

ADOPTIVE PARENTS' PERCEPTIONS OF THEIR
OPEN VERSUS CLOSED ADOPTIONS

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ABSTRACT

The author presents a research study on adoptive parents' perceptions of their own open versus closed adoptions. The main research interest behind this study was to identify similarities and differences between open versus closed adoption methods. Thus, this paper offers description and exploratory analysis of the adoption literature as well as discussion of the findings of this research study.

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CHAPTER 1

Introduction

“I did not make you in my own image; I created you from the imagery of my heart.”

Nancy McGuire Roche, Adoptive Parent (2000)

For much of the 20th century, societal expectations were that parents should raise their biological children. However, adoption was not a new practice. Adoptions were processed openly until the early 1900s when adoption laws began to be written and sealed records were legislated (Bauman, 1997). Beginning in the 1960s, adoption methods shifted from closed or confidential adoptions to open adoptions (Turkington & Taylor, 2009). A controversy among adoption professionals about which adoption method (closed or open) is a healthier choice for adoptive families, birthparents, and the children dominates current discussions in the field of social work and counseling. Current researchers explore mainly open adoptions, which leaves no room for readers to consider and compare open and closed adoptions in the same context.

Purpose of this Study

This exploratory research was carried out to gain an in-depth understanding of adoptive parents' perceptions on the method of their adoptions, whether open or closed. I tried to comprehend adoptive parents' feelings for and comfort with their adoption method. I sought to

draw comparisons between their perspectives depending on the methods they used and to list the reasons why adoptive parents pursued their method of adoption. I also intended to discuss problems that arose when parents chose to have either one of the methods of adoption and were not satisfied with their choice after the adoption process was finalized. This was also closely tied to how adoptive parents coped with difficulties they faced specifically in regard to their adoption method. Finally, I sought to offer suggestions for further improving adoption practice through syntheses across participant perceptions.

Research Questions

Research questions set the framework for the direction of this qualitative study. Given the current literature and within the purposes of this research endeavor, I aimed to answer some specific questions that led the way for an in-depth understanding. The research questions were open-ended and non-directive, which allowed me to explore the topic under study in a relatively unbiased manner.

These research questions included the following:

1. How does the process of choosing the “right” method of adoption evolve for adoptive families? For instance, what kinds of stages do families go through before they can finalize their decisions? What do adoptive parents base their decisions on while they contemplate the different methods? Who makes the final decision?
2. What do open or closed adoptions mean to adoptive parents? The definitions differ greatly from individual to individual and/or across adoption agencies that adoptive families work with and it was essential to understand what adoptive parents meant when they said whether their adoption was *open* or *closed*.

3. How do parents feel about their method of adoption? Are they comfortable with their method of choice?
4. What are some perceived benefits of their method of adoption to adoptive parents?
5. What are some difficulties, if any, experienced by adoptive parents before and after their choice of adoption method is finalized?

Implications

An exhaustive search of the literature was conducted and no articles were found involving an explicit comparison of open versus closed adoptions. Most recent studies focused only on open adoption and its advantages, leaving out closed adoption that has been practiced for many years successfully. Without gaining knowledge on the advantages and disadvantages of both methods, adoption professionals may function with a biased perspective on how adoptions should be processed and may not provide alternatives that are available to adoptive parents that will meet their unique needs and help them with their decisions.

From a counseling standpoint, this research study was conducted to provide a new perspective for counselors to lead their work with such a special population. By understanding adoptive parents' needs, an area that has not been a major focus of the counseling field, counselors may be able to structure their interventions specifically for this population.

The findings of this study may increase the knowledge base in the field of social work and counseling, provide insight, and help improve the practice of adoptions.

CHAPTER 2

Review of the Literature

A controversy among adoption professionals about which adoption method—closed or open—is a healthier choice for adoptive families, birthparents, and the children dominates current discussions in the field of social work. This review attempts to summarize current understanding in the literature regarding adoptive parents' perceptions.

History and Definitions of Open and Closed Adoptions

Adoption was an open process in the early history of the United States when adoptive parents and birthparents could access each other easily. Confidential record-keeping was enacted in Minnesota in 1917, and other states followed this approach starting in the 1940s (Baran, Pannor, & Sorosky, 1976; Baumann, 1997). During this time, standard social work practice in adoption underlined secrecy, anonymity, and confidentiality (Baran et al., 1976). This was originally because societal norms stressed confidentiality for birthmothers, adoptees, and adoptive parents as a result of single motherhood, illegitimacy, and infertility (Ge et al., 2008; Siegel, 1993). However, there was no continued evaluation of the impact of closed or confidential adoptions and updated policies and procedures of various agencies. Eventually, agencies became more restrictive and adoptions became even more closed. In the 1970s, birthparents and adult adoptees started to advocate for themselves (Baran et al., 1976; Berry 1991). They told about their lifelong experiences of wondering, fantasizing, and questioning

about their pasts. Adoption rights groups proliferated for adoptees such as Adoptees Liberty Movement Association and for biological parents such as Concerned United Birthparents (Berry, 1991). Agencies and professionals recognized that changes had to be embraced and introduced the method of open adoption. Today, confidential adoptions are still permitted but many of them display some degree of openness (Baumann, 1997; Siegel, 1993; Turkington & Taylor, 2009). For instance, adoptive parents may choose to send pictures of their adopted child to the child's biological family through the help of an intermediary.

Closed adoption means that when the adoption is legally consummated, the original birth record of the child is closed and substituted with an amended birth certificate (Baran et al., 1976). Original birth records cannot be accessed unless a court issues an order for good cause. Birthparents and adoptive families are allowed to share with each other only non-identifying information through an intermediary such as an agency. The allocation of non-identifying information is the key aspect of closed adoptions. Neither birthparents nor adoptive parents can knowingly cross each other's path.

Open adoptions are those in which birthparents and adoptive parents have a degree of personal contact and exchange information about themselves before or after the adoption finalization, or both (Baran et al., 1976; Berry, 1991, 1993; Blanton & Deschner, 1990; Lee & Twaite, 1997; Siegel, 1993, 2003; Turkington & Taylor, 2009). Regardless of the extent of openness, birthparents lawfully relinquish all parental rights to the children. Turkington and Taylor (2009) described two types of modern open adoptions. *Communicative openness* means disclosing information to the child about his or her background. *Structural openness*, on the other hand, seeks fixed arrangements for continuing post adoption contact between adoptive families and birth families.

Parents' Perceptions

In many cultures (e.g., Hawaiian, Eskimo), pride is based on family name and position. It is believed that not having biological family membership is more disgraceful than being born outside of marriage vows (Baran et al., 1976). For instance, in Hawaii nonbiological children are raised in more than 25% of all households (Leon, 2002). Baran et al. (1976) discussed that the cultural importance of belonging emphasized a mother's right to choose the substitute parents for her child to prevent shame. Thus, such cultures praised openness in adoption. In their qualitative study, Baran et al. discussed one specific adoptive couple's comfort with having an open adoption. However, this couple had difficulty dealing with their community's negative response to the birthmother's visits as well as other bothersome reactions from their friends. For these adoptive parents, it was revealed that acquaintanceship with the birthparents could help them overcome fears and fantasies and have a more honest and natural relationship with the child. Apparently, it was not the same for non-involved community members.

