

THE ADOPTIVE IDENTITY:
STIGMA AND SOCIAL INTERACTION

by

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A Dissertation Submitted to the Faculty of the

DEPARTMENT OF SOCIOLOGY

In Partial Fulfillment of the Requirements
For the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate College

THE UNIVERSITY OF ARIZONA

2005

THE UNIVERSITY OF ARIZONA
GRADUATE COLLEGE

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ACKNOWLEDGEMENTS

I wish to thank the members of my dissertation committee, Lynn Smith-Lovin, Henry A. Walker, Linda D. Molm and Louise M. Roth, for their support and guidance on this project. I am fortunate to have had a committee who supported this project from the very beginning, who were always willing to share their expertise and provide guidance, and who were willing to work with me over a long distance.

I would like to thank the Department of Sociology at Montana State University (MSU) and the students at MSU for allowing me to conduct my research at their institution. The support I have received from them has been invaluable.

I would also like to especially thank my husband, Jason, for his encouragement and patience while I was working on this project.

DEDICATION

For Mina

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ABSTRACT

Adoption is a social institution that is continually evolving in order to meet the needs of children and adults. The research presented in this dissertation focuses on measuring the current cultural sentiments about the practice of adoption and assessing the stigmatization of adoption and the identities of adoptive parent and adopted child. Drawing from Bruce Link and Jo Phelan's conceptualization of stigma and the assumptions of Affect Control Theory, I provide evidence that adoption and thus adoptive families continue to be stigmatized in the United States. My data indicate that adoptive parents and children are socially differentiated from parents and children who are biologically related. Adopted children, particularly children adopted out of foster care, are perceived more negatively than children who are not. The stereotypical traits predicted by Affect Control Theory for adoptive parents and adopted children indicate that these identities are more negative and notably less powerful than those for biological parents and children. In addition, the expected behavioral patterns between adoptive parents and their adopted children are more ambivalent and less supportive than those of biological children and parents. The predictions made in this work must be tested in future research.

CHAPTER 1: INTRODUCTION

Reproduction, or the process of having children, has been identified as one of the enduring functions of the family (Goode, 1964; Gittins, 1993). The traditional method by which a child enters a family is through the mating of his or her two biological parents. For millions of Americans who wish to have a child, however, biological reproduction is not possible or not desired. Adoption is intended to provide a family for children and children for families when individuals or couples are unwilling or unable to conceive a child and when birth parents are unwilling or unable to care for their offspring (Harnack, 1995). Adoption is one of the non-traditional ways in which children are added to families. In 2000, there were approximately 2.1 million adopted children currently living in their adoptive families in the United States (U.S. Census Bureau, 2003). This represents roughly 2.5 percent of all children. Data from the National Survey of Family Growth indicate that there are over five million adopted persons in the United States (children and adults) and over one million adults currently seeking to adopt. A much larger number of people (over nine million) report they have considered adoption at some point in their lives (Miller, et. al., 2000; Hollingsworth, 2000). Additionally, results from the National Adoption Attitude Survey (2002) indicate that while the overall percentage of children who are adopted may be small, the experience of adoption, such as knowing someone or having met someone who is adopted, is much more widespread (Evan B. Donaldson Adoption Institute, 2002).

While adoption has been practiced for as long as recorded history (Carp, 1998, 2003; Dellacava, Phillips and Engel, 2004), the cultural meanings associated with it have changed over time. Adoption is a social institution that is continually evolving in order to meet the needs of children and adults. As such, the cultural landscape of adoption, including not only the number and types of adoption but also mainstream attitudes and beliefs about the practice, is challenging to assess. The general conclusion from recent adoption research is that despite the widespread experience with and practice of adoption in the United States, it remains stigmatized in our culture (Fisher, 2003; Wegar, 1997). My research is aimed at measuring the current cultural sentiments toward adoption and assessing the stigmatization of adoption and the adoptive identity. Drawing from Bruce Link and Jo Phelan's conceptualization of stigma and Affect Control Theory, I will address three primary research questions with the goal of identifying the broad cultural meaning of adoption and assessing how the meaning influences social interaction. The questions are as follows:

- What are the culturally maintained affective meanings of the social identities of *adoptive parent* and *adopted child* in the United States?
- Do social attitudes about adoption and the cultural meaning of adoption indicate a generalized stigma about adoption and the *adoptive parent* and *adopted child* identities?

- Do the cultural meanings of adopted child and adoptive parent imply variation in the behavioral expectations for parents and children who are related by adoption as compared to parents and children who are biologically related?

