has found that when people enter critical life-events [like adoption], the events are critical because they not only alter emotional states, but they have an inherent tendency to make individuals self-aware, thus intensifying whatever emotion is predominant. This self-awareness increases a person's sensitivity to stimuli like possible meeting, potential conversations or future interactions with a person or persons. The reason for the increased sensitivity is because of the possible negative outcome which most people do not want to encounter and would like to avoid. This intensified emotion may be evident in a person's behavior.

**BEHAVIORAL SIGNS.** In response to how a person is thinking and feeling, their behavior is going to respond to this altered emotional state which is motivation for the behavioral response. The most frequently experienced behavioral outcome in conjunction with anxiety is avoidance. On average, people do not wish to engage in a stressful or anxious situation (Schwarzer, 1986; Whitmore, 1987).
People avoid situations in order to avoid feeling anxiety. Avoidance comes in many forms; like the following for example:

* Avoiding social situations such as meetings or group activities
* Avoiding going out; staying in the 'safety' of one's home
* Making excuses not to do things like procrastinating on some administrative chores
* Not standing up for yourself in situations when you know you should

Other things people do because of anxiety are:

* Using tranquillizers or alcohol as props to help in facing situations
* Only going out when accompanied
* Always sitting near the exists in cinemas, etc.

After all, if you avoid a situation you may feel relieved that you do not have to face the anxious situations (Whitmore, 1987, pg. 31).

May (1950) also found in his studies of Pascal's studies of anxiety revealed the behavioral practice of avoidance was utilized because of people's desires to eliminate the possible anxious experience. It seems people today continue to incorporate these behaviors to prevent possible anxiety.
The purpose of this study is to explore the levels of anxiety experienced toward birth mothers among approved, first time, prospective adoptive parents in an open adoptive setting prior to the placement of a child in their custody. The study will examine if first time, prospective adoptive mothers experience such anxiety more so than first time, prospective adoptive fathers. The relevant question is do prospective adoptive mothers experience more signs of anxiety than prospective adoptive fathers? In other words, do these prospective adoptive mothers have more anxious thoughts, feelings and/or attitudes than prospective adoptive fathers?

HYPOTHESIS

Prospective, first time, adoptive mothers tend to be more anxious toward the birth mother in an open adoption than the prospective, first time, adoptive fathers in an open adoption setting.

OPERATIONAL DEFINITIONS

Independent Variable, Gender:

1. Prospective Adoptive Father: First time, adopting parent (male) approved by a
Catholic Charity affiliated adoption agency, who is awaiting the placement of an infant child within an open adoptive setting in his custody as an adopting parent.

2. **Prospective Adoptive Mother:** First time, adopting parent (female) approved by a Catholic Charity affiliated adoption agency, who is awaiting the placement of an infant child within an open adoptive setting in her custody as an adopting parent.

*Dependant Variable, Anxiety:*

1. **Anxiety:** An attitudinal state of being uneasy, apprehensive, or worried about future encounters or relationships with a birth mother who is considering placing her child in the custody of such parents in an open adoption. This anxiety can be manifested in terms of physical signs such as increased heart rate, cold-sweaty hands, dry mouth and difficulty in swallowing. Accompanying physical signs of anxiety, psychological signs such as fear of working with the birth mother, feeling fearful of the open adoption process, apprehensive that the birth mother will decide not to place her child for adoption will follow. Finally, anxiety may manifest itself in behavioral changes such as procrastination or cancellation of meetings with the birth mother and necessary paper work to complete the open adoption, self-medicating to cope with the feelings surrounding the open adoption and birth mother, and avoidance of anxious or uncomfortable exchanges with the birth mother concerning the adoption.

*Other Variables:*

1. **Birth Mother:** Biological, female who gave birth to a child, which she has decided to place for adoption with non-related parents in an open adoption.
2. **Open Adoption**: Is a plan in which the birth mother (parents), adoptive parents, and child have life long contact ranging from limited contact including exchanging letters, gifts, photos and/or phone calls monitored by a third party (usually the adoption agency) to complete disclosure of names, addresses, and phone numbers. In addition, frequent visitation between all parties may occur for the life time of the child (Eickman, 1991).