A study conducted by Siegel (1993) indicated overpoweringly positive feelings about open adoptions and only some issues related to adoptive parents' experiences with open adoption. In this qualitative study, 21 adoptive couples reported their initial reactions about having an open adoption in a semi-structured interview. They disclosed that they were reluctant to deal with birthmothers' pain, they feared the unknown, and they experienced anxiousness and worry because meeting the birthmother felt like an audition. None of the participants regretted their decision of open adoption even though they came to choose that method because closed adoptions were not available. Some advantages listed by adoptive parents were that open adoption facilitated their preparation for their parental roles; they felt that they could respond to their children's questions about their origin more adequately, and they gained reassurance that

birthparents felt good about their decisions knowing where their babies were. However, there were also some disadvantages according to adoptive families. Parents expressed uncertainty about long-term impacts of open adoption on their children. They had trouble drawing the boundaries with birthmothers on the frequency and type of post-placement contact without hurting feelings. They felt pressure to be perfect parents in the presence of the biological family, and felt tension because of the possibility that they could encounter each other in town.

Siegel (2003) also studied the same adoptive parents' perceptions of their children's open adoptions seven years after her original study. This follow-up study focused on two research questions:

1. How, if at all, has the openness in the adoptions changed? Specifically, have the adoptions become less or more open over time, or has the type or extent of openness remained fairly constant?
2. What are the parents' feelings about the openness in their adoptions now? How, if at all, have [*sic*] the parents' initial enthusiasm for the openness in their infants' adoptions changed now that their children have reached school age? (p. 411)

Sixteen adoptive parents out of the original 21 were interviewed. The dimensions of contact among adoptive parents and birthparents varied according to type (such as contact through letters, photographs, telephone, or face-to-face visits), participants, frequency of contact, and timing. There had been a range of unpredictable changes over time in the type and frequency of contact. "No two openness arrangements were the same" (Siegel, 2003, p. 414). All of the adoptive parents kept their initial arrangements regarding contact with birth family members. Any changes in adoptive parents' feelings toward open adoption were described as

constructive. Six adoptive families reported there was nothing they would do differently. None of the adoptive parents wished that they had had less openness.

In another qualitative study with a cross-sectional design utilizing semi-structured interviews, Turkington and Taylor (2009) studied prospective adoptive parents' views on post-adoption face-to-face contact with birthparents. Participants consisted of four couples from Northern Ireland. These future adoptive couples thought that contact could contribute positively to children's sense of identity. However, they were concerned that children would be disoriented by face-to-face contact and display behavioral problems. Prospective adoptive parents agreed that it would be reassuring for the birthparents to meet with the children, yet they worried that birthparents could also have some negative emotional outcomes based on the agony associated with losing their child to adoption. Turkington and Taylor argued that increased openness is positively associated with birthmothers' post-placement adjustment and with birthfathers' satisfaction with the adoption process. Then again, prospective adoptive parents had the hardest time identifying advantages of face-to-face contact for themselves (Turkington & Taylor, 2009). They thought that they could be more informative helping their children learn about their origin, but feared that contact with birthparents could undermine the bond children develop with adoptive parents. Conversely, Baumann's (1997) findings pointed to the fact that adoptive parents, through knowing the birthparents, started to form an attachment to the child before birth. This is true for open adoptions only because in closed adoptions, adoptive parents are not involved in the process until after the child is born and is legally available for adoption. The closed adoption process is designed to protect the identities of both sides: adoptive parents and birthparents.

Advocates of closed adoption have argued that biological mothers prefer the confidentiality afforded by closed adoptions because they can continue to a new life after adoption and the grieving period is not lifelong, as in the case of open adoptions (Blanton & Deschner, 1990). In Blanton and Deschner's (1990) study, 14 biological mothers in the open group ($n = 18$) and 23 biological mothers in the confidential group ($n = 41$) expressed positive feelings about their adoption process. Neutral feelings were reported by two biological mothers in the open group and eight biological mothers in the confidential group whereas negative feelings were reported by one biological mother and three biological mothers for each group respectively. Mothers who relinquish their children for adoption show more grief symptoms than bereaved parents, especially in cases of open adoptions (Blanton & Deschner, 1990).

Berry (1993) surveyed adoptive parents of children placed for adoption over a two-year period in California. The study focused on the examination of feelings about and practice of openness in their adoption process. A total of 1,396 questionnaires were completed by 1,268 families because some parents had more than one adopted child. Overall, 76% of the infant adopters (child placed at less than 1 year of age) had met the biological parent, either before or after placement, and 45% of the adoptive parents of older children had met the biological parent. When independent adopters did not meet the biological parents as part of their preparation, they were significantly more likely to feel unprepared for the adoption. The adoptive parents who adopted children with races other than their own were equivalent to same-race adopters in relation to their plans for, comfort with, and practice of contact after placement. They expected and practiced less frequent contact than did same-race adopters. However, they were more likely to say that they thought contact would be beneficial to the child. The results revealed that planning for contact was the best predictor of comfort.

In addition, Berry (1991) suggested that rights and interests needed to be balanced among the members of the adoption triangle. She argued that openness has been more of a common practice simply because independent adoptions that required direct contact increased in number and adoption professionals tended to favor open adoptions. Some of the benefits that the author listed for adoptive parents included improved sense of control over their adoption and increased chances of adopting a child. Adoptive parents experienced a sense of control in open adoption because an agency was not in authority to control adoption information. Secondly, the pool of adoptable infants was wider in an open adoption because biological families felt easier about being able to have continuing knowledge about their relinquished child, thus helping ease their minds about the adoption decision. By contrast, biological parents were oftentimes young adolescents who may have put an additional burden on adoptive parents by viewing the adoptive parents as surrogate parents (Berry, 1991).

Silverman, Campbell, and Patti (1994) focused on how adoptive parents felt about the reunion between their adopted children and the children's birthparents. The research question guiding this study was "How do adoptive parents feel the reunion affects the integrity of the adoptive family?" (p. 543). The data indicated three types of family systems via the responses of 24 adoptive families: those that were open, those that were divided, and those that were closed and rejecting. In closed family systems, the child's loyalty to adoptive parents was of the utmost concern to adoptive parents. In the case of a reunion, adoptive parents reported feeling betrayed. Divided families were characterized as couples in which one parent accepted and supported the idea of a reunion whereas the other rejected it. Adoptees growing up in divided systems were more comfortable with keeping their reunion initiation a secret than those in closed systems. In

open systems, adoptive parents encouraged their children's search and the family grew closer after successful reunions.

In a quantitative study conducted by Lee and Twaite (1997), it was found that 24% of the adoptive mothers ($n = 238$) viewed biological mothers as soft, quiet, accepting, clean, good, attractive, and honest. Sixteen percent regarded them as unsuccessful, weak, inferior, poor, passive, cowardly, and untalented whereas 8% perceived them as tactless, ungrateful, impolite, immoral, and ignorant (boorish). The same adoptive mothers also rated their children. Twenty nine percent of the adoptive mothers reported that their children were competent (successful, healthy, strong, etc.), 14% said they were well-behaved (polite, quiet, patient, grateful, etc.), and 6% viewed them as nonthreatening (conservative, soft, attractive, and honest). Mothers who had contact with their children's biological mothers tended to see the biological mother as less boorish than did adoptive mothers without contact. They also rated their children to be more competent.

Ge and his colleagues (2008) reintroduced the term *weak ties* into the adoption literature. The term depicts the way adoptive and birth families are connected through interpersonal relationships that are a result of special circumstances of adoption. As a part of the Early Growth and Development Study (EGDS), the authors interviewed 323 matched adoptive parents and birthmothers from three different geographical regions to examine the relationship between degree of openness and post-placement adjustment. Some birthfathers were invited to participate in the study, too. The study included observations of adoptive parents while they engaged in interactive tasks with their children. In addition, all parties completed various assessments on their perceived openness, contact, knowledge, satisfaction with the adoption process, and post-adoption adjustment. The results indicated that the sample viewed their adoption processes to be

slightly open. The degree of openness was found to be significantly related to satisfaction with the adoption process for adoptive parents. There was no significant relationship correlated between openness and adoptive mothers' post-adoption adjustment. "Interestingly, openness was not significantly associated with adoptive fathers' post-adoption adjustment or well-being after adopting the child. For adoptive mothers, openness was modestly associated with improved well-being after adoption of the child" (Ge et al., 2008, p. 535).