To date, the vast majority of adoption research has been conducted within the fields of social work and psychology. This research has focused on those in the adoption triad—birth parents (primarily birth mothers), adoptive parents and adoptees. A number of studies have assessed the demographic characteristics of children who have been adopted and the characteristics of adults who are likely to adopt (Bachrach, 1983 and 1991; Bonham, 1977; Brooks, Sigrid and Barth, 2002; Hollingsworth; 2000). This research has found that the majority of adults who seek to adopt a child are older than biological parents, have higher levels of education and income, are childless and have been treated for infertility. They are also primarily seeking infants of the same racial and ethnic background as themselves.

In addition to the descriptive literature just mentioned, there is a significant literature on adoption and identity development and its implications for the adjustment of adopted children. This literature has indicated that adopted children are more likely to have psychological, behavioral, social and other developmental problems than non-adopted children (Miller, Fan, Christensen, Grotevant and van Dulmen, 2000; Wierzbicki, 1993; Sharma, McGue, and Benson, 1998; Brodzinsky, 1993; Borders, Black and Pasley, 1998; Kirschner, 1995; Brand and Brinish, 1999). While significant differences between adopted and non-adopted children were found, the differences were

generally small (Miller, et. al., 2000). A smaller number of recent studies have indicated that most adoptions are very successful and as a result, life-outcomes for adopted and non-adopted children are virtually the same (Mulcare and Aguinis, 1999). Thus there are contradictory findings as to the outcomes for adopted children which have yet to be resolved.

The findings that adopted children are more likely to have problems of various kinds have largely been explained by noting psychological deficiencies inherent within the individual. This research has focused on the identity *formation* of adopted children. Successful identity development is seen as a cognitive process, largely influenced by the idiosyncrasies of each person. Variations in life outcomes have been explained with the conclusion that the identity development of adopted children is hindered by their individual experience with adoption and their inability to adjust (Grotevant, Dunbar, Kohler and Lash, 2000; Johnson, 2002; Carsten, 2000; Kohler, Grotevant, and McRoy, 2002; Lebner, 2000; Neil, 2000; Rosenberg and Horner, 1998; Smit, 2002).

The main trend in adoption research reflects the normative assumption that dilemmas of adoption result from individual shortcomings (which ultimately have a biological or instinctual basis) rather than from the structure of adoption as a social institution...Adoption research has thus covertly characterized the adoptive family as an aberrant type, as an entity that is problematic or pathogenic in itself. (Wegar, 1997: xii)

This approach has limited our understanding of the influence of cultural meanings on the institution of adoption and people's experience with it. The pathogenic approach to the study and treatment of adoption creates and maintains a stigma of adoption that will remain prevalent until we know more about the cultural context of the institution.

Few studies have looked to the social context within which adoption occurs for explanations or causal factors for the greater likelihood of adopted children having numerous problems, if in fact they do (March, 1995; Lifshitz, Baum, Balgur and Cohen, 1975; Martin, Kelly and Towner-Thyrum, 1999; Miall, 1987; Wegar, 1997). The research that has considered the community or cultural context of adoption has done so from the perspective of adoptees or adoptive parents. The perceptions of adoptees and adoptive parents have been assessed but research measuring whether or not these perceptions are matched by those in the general population has not been conducted. As such, we know little about the general meaning that adoption has in U.S. culture.

The general, or cultural, meaning of adoption is significant above and beyond the personal experience of those in the adoption triad. Research to date indicates a pervasive stigma of adoption which is a consequence of several things: the biological emphasis placed on family relations, the stigma of infertility and the stigma of illegitimacy (Wegar, 1997; Miall, 1996; March, 1995). While the stigma of illegitimacy has declined in recent years (Nelkin and Lindee, 1995), it remains a factor in the perceptions of adoption as a social institution and the members of the adoption triad. Cultural, normative beliefs regarding family life have important implications for everyone, not just adoptees or adoptive parents. Through the process of socialization, people learn “the standpoint of the normal, acquiring thereby the identity beliefs of the wider society and a general idea of what it would be like to possess a particular stigma” (Goffman, 1953: 32). Thus, through socialization we learn the cultural meanings of personal identities and how our own identities fit into the broader social context. From the symbolic interactionist perspective,

confirming the meanings of our salient identities is the motivation for all behavior and as such behavior varies by the identities we maintain (Heise, 1999; MacKinnon, 1994).

Thus, in order to fully understand the institution of adoption and how life outcomes are affected by the experience, we must understand at a fundamental level the social attitudes and meanings associated with it.