3. **Placement**: The time when the birth mother relinquishes parental rights to her child resulting in the legal transference of the custody of the child to the adoptive parents.

**RESEARCH DESIGN**

The research design used in this study was the survey design. A mailed survey questionnaire (see Appendix B) was used for collecting the data. The questionnaire included general demographic information and the frequency with which prospective adoptive mothers and fathers experienced physical, psychological and behavioral signs of anxiety toward potential birth mothers in an open adoption prior to placement.

**POPULATION**

Data was gathered from 16 Catholic Charity Adoption Agencies located within the western region of the United States, consisting of the following states: Arizona, California, Colorado, Montana, Nevada, New Mexico, Oregon, Washington and Wyoming. Catholic Charities does not sponsor adoption agencies in Idaho or Utah.
To these 16 agencies, 320 questionnaires were mailed, with 22 questionnaires being returned as unused. This left 298 questionnaires to be used for data collection. However, it is uncertain how many of these remaining questionnaires were actually delivered to possible respondents. This uncertainty rests with the fact that the agencies were requested to address and mail the questionnaires to the respective respondents in their jurisdiction. This was done for confidentiality reasons concerning the respondents. If the agencies decided, for whatever reason, not to participate and failed to inform the researcher, the actual number of mailed questionnaires will remain unknown.

Of the 298 questionnaires, 17.4% (52) have been returned and used for data. This data broken down according to gender reveals the following: Of the returned questionnaires, 59.6% (31) are female and 32.6% (17) are male and 7.7% (4) are blank. To delineate the returns according to state is as follows: 26.9% (14) Montana; 17.3% (9) Wyoming; 13.5% (7) Washington; 13.5% (7) Colorado; 11.5% (6) California; 9.6% (5) Nevada; 5.8% (3) New Mexico; 1.9% (1) Arizona and Oregon with no returns.

SAMPLING

The sample for this study is availability sampling. The sample for the study consisted of returned questionnaires. As stated earlier, these returns were subject to the adoption agencies participation in the study and mailing of the questionnaires to qualified respondents. In addition to this, the study is also subject to the respondents' desire to
participate in the study. The lack of participation from either, results in the loss of important data forcing a reduced sample size.

PROCEDURE

In an effort to keep this study financially and time efficient, Catholic Charities' Adoption Agencies were solicited to be the population base for this study. A Catholic Charity's telephone directory was obtained from Catholic Social Services of Nevada, Las Vegas. From this directory, the 16 potential participating agencies (see Appendix C) were compiled. Each agency was phoned and invited to join the study. During these phone calls, it was determined that the scope of qualified respondents ranged from 0 - 38. Each agency was then mailed the appropriate number of questionnaires to be distributed to the number of potential respondents.

Although each agency indicated interest in the study, some reserved the right to review the questionnaire packet prior to mailing them to their clients. Complying with this request, each agency was sent a cover letter (see Appendix D) and a questionnaire packet, which included a letter of informed consent and questionnaire (see Appendix B). Please note that upon reviewing the questionnaire, some agencies may have declined participation and failed to inform the researcher, resulting in lost data.

In an effort to expedite the data collection, questionnaire packets were sent with the agency directors' review packet. Each questionnaire packet consisted of a questionnaire, informed consent letter and return envelope in individually sealed and
stamped envelopes. The questionnaire packets required addressing and mailing by the
adoption agencies. However, understand that this additional administrative task may have
deterred agencies from mailing the questionnaires, resulting in lost data.

In an effort to insure all the surveys were mailed, a letter reminding the agency
directors (see Appendix E) was mailed to each agency. The letter not only reminded the
agencies to mail the questionnaires to potential respondents but to contact those who were
mailed a questionnaire to please return them in a timely manner. But, once again these
additional administrative tasks may have been too time consuming for some agencies to
the point that they may have failed to distribute the questionnaires to the potential
respondents. Even if the agencies complied with all that was requested of them, the
respondent still may decline to participate, thereby resulting in lost data.