Leon (2002) focused on the loss typically associated with adoptions. He contended that adoptive parents deal with the loss of their wanted biological offspring and adopted children fantasize about their biological parents. However, these losses were a product of enculturation. According to the author, in American society, kinship is defined as a biological function although in reality it is a psychosocial construct. He defended this position by arguing that there is "no empirical evidence that documents the formation of attachment prepartum or immediately postpartum" (Leon, 2002, p. 653). For instance, infant adoptees did not demonstrate differences in attachment and overall development which could be a result of adoptive parents' readiness to parent. On the other hand, beginning in the elementary school years children formed more negative reactions to adoption. That meant that adoptive parents were able to form attachments with an infant just like birthparents, but it was harder to do so with older children.

Perhaps it is not a child's initial learning of being adopted that is traumatic (i.e., shocking to one's sense of self and reality), but rather the clash between the child's attachment to the adoptive parents and the newly acquired understanding of the "real" biological parents, which challenges the primacy of that attachment. (Leon, 2002, p. 654)

Open adoptions, in and of themselves, do not seem to damage adopted children's self-esteem or confusion about parental figures (Leon, 2002). Instead, adoptive parents experience a sense of

security knowing the permanence of their relationship with their child; openness validates their exclusivity as parents.

Watson (1988) discussed his belief that participants in an adoption could use openness to their advantage by choosing their own comfort level. Not only would the birthparents be able to choose the adoptive family but also adoptive parents would be able to decide which particular child to accept. When adoptive and birth families met, they would negotiate consensual boundaries they would like to have with each other. Parties would have the most comfortable level of openness as a result of understanding the degree of their contact. Contrary to Leon's (2002) thoughts, Watson also argued that the physiological and psychological bond that forms during pregnancy and birth cannot be duplicated by adoptive parents. What adoptive parents could offer to the child was described as *attachment*, not *bonding*, which is also the critical factor in forming functional family relationships. He further asserted that "the primal bond cannot be altered by a good adoption or by therapy, but attachment disorders can be" (Watson, 1988, p. 27). It is crucial for adoptive parents to overcome the grief of not having a biological child in order to be able to form an attachment relationship with the adopted child (Watson, 1988). Adoptive parents may be able to help the adoptive child resolve issues around relinquishment through their acceptance of the child's feelings of rejection by biological parents. "It is not openness that gives the child two sets of parents, but adoption itself" (Watson, 1988, p. 28).

Byrd (1988) argued the case for confidential or closed adoption. He explained that open adoption could harm the very people it intended to help. As similarly stated by other authors (Blanton & Deschner, 1990; Turkington & Taylor, 2009), Byrd stated that in open adoptions birthparents do not experience or prolong the separation and the grieving that is inevitable after relinquishing a child. Birthmothers could possibly view this new arrangement as foster care and

not work on their own personal progress. Since many of the biological parents are teenagers, they may not have developed the understanding of abstract concepts such as openness in adoption. Together with the crisis related to their pregnancy, these mothers could not be expected to make informed decisions concerning the future of their adoption. Byrd explained that such decisions may be emotionally, cognitively, and behaviorally beyond their coping abilities. In terms of bonding concerns for the adoptive parents, “contact with birthparents, as it serves to remind the adoptive parents that they are not biological parents, may not only reemphasize biological infertility, but lead to feelings of psychological infertility as well” (Byrd, 1988, p. 22). In addition, in closed adoption adopted children are exposed to only one set of parental values and they can easily internalize the adoptive parents’ rules without any conflicting signals from birthparents. Preschool children were found to not be equipped to deal with information concerning open adoption (Byrd, 1988).

CHAPTER 3

Method

This chapter describes the methodology that was utilized to conduct the research. Prior to selecting a specific design, I pursued a pilot study with two social workers to inform how I would like to approach the current project. Thus, information obtained from the pilot study was used to inform the methods of this research. The intersection of the pilot study and the formal interviews is addressed in relevant sections of the Method and Results.

According to Wiersma and Jurs (2009), qualitative research design typically “requires flexibility and a tolerance for adjustment as the research progresses” (p. 234). Therefore, I adopted a *working design*, which is a preliminary plan that begins the study; some fine-tuning needed to be made as the research unfolded.

Design

This research had a non-experimental cross-sectional design. Perceptions of adoptive parents were studied using a semi-structured interview protocol that was pre-tested originally with two social workers. After consents were obtained and an interview time scheduled, I conducted the interviews at a time that was mutually convenient. The research location was decided mutually by me and the participants. Locations such as the couples’ home environments or my office at Indiana State University were suggested as well as public places. Both parents were interviewed at the same time. The interviews were audio-recorded with the consent of the

participants, and all information received was kept confidential. Participants were also asked to complete separately a self-report survey at the end of the interview process to collect background and demographic information on each of the adoptive parents. All information was collected only at one point in time; no multiple administrations were carried out.

I did not present myself as an expert or authority. I presented myself as a learner and tried to be nondirective throughout my interactions with the participants. Care and gratitude were expressed to interviewees for their participation in the research project.

Participants

This research study targeted 10 adoptive couples who had had adoptions at least a year before participating in the research study. This meant that parents from the same couple were regarded as one participant. Adoptive parents with at least one adoption that was finalized between the years of 1990 and 2010 were accepted to participate in the study. Five participants had open adoptions, whereas the remaining had closed adoptions for comparison purposes. Participants were queried about their adoption method during the initial contact. Only couples who had had infant adoptions (adoptions of children under age 3 at the time of adoption) were included in the study.

For privacy reasons, adoptive parents were first contacted through an open invitation letter (Appendix A) distributed to them via e-mail by adoption agencies or adoption attorneys within the state of Indiana who were willing to forward the information to their clients. An informed consent form (Appendix B) was attached to the open invitation letter. Adoption agencies and attorneys were identified from the internet and yellow pages. It was the agencies' judgment whether to pass this information to their clients.

Adoptive parents were asked to contact me to participate in a tape-recorded interview about their reactions to their method of adoption at a place of mutual convenience. Over a period of one month, no contacts were made. As a result, a strategy of snowball sampling was used as a supplementary method to access adoptive parents. Through personal contacts, two families in two cities were located. Participants were then asked to identify other prospective respondents and share the open invitation letter with them. Through the supplementary method, other families contacted me. Direct contact with these referred participants was not initiated.

Instrumentation

A semi-structured interview protocol (Appendix C) was developed to assess adoptive parents' perception on the method of their children's adoption. The interview protocol was pre-tested with two social workers in a pilot study to ensure the instrument's content validity.

A demographic self-report survey (Appendix D) was given at the end of each interview that inquired about adoptive parents' information (demographics, employment status, and educational background), adoptive family constellation, knowledge of child's background, and knowledge of biological family. This survey helped verify the validity of the responses of adoptive couples on the method of their adoptions.

Procedures

Data collection. Participants who met the criteria for inclusion were interviewed within the first three months after the research proposal was approved. Potential participants who replied to the open invitation letter were sent an informed consent form via e-mail, describing the purpose of the study and the interview process and promising confidentiality. I also contacted participants via telephone to schedule meetings after this initial contact, when necessary. Informed consent was reviewed and signatures collected in advance of each interview.