The research presented in this dissertation is broken down into three sections. The first section includes chapters two and three. Chapter two discusses the institutional context of adoption with a brief overview of the history of adoption in the United States. The discussion of the institutional context provides a background in the policies and practices which both influence and are influenced by larger social patterns in family life in the United States. Adoption is a very complex social institution. There are many different types of adoption, each of which has its own set of laws, policies and practices associated with it. A discussion of all of the different types of adoption and the specific governance of them is beyond the scope of this research. While some attitude measures about adoption from foster care were included in my survey, the purpose of my research is to first and foremost assess the distinctive cultural meanings of adoption as a broad institution. While this is an oversimplification of the actual institution, the cultural meanings associated with adoption inform, in varying ways, the experiences and practices which are part of every type of adoption.

In chapter three I move beyond the historical and institutional context within which adoption occurs to focus on the socio-cultural context of adoption. In that chapter I discuss a formal conceptualization of stigma and establish how it may be applied to

adoption. While the stigma of adoption has been studied previously (Miall, 1987, 1996; March, 1995), it has not been done systematically drawing from a formalized definition. The definition of stigma formalized by Bruce Link and Jo Phelan (2001) divides stigma into four primary elements: differentiation, stereotyping, separation, and status loss and discrimination. Differentiation involves identifying and labeling differences; stereotyping is then linking the identified differences to negative characteristics producing separation which creates distinct groups, at least one of which is considered superior to the other(s). Status loss and discrimination are the consequences of the first three elements all which occur within a situation of differential power. In a recent elaboration of their conceptualization of stigma, Link, Phelan, and colleagues (2004), have argued that emotions also need to be considered in stigma. As emotions have yet to be fully integrated into the definition, I will address them in chapter six, separately from the other four elements. The definition of stigma discussed in chapter three will be used throughout the remaining chapters to assess the existence and consequences of the prevailing stigma of adoption.

The second section of my dissertation is composed of chapters four, five and six. In chapter four I present the theory and methodology used in this research. An elaborated discussion of Affect Control Theory (ACT) is provided, demonstrating its value for the study of the stigma of adoption and its implication for social interaction. I also discuss in detail the survey conducted at Montana State University during the fall semesters of 2003 and 2004.

Following the theoretical and methodological discussion, chapter five addresses the first two of my research questions: 1. What are the culturally maintained affective meanings of the social identities of *adoptive parent* and *adopted child*?; 2. Do social attitudes about adoption and the cultural meaning of adoption indicate a generalized stigma about adoption and the *adoptive parent* and *adopted child* identities? I analyze attitude measures about adoption, partially reproduced from the National Adoption Attitude Survey conducted in 2002. These measures are utilized as measures of differentiation and variations in attitudes about adopted children are presented. I also discuss the elements of stereotyping and status loss and the issue of power in the second half of chapter five. In chapter six, I apply Affect Control Theory and its associated computer simulation program, INTERACT, to address my final research question: 3. Do the cultural meanings of adopted children and adoptive parent imply variation in the behavioral expectations for parents and children who are related by adoption as compared to parents and children who are biologically related? The focus of this chapter is to compare the behavioral and emotional expectations generated by ACT between biologically related parents and children and those related by adoption. Additionally, the computer simulations presented in chapter six will be used to develop testable hypotheses for future research. The overall conclusions and implications of my current research, along with a future research agenda designed to expand the scope of this project, will be discussed in the third and final section of my dissertation in chapter seven.

CHAPTER 2: HISTORY OF ADOPTION

National level data on adoption in the United States is problematic at best. The federal government stopped collecting data on adoption in 1975 and efforts to collect national level data since then are incomplete. Various surveys such as the Survey of Income and Program Participation and the National Survey of Family Growth, have included questions about adoption which are extremely useful in themselves, but longitudinal studies of adoption which consider all members of the adoption triad (birth parents, adoptive parents and the child) do not exist. The Voluntary Cooperative Information System (VCIS) has been one of the primary sources of national level data on adoption since 1982; however, the data are limited by the voluntary nature of the study. The VCIS is a survey conducted by the American Public Welfare Association (APWA), which collects data from state level public agencies on adoption and foster care; however, not all states participate and the states that have participated have not done so consistently. In addition, collecting data from public agencies often excludes adoptions that are completed by private agencies, private lawyers, or kinship care situations.

There is some hope for the future, however, as the U.S. Census now collects data on adoptive households. The 2000 survey included “adopted son/daughter” as a category of relationship to the householder, in addition to natural-born son/daughter and stepson/stepdaughter. While the data are not perfect, the 2000 census data on adopted children and parents give us a good idea of the current landscape of adoption in the United States and enables us to assess the characteristics of those who are adopted and those

people who are doing the adopting. The data presented in tables 2.1 and 2.2 describe the characteristics of adopted, biological, and step-children (in reference to the householder¹) and also the characteristics of the householder and household where adoptive, biological and step-children are present.