METHOD OF DATA GATHERING

The method of data gathering was the mailed survey questionnaire (see Appendix
B). The questionnaire was broken down into four sections. The first section requested
general demographics such as marital status, gender and so on. There were seven general
questions and four general adoption questions. These questions were a combination of
open and closed ended. The second set of questions were closed ended using the Likert
Scale responses to indicate the level of physical signs of anxiety, which the respondents
have experienced. The scale was as follows: 1- Never, 2 - Rarely, 3 - Occasionally, 4-
Often, 5 - Always. The third section concentrated on the psychological signs of anxiety,
which included general closed ended questions of feelings and more specific question of personal thoughts and attitudes. These questions also utilized the Likert Scale previously stated. This information will cover several aspects of anxiety, including the physical signs of anxiety like cold sweats, butter flies in the stomach, etc. Also covered are the psychological signs/symptoms of anxiety to include general thoughts such as, "There must be something wrong with me if the birth mother does not pick me," as well as attitudes reflecting anxiety like, "I would make a better parent than the birth mother." The final section consisted of behavioral signs of anxiety. The closed ended questions centered on the primary behavioral manifestation of avoidance. Once again, the Likert Scale was used to indicate the degree to which a respondent experienced such behavior. The anxiety scale of 1-5 was devised so that the higher the score, the higher the level of anxiety and vice versa.

Finally, a comparison was made between how males and females compare concerning anxiety. The Likert scores were then recorded to a binomial scale where the score "1" incorporated the Likert Scale of 1 and 2 to equal a "No response. The binomial score of "2" equated to "Yes" which incorporated the Likert Scale of 3, 4, and 5. The questions that compiled each section were strung together and then all the questions for the entire survey were strong together and from these strings of data he results of this study were calculated. The results are based on this binomial scale of 1 = No / or no anxiety and 2 = Yes / anxiety exists.
The questions were carefully constructed and were targeted at obtaining the respondents' experience with various signs of anxiety as it relates to potential birth mothers.

DATA PROCESSING AND ANALYSIS

Upon completion of data collection, the information was coded and loaded into a computer using the Statistical Program for Social Sciences (SPSS) to assist with processing and calculating. A table of frequency distribution was constructed using the given data. Measures of central tendency were calculated to compare the scores for the two genders on the dependent variable.

LIMITATIONS

The most outstanding limitation with this study was its reliance upon the cooperation of the adoption agencies to mail the questionnaires to qualified respondents. As previously stated, the agencies may have opted not to participate in the project and they may have failed to inform the researcher, creating a loss of valuable data. In addition to the reliance upon the agencies participation, there was the reliance on respondents taking the time to complete and return the questionnaire. Should these individuals choose to not participate, the sample size is adversely affected, i.e., with the resultant of the loss of/or reduced information.
Another limitation to take into consideration for this study is dependency between the genders. It is believed that those respondents residing in the same family, consulted with each other prior to answering the questionnaire. The responses reflect this collaboration and may not be independent.

Because of the preceding limitations, the ability to make an inference to the total population of prospective adoptive parents is not warranted or possible in this study. The respondents in this study are strictly voluntary participants without a randomized selection process.
CHAPTER 4

RESULTS

The sample consisted of 52 respondents of which 31 were female, 17 were male and four were no response. The data came from eight states located in the western region of the United States (See Table 1), Oregon had no responses. All of the respondents were married for an average of nine years at the time of the survey. For additional demographic information of the sample, please refer to Table 2. This table suggests that most of the respondents were Catholic, had a college education or better and an average annual, combined income of $55,200.