Informed consent is a process, thus participants were exposed to the informed consent through the open invitation letter, through an attached email document following their response to the open invitation, and through instruction about informed consent at the beginning of face-to-face contact with the researcher. If further questions arose, those were answered promptly. Participants were given an explanation of why they were asked to participate, the total number of participants, the purposes of the research, the expected duration of their participation, the confidentiality of records, contact information of persons who could answer their questions about the research, and the voluntary basis of their participation. Participants were instructed about the processes of the interview and the survey to be used in this study. They were informed that the interview was audio-taped. They were instructed about their rights in participating in this study as well as possible benefits and harms that they may have faced. Signatures from participants were obtained on this informed consent form.

Once I recruited participants, I conducted the interviews. The interviews were audio-recorded with the consent of the subjects. Supplementary data were collected through a self-report survey to provide descriptive data about participants.

Data analysis. I transcribed and analyzed the data obtained from the interviews. No qualitative software was utilized to do content analysis; data were transcribed manually. Same-color codes were utilized for each response to the same interview questions. Then, color codes were compared to discover the emergent themes in participant responses.

Transcripts and coding from the interviews and surveys were protected under my possession with the use of a password secured computer. Audio-tapes, hard copies of consent documents, survey forms, and the master schedule of participants were all kept in separate locked file cabinets at the Bayh College of Education of Indiana State University. Participants

were assigned randomized participant numbers to connect the demographic survey data to the interview data. Each member of the couple was given the same participant number.

Research participants were given pseudonyms while discussing their responses in research findings; no identifying information was presented. Data from participants who formally withdrew from the study were destroyed. The primary researcher and the faculty sponsor were the sole individuals with access to the data. Upon completion of the study, records including data and informed consents will be stored for three years and then destroyed. Any information that was obtained in connection with this study and that could be identified with participants will remain confidential and be disclosed only with the participant's permission or as required by law.

Limitations of Research

The findings of the study were based on data that were collected via interviews and self-report surveys conducted at one point in time. Thus, the findings do not reflect any future changes in adoptive parents' opinions on the phenomena as adoptees grow. The self-report data relied on adoptive parents' knowledge about their method of adoption and specific experiences and should not be generalized to the greater population. As the sample was small and non-representative, the findings should not be regarded as generalizations or true for every adoption. As with many other studies, the presence of selection bias cannot be entirely eliminated due to the difficulty of reaching adoptive families, especially in closed adoptions. The perspectives of adoptive families provided an initial feel about the phenomenon under study and may reveal areas of interest for future research.

The maximum length of time since adoption placement was not a variable that was considered while recruiting participants. Length of time may very well be a determining factor for comfort with either method of adoption.

A clearer understanding about open and closed adoptions would emerge if information were obtained from both adoptive and birthparents. This study focuses only on adoptive parents' perspectives on the method of adoption and should not be taken as the sole factor when comparing the effectiveness of the two methods as other members of the adoption triangle may provide valuable information.

CHAPTER 4

Results

This chapter presents the results obtained from the research data as well as the data from the pilot study that set the groundwork for this research. The research questions that led to the findings were related to the adoption process experienced by each adoptive couple, adoptive couples' understanding of open versus closed adoptions, their comfort level with their own method, and the perceived benefits and disadvantages of a specific method.

Pilot Study

The decision-making process involved when parents choose a particular method of adoption demands a high level of skills from social workers. For that reason, I conducted a pilot study that attempted to summarize social workers' understanding of adoptive parents' perceptions of and comfort with their choice of adoption method over time as well as how that understanding influences the work they do. Conducting the pilot study led me to develop a focus for the current research.

Two social workers who worked in a hospital setting in the Midwest of the United States agreed to participate in this study through semi-structured interviews. The setting for this study was the hospital where the social workers were employed. Each of the participants took part in a one-hour interview in their private offices. Open-ended questions were utilized to generate discussion. Participants were asked questions about their views on the advantages and

disadvantages of open and closed adoptions. The main goal of conducting the pilot study was to inform me about the typical adoption practice and technical terms associated with it. Another goal was to gain insight into social workers' perspectives on different methods of adoption and their perceived effects on the lives of adoptive families. The protocol was designed to elicit their perspectives in the interest of gaining information regarding how the services they provided to adoptive families could be improved. The social workers described advantages and disadvantages in both open and closed adoptions and discussed their opinions in detail.

For confidentiality purposes, participants will be referred to respectively as social workers or as Mrs. A and Mrs. B.

Definitions and advantages of open adoption. Open adoptions were described somewhat similarly between the participants. Mrs. A's definition of open adoption was that "there are different phases of open adoption." These differences could range from regular contact with biological parents consisting of childcare sharing where they get the adoptee on certain occasions, to contact only through the phone or letters. However, this type of openness is not very common, as indicated in this further description by Mrs. A:

Middle of the road openness would be where both parties know each other, their first names, but don't have addresses; maybe cell phones. . . . Agencies or attorneys share [adoptive parents'] information with birthparents. Adoptive parents can change their minds [about openness]; it is not binding to them. Birthmothers are told this in the beginning.

On the other hand, Mrs. B's definition was more specific. She stated that "families are open in all parts of the pregnancy and can be with each other for the OB [Obstetrician]." Also, according to Mrs. B, adoptive parents allow birthparents to be included in the adoptee's life.

Mrs. A worked with an adoptive family who had an open adoption with a birth mother in their town. The same mother became pregnant again with the same biological father of the first child and the adoptive parents of the first child were willing to adopt the sibling as well. An advantage of open adoption is that adoptees might have access to information about their background and heritage, and they might even have a chance to live with full siblings in the same household. This case also illustrated that these adoptive parents had positive perceptions about their open adoption and that they wanted to keep an ongoing relationship with the birthparents.

Mrs. A, who was an adoptee herself, mentioned that it was difficult for her to get information on the identities of her biological parents. Even though her adoptive parents were clear from the beginning that she was adopted, which is a type of open adoption, they neither encouraged nor discouraged her to do the search to find out her biological parents. Mrs. A thought that it would have been so much easier for her if her adoptive parents had viewed adoption as a more open process.

Definitions and advantages of closed adoption. Closed adoption was described as “just the opposite of open adoption” by Mrs. B. She claimed, “Adoptive parents have the right to not let the biological parents get in contact with the child. That might be the choice of the biological parents, too.” Mrs. A stated that “closed adoptions are definite.”

Mrs. B underlined that closed adoptions are “possibly less painful.” She stated, “I am sure there is [*sic*] two trains of thought on that, but I lean toward old school. Parents of open adoptions would have to be pretty open-minded and comfortable with their role. I think that would be hard.” She mentioned that it is tough for adoptive parents to take a child into their life, but even tougher to include birthparents in their family system. She quickly added, “[This is] probably not the way things are these days.” This statement demonstrates that current trends in

adoptions may dismiss other valuable and traditional approaches. Similarly, Mrs. B thought that birthparents would be sorrier if they chose open adoptions because they would be in the adoptees' lives but unable to make their own decisions regarding the children's rearing.

Research Results

In the current study, five research questions were answered. Personal interviews and self-report surveys were utilized to generate information about adoptive parents' perspectives on their adoption method. The method of adoption and levels of openness were assessed by directly examining adoptive parents' perceived degree of openness, the amount of reported actual contact they have with birthparents, and the degree of knowledge about the birthparents expressed through their responses to the interview and survey questions. Responses of adoptive parents within the two categories of adoption methods were compared and contrasted to examine similarities and differences between their perspectives and comfort level.

Five couples responded to my open invitation letter and consented to participate in the study. Later, one of the adoptive fathers could not participate in the interview process at the last minute due to a business scheduling conflict. Thus, four couples and an additional adoptive mother ($n = 9$) discussed their perspectives on their adoption methods based on their experiences from a total of 10 adoptions. Two adoptive couples each had three adopted children, one couple had two adopted children, and two couples had only one adopted child. One of the couples who had one adopted child also had a biological child. One adoptive father had a biological child from a previous marriage. Out of the 10 children adopted across the five families, five adoptions were open in nature whereas the rest were closed adoptions. Type of contact in open adoptions was assessed in the interview. Contact reported in open adoptions ranged from meeting with birthparents face-to-face to contact through the telephone or by sending letters. However, none

of the adoptive couples had had continuing contact with biological families. One of the adoptive couples had had an ongoing relationship with a foster mother.

In terms of pursuing adoption, three of the adoptive families utilized private agency services whereas one adoptive couple worked with an adoption attorney. The fifth adoptive couple had an independent adoption where they had to work with an agency only for home studies that occurred after the adoption finalization. Unexpectedly, all of the adoptions were transracial adoptions where the child belonged to a race other than the race of adoptive couples. In addition, three of the adoptions were international adoptions.

Throughout the explanation of the results, the adoptive parents are referred to as adoptive couples or families or as Mr. A and Mrs. A, Mr. B and Mrs. B, Mr. C and Mrs. C, Mr. D and Mrs. D, and Mrs. E.

Demographics. In regard to racial identity, a large majority of the participants identified as Caucasian; only one adoptive mother reported being Hispanic. Adoptive parents at the time of data collection ranged in age from 45 to 76 years of age. The mean age for participants was 53.5 years with a mean age of 51 years for adoptive mothers and a mean age of 56 years for adoptive fathers. Four of the adoptive parents were employed for wages, four were self-employed, and one was a retired homemaker at the time of the study. The mode of education was a doctoral degree. Five out of nine adoptive parents had received 23 or more years of education, two had master's degrees, and the other two had undergraduate training. The reason provided for why four of the couples had decided to adopt was due to fertility difficulties. However, one couple was able to conceive naturally after they adopted a child, and the fifth couple decided to adopt due to one partner having a genetic disease.

Among all the infant adoptions, the earliest a child was adopted was a day and a half after birth; the latest was when the children (twins) were three years old. The current ages of the adopted children ranged from 8 to 23 years old.

Perceptions on adoption. The themes that emerged from information exchanged through the interviews with adoptive families included definitions of closed and open adoptions, adoptive parents' comfort with their method, multicultural competence, knowledge of adoption methods and issues, decision-making processes, the adoption process itself, and future-focused suggestions. These themes fully covered the scope of the research questions. Following is a discussion of the themes in detail.

Definitions. Adoptive parents' definitions of open and closed adoptions were somewhat consistent with the adoption literature. Mrs. E's definition of openness was "well, it is some degree of contact with the biological parents. That can range from, you know, just meeting the family to some continuing role that [the] biological parent plays in child's rearing." Mr. A's definitions were "closed is, to me, no contact, no desire to contact. Open; there are different divisions." Likewise, although Mr. and Mrs. B were not very clear on the definition, they thought closed adoption meant not knowing the identity of the biological mother.

At times, adoptive parents included in their definitions of open adoption the notion of the desirability of contact between a biological parent and the adopted child. Although the idea in open adoption might be that the adopted child can eventually get in contact with a biological parent, the definition itself considers only the extent of the relationship between adoptive parents and birthparents (Baran et al., 1976; Berry, 1991, 1993; Blanton & Deschner, 1990; Lee & Twaite, 1997; Siegel, 1993, 2003; Turkington & Taylor, 2009).

It seemed as though adoptive couples who had closed adoptions had a harder time defining open adoption whereas the reverse was not as problematic, possibly due to the self-explanatory nature of confidential adoption. Mrs. C commented:

I guess it [closed adoption] means that the child and the adoptive parents will never or will not know the biological parents. It seems like with open adoption maybe the definition isn't quite as firm. That's just my opinion or my impression. I don't really know. It seems like the terms get messy. But it seems like with open adoption there are all these variations possibly of what the situation could be.

Comfort with the method. Results indicated that adoptive families were satisfied with the adoption method they had initially chosen. None of the adoptive families felt uncomfortable with their chosen method although several of the adoptions went through some sort of evolution over time, especially in cases of open adoption. Even if it were the case that the initial adoption agreement had changed, it was not the adoptive families who had altered the conditions of their agreement. Mrs. E stated, "At the time, again, we were comfortable with probably a moderate amount of openness, not complete openness. But, you know, we were comfortable negotiating a relationship." All adoptive families had remained loyal to their preliminary promises. This means that biological families, not adoptive parents, made the decision for modification in the methods utilized, if at all. For instance, Mrs. E and her husband had met their adopted child's biological parents before the child was placed with them, but the biological parents had not requested continued contact as it was too painful for them.

Essentially, adoptive families did not view their own adoption method to be superior whether it was open or closed. They focused on the advantages of their chosen method rather than the disadvantages and discussed why their method was more appropriate for them.

Adoptive couples thought that individual differences were the determinants of the comfort that would be experienced with either adoption method. For instance, Mrs. D stated:

I mean, I think those people [open adopters] have a whole different mindset going into it. And so maybe it's not a big deal to them to have an open adoption and have these people [biological parents] come back into your child's life. But for us, it was just one more thing that we didn't really want to deal with.

Mrs. E's opinion on which method was more adaptive for adoptive families was that "it really depends on the characteristics of the people involved and the nature of the relationship. . . . There's not a single answer to that question."

Some adoptive parents mentioned that they were more familiar with adoption due to their own family of origin. These adoptive parents discussed that they knew adoption was an option that was always available for them and felt comfortable in their current situation because of having had a prior personal experience with adoption. Mrs. C disclosed, "My sister is adopted, so that's always been something familiar to me." Mrs. A stated, "I think we were very open and positive about adoption. I grew up with a family with cousins that were adopted. It wasn't a complicated, hard thing for us." These adoptive parents relied on their own personal experiences while they were deciding on their method of adoption.

Multicultural competence. Adoptive couples were greatly concerned about not having multicultural competency to deal with their transracially adopted children's life problems rather than being worried about issues around confidentiality or openness. Mr. A mentioned, "Adopting transracially wasn't something we had necessarily considered before." Then Mrs. A added, "When we checked boxes, we checked everything except full African American and so what we adopted was a full African American." A similar experience was shared by Mrs. E.

She disclosed that in their community young African American girls were preyed upon by older African American men. Not knowing this information, Mrs. E and her family could not protect their adopted daughter from getting abused by an older man. On the other hand, Mr. and Mrs. D thought about race in a different way. Mrs. D stated, “When we first started thinking about doing adoption, we were going to do [*sic*] a country from one of our backgrounds.”

Mr. and Mrs. C adopted their child internationally from China. They explained that their daughter, who was now in middle school, had been experiencing institutional racism since kindergarten. The adoptive couple expressed their concern resulting from their transracial adoption by stating,

[Our daughter] is always being called by the name of one or the other [Asian] girl. There are a lot of people at the school who can't . . . They just think all Asian people look the same, so they can't really distinguish between . . . And it's been that way for years. (Mrs. C)

One of the three commonly cited areas of concern identified by adoptive parents is related to the school systems (Vidal de Haymes & Simon, 2003). The other two are place of residence and attempting to interact with individuals of the same race as adopted children. For instance, Mr. A coached a full African American football team in which his son played so that the adopted child could maintain contact with others of the same race. Adoptive parents who are Caucasian often live in predominantly White neighborhoods and send their adopted children to predominantly White schools. Thus, adoptive parents may find themselves fighting constantly against racism (Vidal de Haymes & Simon, 2003).

In terms of adoption services, a couple of adoptive mothers pointed to the fact that adoption specialists may be resistant to or completely against placing children transracially.