---

**TABLE 1**

**STATE OF RESIDENCE**

<table>
<thead>
<tr>
<th>State</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>California</td>
<td>6</td>
<td>11.5</td>
</tr>
<tr>
<td>Colorado</td>
<td>7</td>
<td>13.5</td>
</tr>
<tr>
<td>Montana</td>
<td>14</td>
<td>26.9</td>
</tr>
<tr>
<td>Nevada</td>
<td>5</td>
<td>9.6</td>
</tr>
<tr>
<td>New Mexico</td>
<td>3</td>
<td>5.8</td>
</tr>
<tr>
<td>Washington</td>
<td>7</td>
<td>13.5</td>
</tr>
<tr>
<td>Wyoming</td>
<td>9</td>
<td>17.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td>TABLE 2</td>
<td>DEMOGRAPHICS OF RESPONDENTS</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>How Long Married:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 Years</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>6-10 Years</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>11-15 Years</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>16-20 Years</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>College and Higher</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Protestant</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Jewish</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Thousands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20-$49</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>$50-$79</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>$80-$109</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>$110-$169</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The data shows that the waiting time for respondents approved for adoption placement ranges from zero to thirteen years. Of the males, the average waiting time for
placement of an adoptive child was 1.86 years. The wait time for the placement of an adoptive child for the female respondent averaged 1.25 years. The results of the study indicate that of the 48 completed questionnaires, 24 (50%) stated they had contact with the birth mother, while the other 24 (50%) respondents had not contacted the birth mother at the time of the survey. Of the 24 respondents that had contact with the birth mother, 54 percent (13) were female and 46 percent (11) were male. Breaking down contact with the birth mother further, Table 3 shows how often this contact occurred and the type of contact taking place.

In regard to the data concerning anxiety, the following information summarizes the results, which reflect strings of questions of a given section and of the whole questionnaire. Thirty-five percent of the female respondents in contrast to the twenty three percent the males indicated they experienced physical signs of anxiety (increased heart rate, cold-clammy hands, etc.) because of potential or actual interaction with the birth mother. Conversely, 77 percent of the males compared to the 66 percent of the females stated they do not have any physical signs of anxiety surrounding their possible interactions with the birth mother. Thus the data seems to indicate that females tend to experience more physical signs of anxiety than males toward the birth mother prior to the placement of the adoptive child in and open adoption (see table 4).
TABLE 3
INTERACTION WITH THE BIRTH MOTHER

<table>
<thead>
<tr>
<th>Interaction:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Interaction:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met at briefing provided by agency</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Spoke on the phone</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Met in private, person to person</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How Often the Interaction Occurred</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Time</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>2 Times</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4 Times</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>6 Times</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>8 Times or more</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

The section of psychological signs of anxiety was broken down to three subgroups: general psychological signs, attitudinal signs, and anxious thoughts. All these are concerned with anxiety toward the birth mother and open adoption. The results of the study show 59 percent of the females compared to 53 percent of the males who responded to this section indicated they have experienced general psychological signs of anxiety. Conversely, forty-seven percent of the males compared to forty one percent of the females
stated they have not experienced such anxiety. Although the difference is not large, the results seem to indicate that females experience and/or exhibit general psychological signs of anxiety towards the birth mother.

With respect to developing psychologically anxious attitudes, 49 percent of the females compared to thirty nine percent of the males who responded said they had anxious attitudes. In contrast, 61 percent of the males compared to 51 percent of the females expressed that they had not experienced this type of anxiety. Here again, it appears that the females, tend to exhibit more anxious attitudes toward the birth mother than their male counterparts.

The final subgroup comprising the psychological signs of anxiety is "anxious thoughts." 35 percent were females compared to twenty eight percent of the males stated that they had anxious thoughts concerning the birth mother. On the other hand, 72 percent of the males compared to sixty five percent of the females responded that they did not have anxious thoughts about the birth mother. The data also indicate that overall the females have an increased level of psychologically related anxiety signs than do males concerning the birth mother and the adoption prior to the completion of the adoption process (see Table 4).

The third aspect of anxiety deals with behavioral symptoms such as avoidance being the most prevalent. Of those who responded, the majority of both males and females stated that they have not experienced many of the behavioral signs of anxiety in
regard to the open adoption and the feelings about the birth mother. However, the data also indicate that the females tend to be proportionately less anxious than the males.