Mrs. A disclosed, “I was in social work and social workers at the time were really opposed to it [transracial adoption]. So I was being a good social worker not adopting African American.” On the same lines, Mrs. C said,

My [adopted] sister is African American and they [my parents] adopted her in 1970.

Then, they tried again a couple of years later to adopt another African American child thinking that it would be nice for her to have someone in the family to identify [with].

And the attitude in the United States among social workers was that it wasn’t healthy for Black babies to be raised in White families. So it was really hard. My parents tried and they couldn’t adopt a second child.

It is true that there are professional organizations such as the National Association of Black Social Workers (NABSW) that formed strong positions against placing African American children with White couples (Vidal de Haymes & Simon, 2003). Considering the number of children of color who are waiting to be placed with adoptive families, it may be almost impossible to accomplish racial matching in each and every adoption. According to national estimates for 2010, 29% of children awaiting placement were African American, 21% were Hispanic, 2% were Alaska Native/American Indian, 1% were Asian, and 5% were from two or more races (U.S. Department of Health and Human Services, 2010). For that reason, the 1994 Multi-Ethnic Placement Act (MEPA) and the Interethnic Adoption Provisions (IEP) legislation enacted in 1996 continually emphasize eliminating barriers to transracial adoptions.

Knowledge of adoption methods and issues. All of the participants interviewed reported that their adoption knowledge had increased as they engaged in the process. Adoptive families reported their sources of knowledge as self, which included reading the literature, conducting

internet searches, and attending various individual and group meetings scheduled by adoption agencies and attorneys.

The majority of the adoptive families acquired adoption-specific knowledge related to the adoption services they utilized or the paperwork required as a part of government and agency procedures. The amount of knowledge appeared to have an impact on the ease adoptive parents felt with their adoption. Mrs. C stated, “I remember some days and nights I was really uptight about government people not cooperating. Things were being held up because of the government.” Mr. and Mrs. D had a similar experience when the adoption processes were moving slowly but they were able to find a way to speed up the process. They brought the subject to their senator’s office. Similarly, Mr. A shared his opinion about the feeling that something could go wrong in the adoption any minute. He stated,

I was always a little worried something could happen. We had the babies for months, and then something was messed up with the paperwork (potentially). I didn’t want to go through three months of becoming emotionally attached to a baby, and then have it fall through.

Being informed about the requirements of their method helped this couple feel at ease. However, the situation Mr. A described was exactly the scenario for Mr. and Mrs. D. Mrs. D explained that before their adoption was finalized, they had already lost one infant through a glitch in the adoption process. She said, “I was just really crushed. I thought, ‘How do you lose one through adoption?’” And their loss was a result of the process not working well in the country where they were adopting.

Decision-making in adoption. None of the adoptive families felt like they were responsible for the decision about their method of adoption. Instead, they thought that it was the

call of the biological parents. Mrs. E disclosed, “In a way, you can understand that it was appropriate because the birthparents are undergoing significant trauma.” She also later added, “I think if we had said ‘no contact’ then we probably wouldn’t have X (their adopted child). It didn’t feel like it was our decision.” Other adoptive couples were not as sympathetic in regard to the inequality in the decision-making. Mr. A complained, “It [the decision] depends on birthparents, so I think it was more of a decision made by birthparents.”

When prompted to talk about situations in which they did not feel comfortable about their method, adoptive couples agreed that they could have said “no” to whatever offer they were presented with, but the idea of potentially turning a prospective adopted child down did not sit quite well with adoptive parents. In fact, Mrs. F said, “I mean we could have said ‘no’ if they wanted it but we didn’t. But I don’t think we would have.”

Adoption process. Adoptive parents found their work with adoption specialists mostly enjoyable except for occasional times when they were being evaluated for their fit with a child. Mrs. E described her adoption process with the following words:

It is a long and complicated process with much paperwork. . . . There were some pretty intrusive kinds of questions about your marriage and a lot of questions about your child-rearing ideas. At times it was pretty patronizing. You know, the agency person is the parenting expert because there is only one way to parent, right!? . . . But generally it was positive and enjoyable. The actual case workers that we had were mature adults.

On the same note, Mrs. D’s thoughts included:

She [the social worker] was very nice. Because we heard horror stories about, you know, how they want to come in and look in your drawers, the closet, and stuff like that. You have to make sure you say everything the right way. And she was very, very nice!

Because the adoptions studied in this research included international adoptions, adoptive families often had to learn about working with different governments in foreign countries. In the two specific cases studied in this research, adoptive parents had difficulty with the process of their adoption due to natural disasters (i.e., flooding) in the country where they were adopting. These families also thought not speaking the native language created problems in their communication with officials. One adoptive couple could speak just enough to be able to understand what was going on around them and guarded themselves against corruption in the system. Mrs. C reported, “They [adoption officials] wanted the money, so we were just lucky that we were aware of the possibilities. We spoke and understood Chinese so that we could hear the conversations these officials were having in Chinese thinking that none of us understood it.” In line with this adoptive couple’s reports, Smit (2010) discussed that adoptive families have to often travel to their adopted child’s country of origin to finalize their adoption which requires communication in a foreign language, “navigation of unfamiliar procedures . . . dealing with corrupt officials,” and sudden responsibility for a child (p. 254). The analogy Smit used to describe this situation was feeling “like a lobster thrown in a boiling pot” (p. 254).

Two of the adoptive families discussed that they were worried about adopting a child or being assigned to a child with special needs. Children with disabilities are more likely to experience major delays in adoption placement (McDonald, Press, Billings, & Moore, 2007). Mrs. A explained, “We were worried about [the child’s] medical issues when we adopted because she was so preemie. That’s a significant medical challenge.” Adoptive parents also explained that these concerns arose because they wanted to make sure that they would be able to care for the needs of a child with a disability, both financially and physically. Mr. C explained, “According to the Chinese law, because we were under 35 years of age at the time [of adoption],

we were only entitled to a special-needs child.” Mrs. C followed by saying, “We were fine with having a special-needs child, but we were concerned that if they [officials] chose a severely handicapped child, we wouldn’t be able to financially provide for her.” Soon after, this couple found out that, in China, the term *special-needs* could mean medical problems ranging from a bad diaper rash to a cleft palate. Mr. and Mrs. D had also worried about adopting a child with special needs. Mrs. D stated, “The problem was they [twins] couldn’t walk yet [at the age of two]. They only sat, so [the adoption attorneys] weren’t sure if there were any physical problems.” Mr. and Mrs. D later discovered that the children were experiencing developmental delays but did not have physical disabilities. However, the adopted twins suffered from intestinal parasites and body lice. Smit (2010) discussed that adoptive families with international adoptions may have to deal with unique health care needs of their adopted children because of children having illnesses specific to the country of birth (e.g., Africa). In her study, the majority of families who adopted internationally ($n = 107$) also had limited knowledge about their children’s medical background. This might be correspondingly true for closed adoptions where adoptive parents do not often have much information about biological parents. For instance, Mr. and Mrs. B were not given clear information regarding their adopted son’s racial background because the biological mother did not allow adoption specialists to disclose any information. Hence, the presence of dark spots on their adopted son’s skin, which are typically seen in Native Americans, caused some concern for the adoptive couple until the biological mother finally presented them with additional information. Adoptive parents may have to become “more vigilant in watching for and seeking answers to symptoms their child exhibits” (Smit, 2010, p. 257).

Future-focused suggestions. Specifically related to the method of adoption, participants who had both open and closed adoptions identified the need to assess prospective adoptive parents' readiness for and knowledge of whichever adoption method they were considering. Readiness and knowledge were reported to be highly related to their comfort level. In terms of readiness, Mrs. B stressed the importance of resolving any existing concerns for adoptive mothers attributable to their infertility before starting the adoption process.