The final area of comparison was the total anxiety experienced by male and females. In this regard, 43 percent of the females compared to the thirty five percent of the males have experienced anxiety. 65 percent of the males compared to 57 percent of the females stated they have not experienced anxiety surrounding the birth mother (see Table 4). In general, the results seem to indicate that females experience more anxiety toward birth mothers than the males in every area except behavioral.

Because of the low sample size, the study did not produce significant correlations between anxiety and gender. On the other hand, in spite of the low responses and lack of correlation, the study does seem to suggest that females experience anxiety toward the birth mother prior to the placement of a baby in an open adoption setting more frequently than males.
<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th></th>
<th>FEMALE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Signs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>29 23%</td>
<td></td>
<td>46 35%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>95 77%</td>
<td></td>
<td>89 66%</td>
<td></td>
</tr>
<tr>
<td><strong>Psychological:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Signs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>100 53%</td>
<td></td>
<td>179 59%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>90 47%</td>
<td></td>
<td>124 41%</td>
<td></td>
</tr>
<tr>
<td>Attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>25 39%</td>
<td></td>
<td>53 49%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>39 61%</td>
<td></td>
<td>55 51%</td>
<td></td>
</tr>
<tr>
<td>Thoughts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27 28%</td>
<td></td>
<td>56 35%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>69 72%</td>
<td></td>
<td>106 65%</td>
<td></td>
</tr>
</tbody>
</table>
TABLE 4 (Continued)
ANXIETY

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th></th>
<th></th>
<th>FEMALE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO.</td>
<td>Percent</td>
<td>NO.</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>152</td>
<td>43%</td>
<td>288</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>198</td>
<td>57%</td>
<td>285</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Behavioral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>11%</td>
<td>5</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>60</td>
<td>88%</td>
<td>76</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>189</td>
<td>35%</td>
<td>338</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>354</td>
<td>65%</td>
<td>451</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>


CHAPTER 5

CONCLUSIONS

In general, the results of the study seem to suggest that female adoptive parents tend to be more anxious than male adoptive parents about their relationship with the birth mother and the possibilities of achieving successful adoption. However, the relationship was not significant perhaps because sample size was small. The only area females and males scored low on anxiety was in the behavioral category. It is speculated that the reason for low behavioral scores was the adoptive parents' eagerness to receive the child. Hence, they would gain no benefit by avoiding or procrastinating their interactions with the birth mother since such behavior would only serve to prolong the adoption process even further or possibly foil the possibilities for completing successful adoption.

Future studies in this area would do better if they try to cover large sample size. Such studies would do well to delineate further those areas which were reviewed in this study and expand on the idea of anxiety to include the concerns of not meeting the birth mother. This may lead to another aspect of apprehension to include joyous anxiety like, "I cannot wait to meet the birth mother." The study could be either longitudinal, concentrating on a group of prospective adoptive parents from the adoption application, to the child's adulthood and their continued relationship with the birth mother or it may be possible to do a cross sectional study of adoptive families and the birth mothers at
various stages in the adoptive family life development. Then combine the results for a comparative analysis.

The implication of the results of the study can be useful to the adoption social worker in several regards. Obtaining a greater understanding of anxiety in prospective adoptive parents may increase a social worker's sensitivity to their interactions with prospective adoptive parents. With an increased awareness to the prospective adoptive parents' anxiety, a social worker may be better able to detect when one client is more anxious than another. This may help social workers defuse the anxiety experienced by clients. Another area which social workers may benefit from such studies is the development of programs concentrating on anxiety related to open adoption and working with the birth mother.

The results from this study warrants the need for additional research in this area, i.e., with anxiety as the major variable. The continually changing and evolving area of adoption further warrants the need for developing an increased understanding of this topic.
REFERENCES


Sandelowski, Margarete, Harris, Betty G. and Holditch-Davis, Diane. (1991). "'The Clock Has Been Ticking, the Calendar Pages Turning, and We Are Still Waiting': Infertile Couples' Encounter with Time in the Adoption Waiting Period." Qualitative Sociology. Volume 14, Number 2.