All adoptive parents agreed that prospective adopters should be patient when starting their own processes. Even though there were examples of quick finalizations, some adopted children were in legal limbo for a long while as their adoptive parents waited for their paperwork to be completed which had to be difficult for them. Mrs. D emphasized, "The main thing we told people is that it's a long drawn-out process. And you know, just hang in there because you do feel like it's never going to come to an end."

CHAPTER 5

Discussion

The goal of this study was to investigate adoptive parents' perceptions of the adoption method they had chosen to bring a child into their families at least one year after the adoption finalization. Results indicated that adoptive families had unique experiences that varied from couple to couple even within the same method of adoption.

Overview of Findings

Adoptive parents revealed that they had a pretty good understanding of what their adoption method meant, both for them and in general. Definitions of open and closed adoptions were shared by adoptive couples that were in accordance with the literature.

A very important finding that emerged from this research was that the comfort level with a specific method of adoption differed based on adoptive parents' perceptions of the advantages of the method rather than the disadvantages, as well as their individual characteristics and needs. All adoptive parents were found to experience a level of comfort with the method they had initially chosen. Adoptive couples wished to protect the terms of their initial agreements regarding their adoption method, although in some cases biological parents altered these terms. Moreover, adoptive parents were respectful of the choices of other adoptive families with methods other than theirs. They tried to provide explanations by perspective-taking on why a

method could be a healthy choice for a family when they thought they would not personally benefit from the very same method.

Another important finding was that increased knowledge about the adoption processes strengthened adoptive parents' confidence. They reported that their knowledge level increased throughout their involvement in the process. The majority of the adoptive families learned about things that specifically related to their adoption method such as adopting internationally.

Unfortunately, none of the families thought they had the final say in the decision-making process concerning their method. Adoptive families were initially asked by adoption specialists if they would prefer an open or closed adoption, but then they thought it was the biological families who decided on the specifics of the method. Adoptive couples were not fond of the fact that they were not the decision-makers, but as mentioned previously, they were not dissatisfied with their methods either.

Although transracial and international adoptions were not the focus of this research, adoptive parents introduced their experiences with these methods as significant to their overall adoption experience. There are many unique characteristics associated with these methods and this study does not capture the complexities of them. However, as discussed by adoptive parents, the advantages and disadvantages of transracial and international adoptions have an impact on adoptive parents' comfort. According to Zhang and Lee (2011), 85% of U.S. transracial adoptions are due to international adoptions. The acknowledgment of the interaction between the two methods adds a second layer of complexity to adoptive parents' experiences. Adoptive families in this study were highly concerned about their level of multicultural competence that is required to parent adopted children with unique needs. Adoptive parents often gain a greater

awareness of racial issues and increase their competence as a result of their transracial adoption (Vidal de Haymes & Simon, 2003).

In addition, adoptive families with domestic adoptions found the adoption process to be informative and enjoyable. In the cases of international and transracial adoptions, adoptive families were challenged with more conflicts than families who pursued domestic adoptions. When international and transracial adoptions are taken into consideration, there is usually a perception of adoptive parents that children available for adoption domestically (i.e., African American, Hispanic) present difficult problems as opposed to foreign children (i.e., Chinese, Russian) who present interesting challenges (Zhang & Lee, 2011).

Last but not least, adoptive parents suggested that prospective adopters should be ready, knowledgeable, and patient as they commence their process of adoption. Adoption is not an easy process; it is rather very multifaceted and challenging. The tips offered by adoptive parents are crucial to consider because adoptive families generally rely on each other for support, advice, and adoption-specific information.

Limitations

The findings of this study are not generalizable to the greater population due to the non-representative sample size and the presence of selection bias due to snowball sampling. Because of the cross-sectional nature of the study, the findings do not represent any changes over time in adoptive parents' perceptions of their chosen adoption method. The study reflects an in-depth understanding of the experience of participants sampled and should not be viewed as *absolute* fact.

The research utilized self-report measures to assess adoptive parents' perceptions regarding their open versus closed adoption. It should be noted that participants might have

responded to the interview questions in a socially desirable fashion while keeping their original thoughts out of discussion. Although self-reports of adoptive couples provided in-depth information concerning their experiences with adoption, the data may be skewed as there were no measures taken to detect dishonesty.

This study did not control for factors that might have an effect on the views of adoptive parents such as using different adoption services (i.e., domestic versus international or agency versus independent) and previous familiarity with adoption. Another factor that might have had an impact on adoptive parents' different perceptions could be the time that has passed since the placement of the adopted children resulting in more control over the adoption, thus a higher comfort level.

Finally, a better comparison of open and closed methods could be made if both adoptive parents and birthparents were included in the study. However, this study solely focused on the perspectives of adoptive families and approached the topic from a single angle. Because all parties of the adoption triangle influence the adoption outcome, their existence and the possibility that they may have differing views should be kept in mind while reading the results of this research.

Implications

This study was unique in its focus as it considered both open and closed adoptions within the same framework. There is a lack of studies investigating the two methods together; due to the scarcity of research this topic warranted exploration.

The findings of this study hold implications for how adoptions are viewed and practiced. An understanding of the specific benefits and challenges that each method may represent for adoptive parents may provide adoption professionals and potential adoptive families with the

ability to view adoption from different perspectives, thus enabling thorough evaluation of their own needs and wishes.

Additionally, this research may provide new perspectives for adoption specialists and counselors to be able to make modifications in their work when deemed necessary. Adoption specialists and counselors may favor one method either consciously or unconsciously. For example, one study that involved 20 adoptive families with transracial adoptions resulted in findings that showed adoptive parents' dissatisfaction with social workers and agency programming (Vidal de Haymes & Simon, 2003). Professionals were either unprepared to assist prospective adoptive couples with their requests or they were unwilling to do so. For such professionals, it would be essential to read and educate themselves about the views of adoptive parents who believe their needs require information or a different process other than what the professionals support.

This study offers ways to improve the current practice of adoptions. For the reason that many of the adoptive couples were found to be concerned about their level of multicultural competence, it would be appropriate to discuss with adoptive families the implications of transracial adoptions for both open and closed adoptions. For instance, because many international adoptions are closed adoptions, adoptive couples could create stories to share with their adopted children that describe how their family came to be (Harrigan, 2010). In their stories, adoptive parents may have to discuss with their children the impetus of biological parents for placing the child for adoption which may be extremely difficult. In such situations, adoption professionals should themselves provide information or be a referral source for adoptive parents.

Conclusions

The practice of adoption has changed dramatically in the past few decades and will continue to do so. The amount of information available on comparisons between open versus closed adoption, however, was very limited. While adoptive parents may expect to choose a method that will best serve their needs with the help of adoption specialists, the decision regarding openness both before and after the birth of the baby is often made without their involvement. Adoptive parents may not receive proper guidance throughout their adoption process, either. Therefore, the results of this research with its focus on a sample of adoptive parents' satisfaction of and comfort with their chosen method have shed some light on this problem.

Overall, the findings of this research study are beneficial for all the parties involved in the coordination of adoptions as this study represents an initial comparison of open and closed adoptions. Not only does it inform the members of the adoption triangle, but it provides invaluable information for adoption professionals to improve their practices while working, especially with adoptive couples. However, future researchers should still examine how well adoption agencies and attorneys are assessing and meeting the needs of adoptive families, hopefully by involving both adoptive and biological parents in research studies. Additionally, researchers should investigate the implications of transracial and international adoptions for adoptive families with open versus closed adoptions. Longitudinal research with large, representative samples may provide information on the evolution of open versus closed adoption processes as they relate to other aspects of the adoption phenomenon.