Appendix A

PHYSIOLOGICAL SIGNS OF ANXIETY
PHYSIOLOGICAL SIGNS OF ANXIETY:

1. Heart racing (palpitations)
2. Stomach churning, butterflies in the stomach
3. Needing to go the toilet, diarrhoea
4. Muscle tension in any part of the body, particularly stomach, neck or head
5. Tension headaches
6. Legs feeling "like jelly"
7. Felling sick
8. "Cold" sweat
9. Feeling dizzy
10. Breathing very quickly
11. Dry mouth
12. Difficulty swallowing
13. Tingling sensations, pins and needles
14. Feeling "shaky"
15. Feeling flushed
Appendix B

QUESTIONNAIRE PACKET
ADOPTIVE PARENTS AND ANXIETY
SURVEY INSTRUMENT

1. Have you read and understood the letter of informed consent? ___ Yes ___ No

A. Demographics and General Information:

The following questions are to obtain non-identifying information that is important to this study.

2. Marital Status:

3. If married, how long? ______________

4. Gender? ___ M ___ F

5. State of current residence? ________________

6. Highest level of education completed? ______________

7. Annual (combined) income? ________________

8. Religious affiliation? (what religious belief do you belong to?) ________________

9. When did you apply for this most recent approved adoption? ______________

10. How long have you been approved by your adoption agency for adoption?

11. Have you had any contact with a birth mother? ___ Yes ___ No

12. If“YES” to question number 11:
   a. What type of contact have you had:
      (Please circle the applicable answers)
      1. Met at a briefing provided by the adoption agency.
      2. Spoke only on the phone.
      3. Met privately in person to discuss placement.
b. How often have you had contact with the birth mother? ________________

B. Please use the following scale to answer the subsequent questions concerning physical signs of anxiety as a result of possibly working with a birth mother toward finalizing the adoption:

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rarely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Occasionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Often</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Always</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

When you engaged the birth mother concerning the culmination of the adoption, please indicate the frequency with which or how often you have experienced the following:

13. Increased heart rate. 1 2 3 4 5
14. Tightening or feelings of “Butter Flies” in your stomach. 1 2 3 4 5
15. An increased desire to use the rest room. 1 2 3 4 5
16. Suffering from headaches. 1 2 3 4 5
17. “Week in the Knees” feeling. 1 2 3 4 5
18. Cold, clammy hands or “cold sweat” 1 2 3 4 5
19. Very dry mouth -- “Cotton mouth” 1 2 3 4 5
20. Difficulty in swallowing. 1 2 3 4 5
21. Over all ill feeling. 1 2 3 4 5

C. The next group of questions focuses on the psychological side of anxiety, to include general questions of feelings, personal thoughts and attitudes. All questions will be using the same scale as above. Please continue.

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rarely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Occasionally</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>Always</td>
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General:

Since you have been approved for the adoption of a child and have been working towards the culmination of your contact with the birth mother, how frequently have you experienced the following:

22. Feelings of emotions without being able to label the emotion. 1 2 3 4 5
23. Feeling fearful of the open adoption process? 1 2 3 4 5
24. Apprehension of working with the birth mother? 1 2 3 4 5
25. Fearful you may not be chosen by the birth mother to parent her child. 1 2 3 4 5
26. Fearful that the birth mother will choose to keep her baby after:
   (note: please answer all applicable statements)
   a. Meeting with you 1 2 3 4 5
   b. Selecting you to parent 1 2 3 4 5
   c. Placement 1 2 3 4 5
27. Fearful of a continued relationship with the birth mother? 1 2 3 4 5
28. Feelings of having no control over your current open adoptive process. 1 2 3 4 5
29. Feeling unable to relax since beginning this present adoptive process. 1 2 3 4 5
30. Being more irritable since agreeing to be involved in an open adoption? 1 2 3 4 5
31. Feeling that open adoption and working with the birth mother is the only adoptive option to obtain a baby. 1 2 3 4 5
Thoughts:

Please indicate how often you experience the following thoughts:

32. "I wish this whole adoptive process was over." 1 2 3 4 5
33. "I can't cope with these feelings toward open adoption" 1 2 3 4 5
34. "I'm going to make a complete fool of myself when I meet the birth mother." 1 2 3 4 5
35. "I wish I did not have to work with the birth mother." 1 2 3 4 5
36. "I really do not wish to meet with a birth mother" 1 2 3 4 5
37. "If I could choose between open adoption or closed adoption, I would choose closed adoption" 1 2 3 4 5

Attitudes:

Please indicate how often you have experienced the following attitudes toward the process of finalizing your adoption with the birth mother:

38. "I will do what is necessary to be selected for placement by the birth mother" 1 2 3 4 5
39. "I would make a better parent than the birth mother" 1 2 3 4 5
40. "If the birth mother does not select me, there must be something wrong with me" 1 2 3 4 5
41. "If I am not selected by a birth mother, I will feel like a failure within myself." 1 2 3 4 5

D. The final section of the survey concerns the behavior related to anxiety revolving around the open adoption process involving contact with the birth mother. Once again, the same scale will be utilized to record your response, unless otherwise indicated.

NEVER RARELY OCCASIONALLY OFTEN ALWAYS
1 2 3 4 5
Again, please indicate how often you have experienced the following behaviors as a result of interacting with the birth mother.

42. Procrastinated with the administrative paper work applicable to the open adoption process. 1 2 3 4 5

43. Used excuses to delay attending briefings with the birth mother. 1 2 3 4 5

44. Canceled meetings with a birth mother. 1 2 3 4 5

45. Agreeing or accepting to engage in certain future interactions and exchanges with the birth mother even though you realize that this not something you would normally (usually) like to do. 1 2 3 4 5

46. Increased usage of the rest room prior to meetings with the birth mother. 1 2 3 4 5
TO: Perspective Adoptive Parent  
FROM: Stephanie A. Robinson / UNLV Graduate Student: School of Social Work  
SUBJECT: Informed Consent for Survey  
DATE: December 11, 1995 

Dear Prospective Adoptive Parent:

1. My name is Stephanie A. Robinson and I am a graduate student with the school of social work at the University of Nevada, Las Vegas. I sincerely need your assistance to complete my thesis work.

2. Before I go further, I would like to wish you the best in your pursuit to expand your family through adoption. As you have found, the adoption process is lengthy, challenging and time consuming. I am hopeful you will assist with my research concerning prospective adoptive parents like you.

3. The purpose of this research is to obtain a greater understanding of prospective adoptive parents' feelings during the pre-placement wait. This information will allow adoption agencies the opportunity to create or enhance programs for adoptive parents. Your participation is simple and limited. All you have to do is complete the following survey, place the questionnaire in the provided self-addressed stamped envelope and drop it in the mail.

4. As mentioned earlier, your responses will provide vital insight for adoption counselors to better understand how individuals / couples like you feel toward adoption and the birth mother. In addition to providing this crucial information, you will also be assisting me complete my graduate degree.

5. I would like to assure you that your responses will be anonymous. As you will notice, there are no questions concerning your name or any other identifying information; this is not needed for this study. Your responses will be confidential and treated as such. Each participant will be assigned a number. Should a question need clarifying, the assigned number is a means of reaching given participants through their respective adoption agency.

6. Please understand that this survey is strictly voluntary. Should you decide not to participate, please return the blank survey. Each survey needs to be inventoried for the study.

7. Again, I would like to congratulate you on your choice to expand your family and wish you the best. I would also like to thank you in advance for participating in this survey. Your participation will improve assistance to tomorrow's prospective adoptive parents and allow me to fulfill my graduate program requirements. I truly appreciate your
participation. If you have any questions or comments concerning the survey, please feel free to contact me at the following numbers (702)656-7193 / home or (702)652-3327 / work. Should you have any questions concerning ethics and or rights of research subjects you can contact the Office of Research Administration, University of Nevada, Las Vegas, Nevada at (702)895-1357. Please note the survey needs to be returned no later than March 11, 1995.