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Appendix A: Open Invitation Letter

Study Title: Adoptive Parents' Perceptions of their Adoption Method

Dear Potential Participant,

My name is Begum Nebol. I am a graduate student in the Department of Communication Disorders and Counseling, School, and Educational Psychology at Indiana State University. I am conducting a research study as a part of a master's thesis project in my program, Clinical Mental Health Counseling, and I would like to invite you and your spouse to participate.

I am studying adoptive parents' perceptions of their adoption methods, either open or closed. If you decide to participate, you and your spouse will be asked to meet with me for a conjoint interview and complete a short survey. The interview and the survey will not take longer than an hour. In particular, you and your spouse will be asked questions about your perceptions of the method you chose for adoption. The meeting will take place at a mutually agreed location such as my office at Indiana State University, your home environment, or a public setting at a mutually agreed upon time. The interview will be audio taped so that I can accurately reflect on what is discussed. The tapes will only be reviewed by me and my faculty sponsor. Upon completion of the study, the tapes will be retained for three years, and then destroyed.

You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to. You may experience discomfort talking about your adoption process. However, your participation may help you organize your thoughts

around adoption, too. Although you probably won't benefit directly from participating in this study, I hope that others in the community and in our society in general will benefit as a result of your help to the accumulation of knowledge for better practices in the future.

Participation is confidential. Nobody except me and the faculty sponsor will have access to your personal information. Your name and identity will also not be disclosed at any time. Study information will be kept in a secure location at Indiana State University. Taking part in the study is your decision. You do not have to be in this study if you do not want to. You may also choose not to be in the study at any time or decide not to answer any question you are not comfortable answering.

I will be happy to answer any questions you have about the study. You may contact me at (812)870-0203 or by email at bnebol@indstate.edu or my faculty sponsor, Bridget Roberts-Pittman, Ph.D. at (812)237-4593, bridget.roberts-pittman@indstate.edu. If you have any questions about your rights as a research subject or if you feel you've been placed at risk, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN, 47809, by phone at (812) 237-8217, or by e-mail at irb@indstate.edu.

Thank you for your consideration. If you would like to participate, please contact me at the phone number or email listed below to discuss participating.

With kind regards,

Begum Nebol, B.A.
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Appendix B: Informed Consent Form

CONSENT TO PARTICIPATE IN RESEARCH

Adoptive Parents' Perception of Their Adoption Method Study

You are asked to participate in a research study conducted by Begum Nebol, who is a master's student from the Department of Communication Disorders and Counseling, School, and Educational Psychology at Indiana State University. Ms. Nebol is conducting this study for her master's thesis. Dr. Bridget Roberts-Pittman is her faculty sponsor for this project.

Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate. You are being asked to participate in this study because of your adoption history. There will be 10 couples in total included in this project.

- **PURPOSE OF THE STUDY**

The purpose of this study is to gain an in-depth understanding of adoptive parents' perceptions on the method of their adoptions, whether open or closed. This research helps us comprehend your feelings of and comfort with your adoption method and accumulate knowledge about adoption procedures and benefits to your family. We hope to use what we learn from this study to increase the knowledge base in the fields of social work and counseling, provide insight, and help improve the practice of adoptions.

- **PROCEDURES**

If you volunteer to participate in this study, we will ask you to do the following things:

1. We will ask you and your spouse to take part in an interview at one point in time.
2. We will also ask you and your spouse to fill in a demographic survey form at the end of the interview.
3. The survey and the interview together will take about an hour to complete.
4. The interview will be audio-taped.
5. The location of the study will be decided mutually. Some locations include your home environment or Ms. Nebol's office at Indiana State University as well as public places of mutual agreement.

- **POTENTIAL RISKS AND DISCOMFORTS**

We expect that any risks, discomforts, or inconveniences will be minor and we believe that they are not likely to happen. If discomforts become a problem, you may discontinue your participation.

- **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

It is not likely that you will benefit directly from participation in this study, but the research should help us learn how to improve adoption services. Thus, the information learned will provide more general benefits to prospective adoptive parents and researchers to better the practice of adoption.

- **PAYMENT FOR PARTICIPATION**

You will not receive any payment or other compensation for participation in this study. There is also no cost to you for participation.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of a participant number to let Ms. Nebol and Dr. Roberts-Pittman know who you are. We will not use your name in any of the information we get from this study or in any of the research reports. When the study is finished, we will destroy the list that shows which participant number goes with your name.

Information that can identify you individually will not be released to anyone outside the study. Ms. Nebol will, however, use the information collected in her thesis and other publications. We also may use any information that we get from this study in any way we think is best for publication or education. Any information we use for publication will not identify you individually.

The audio-tapes that we make will not be viewed by anyone outside the study unless we have you sign a separate permission form allowing us to use them. The tapes will be destroyed three years after the end of the study.

- **PARTICIPATION AND WITHDRAWAL**

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled.

• **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, please contact

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• **RIGHTS OF RESEARCH SUBJECTS**

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at irb@indstate.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with ISU. The IRB has reviewed and approved this study.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Printed Name of Subject

Signature of Subject

Date

Appendix C: Interview Protocol

- 1) What is your method of adoption?
- 2) What does open/closed adoption mean to you?
- 3) How did you decide on adoption?
 - (a) When did you decide to adopt specifically?
 - (b) Why have you decided to adopt?
 - (c) What was your position/view about adoption then?
- 4) How did you decide on which method of adoption to utilize? (Tell me more about your decision.)
 - (a) Who helped you think it through?
 - (b) What were your fears about this process? Did they come to pass?
 - (c) For instance, before you went to sleep what kinds of things did you talk about with each other?
- 5) How informed were you on different methods of adoption as you entered the office of your service provider for the first time?
- 6) Who made the final decision about the method of adoption?
 - (a) How much control did you have in your decision making?
- 7) What are the characteristics of the adoption service that you were provided with? [probe for different kinds of service providers: adoption agency, attorney, etc.]

- (a) What was the process like which you went through?
 - (b) What kind of questions did they ask you?
 - (c) What were your thoughts/hopes when signing the adoption papers?
 - (d) Were you given information about your child's history such as health?
- 8) What do you think are the effects of open/closed adoption on your family?
- 9) What method of adoption do you think is more adaptive for both birth and adoptive families?
- 10) How comfortable do you feel about the chosen adoption method?
- 11) If you had a chance, what would you change about your method of adoption?
- 12) If you knew someone considering adoption, what tips would you have for them?

Appendix D: Demographic Survey Form

Demographic Survey Form

Participant Number: _____ Today's date: _____

Year of birth: _____

Sex (*circle*): Female / Male

Background Information:

1. Ethnic origin (check only one):

- | | |
|---|---|
| <input type="checkbox"/> Caucasian not Hispanic | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> African American not Hispanic | <input type="checkbox"/> Indian American/Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian American or Pacific Islander | <input type="checkbox"/> Other: _____ |

2. Please circle the highest year of school completed:

1 2 3 4 5 6	7 8 9 10 11 12	13 14 15 16	17 18 19 20 21 22	23+
(primary)	(high school)	(college/university)	(graduate school)	

4. What is your employment status?

- | | |
|---|--|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> Out of work and looking for work |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Out of work but not currently looking |
| <input type="checkbox"/> A homemaker | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unable to work | <input type="checkbox"/> Other: _____ |

Adoption Information:

5. How many members does your nuclear family consist of? _____

6. Do you have information regarding your child's background?

Yes No

7. Have you ever had contact with the birth family? (i.e. face-to-face, telephone)

Yes No

If yes, how often do you have contact? _____

Thank you for participating!