Thank you again and good luck!

Sincerely,

Stephanie A. Robinson
Graduate Student, UNLV
School of Social Work
Appendix C

AGENCY MAILING LIST
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<tbody>
<tr>
<td>P.O. Box 5415</td>
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<td>116 north Summit Avenue</td>
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<td>P.O. Box 563</td>
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<tr>
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<td>Portland, Oregon 97214</td>
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<td>29 West Kiowa Street</td>
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<tr>
<td>6059 North Palm</td>
<td>5301 Tieton Drive Suite C</td>
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<tr>
<td>Fresno, California 93704</td>
<td>Yakima, Washington 98908-3478</td>
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<tr>
<td>402 South Marengo Avenue</td>
<td>1780 Iowa Street</td>
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<tr>
<td>Pasadena, California 91101-3113</td>
<td>Bellingham, Washington 98226</td>
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Catholic Charity Adoption Services
349 Cedar Street
San Diego, California 92101

Catholic Charity Adoption Services
P.O. Box 426
Cheyenne, Wyoming 82003

Catholic Charity Adoption Services
2045 Lawton Street
San Francisco, California 94122

Catholic Charity Adoption Services
410 West Twelfth Street
Vancouver, Washington 98660

Catholic Charity Adoption Agency
P.O. Box 907
Helena, Montana 59624
Appendix D

LETTER OF INTRODUCTION TO AGENCY
Dear Director:

My name is Stephanie Robinson. I am a graduate student of social work at the University of Nevada, Las Vegas. As part of my academic requirement, I must complete a research project/thesis; this is the purpose of my contacting you.

For my thesis, I have chosen to concentrate on adoptions. I am particularly interested in first time, prospective adoptive parents waiting for a placement in an open/semi-open adoption.

The purpose of my research is to obtain a greater understanding of how anxious the prospective adoptive parents are towards the birth mother prior to placement. I hope to further understand their anxiety by comparing the anxiety levels of the prospective adoptive mothers to that of the prospective adoptive fathers. I hypothesize that the adoptive mothers are more anxious towards the birth mother prior to placement than are the adoptive fathers.

The supporting data will be gathered via a mailed survey (enclosed). The population to be surveyed are the approved, prospective adoptive couples working with Catholic Charity affiliated adoption agencies. As an affiliate of Catholic Charities Social Services, I would like to seek your assistance in distributing these surveys.

As a participating agency, all you have to do is address the stamped survey packets (enclosed) and place them in the mail. As each survey participant completes the questionnaire, they will return the survey to me via a self-addressed, stamped envelope. All responses will be held in the strictest of confidence.

I look forward to your participation with this survey. Upon completion of the study, the results will be made available to you for release to all survey participants.
I would like to thank you in advance for your participation with this survey and your assistance in helping me fulfill my graduate requirements. Should you have any questions, please feel free to contact me at (702)656-7193.

Thank you,

Stephanie A. Robinson
UNLV Graduate Student
School of Social Work
Appendix E

REMINDER LETTER TO AGENCY
Dear Agency Director:

Thank you for your assistance with my thesis project. I have begun to receive some responses from the mailed questionnaires. However, if the questionnaires I have sent you have not been mailed, there is still plenty of time for you to mail them to prospective respondents to ensure a timely return. And for those questionnaires already sent, it would be appreciated if you could phone them and remind them to complete the questionnaires and return them to be part of this study.

If you have already done all this, please accept this letter as a "Thank you" for all your support and time. Upon completion of this study, you will be mailed the findings.

Should you have any questions concerning this study, please feel free to contact me at (702)656-7193. Again, thank you for all your assistance.

Sincerely,

Stephanie A. Robinson
Graduate Student / School of Social Work
University of Nevada, Las Vegas