In 2000, there were 64,651,959 children under the age of 18 in the United States. Of this total, 1,586,004, or 2.5% were adopted. Table 2.1 presents selected characteristics of householder's children under the age of 18 by type of relationship and sex of the child. The data on the racial and ethnic background of the child indicate that a higher percentage of adopted children under the age of 18 were Black or African American as compared to biological and step-children. This has been associated with larger numbers of African American children in foster care who are available for adoption and also perhaps a larger number of informal adoptions which occur within the African American community (U.S. Census Bureau, 2000). In addition, the proportion of adopted children who are Asian is higher than the other groups. This is associated with the influx of international adoptions which has occurred over the past decade. Approximately 48% of foreign-born adopted children were born in Asia, most of these children coming from Korea.

While the data indicate that a higher percentage of adopted children have at least one disability, particularly mental disabilities, a word of caution must be noted in regard to the data. The disabilities measured in the census are not based on medical diagnosis or the legal definition of a disability. Nor does the data tell us anything about the severity of

¹ The householder is the reference person to whom the relationship of all other household members is recorded. In addition, the householder is typically the person in whose name the housing unit is owned or rented (U.S. Census Bureau Reports, 2003).

the disability. The householder answered a short series of questions about various types of disabilities based on their own perception of the individual in question. In particular, mental disability was measured with one question which asks the householder if the child has trouble learning, remembering or concentrating. So, while the data certainly indicate that a higher percentage of adoptive children are perceived to have some type of disability, further analysis is necessary.

Table 2.2 presents data on the householders characteristics. The data are consistent with previous research on the characteristics of people who are likely to adopt (Hollingsworth, 2000). Adoptive parents are more likely than biological parents or step-parents to be of a different race than their child, to be older than biological or step-parents, have higher levels of educational attainment and income and are more likely to own their homes. The greater age difference between adoptive parents and their children may be associated with higher educational attainment and delayed childbearing. Delayed childbearing is associated with a greater likelihood of infertility and a delay in discovering infertility. Adoptive parents are also older than biological parents because individuals may seek treatment for infertility through assisted reproductive technology (perhaps for years) prior to pursuing adoption (Lebner, 2000).

Knowing the characteristics of adopted children and their parents is invaluable to the study of adoption; however, it only gives us part of the picture. What these data do not tell us is the cultural and institutional context within which adoption occurs. In the remainder of this chapter I will provide a brief historical overview of the institutional context of adoption. As my research does not focus specifically on any one type of

adoption, my discussion in this chapter will focus primarily on the broad institutional context of adoption in the United States.

Early Adoption Practice

Despite the fact that adoption has been practiced in America for centuries, most of current formal adoption practice and policy has developed since the early 1900s. In colonial times, there essentially was no need for formal adoption policy (Sokoloff: 1993). Dependent children in need of homes were primarily placed informally in homes (other than that of their family of origin) as domestic servants, apprentices or indentured servants. Carp (1990) notes that Colonial Americans:

...copied the English poor law system when it came to caring for children born out of wedlock, orphaned, or neglected. Statutes permitted town and parish authorities to remove children from pauper families and place them with masters who, in exchange for their labor, would provide them with adequate maintenance.

Table 2.1: Percent Distribution of Selected Characteristics of Householder's Children Under 18 by Type of Relationship and Sex of Child, 2000

Characteristic of Child	Adopted Children	Stepchildren	Biological Children
Age			
Under 1 year	2.6	0.4	5.3
Race			
White, not Hispanic or Latino alone	57.9	68.7	63.5
Black or African American alone	16.0	12.2	13.2
American Indian and Alaska Native alone	1.6	1.2	1.0
Asian alone	7.4	1.2	3.5
Native Hawaiian and other Pacific Islander alone	0.3	0.1	0.1
Some other race Alone	5.7	6.2	7.3
Two or more races	4.9	3.6	4.0
Hispanic or Latino	13.6	14.6	16.3
Nativity			
Native	87.4	96.0	96.1
Foreign Born	12.6	4.0	3.9
Disability Status			
Aged 5 – 17			
At least one disability	11.8	6.9	5.2
Sensory disability	1.5	1.1	0.9
Physical disability	1.5	0.7	0.8
Mental disability	10.4	5.7	4.0
Self-care disability	1.6	1.0	1.0
Multiple disabilities	2.1	1.1	1.1
In poverty	11.8	10.4	16.0

Table reproduced from Census 2000 Special Reports: Adopted Children and Stepchildren: 2000
Mental disability—questions asks if the person has difficulty learning, remembering or concentrating

Table 2.2: Children of the Householder, Under 18 Years Old, by Type of Relationship and Selected Characteristics of the Householder, 2000

Characteristic of householder	Adopted Children	Stepchildren	Biological Children
Race			
White, not Hispanic or Latino alone	71.2	71.5	65.1
Black or African American alone	14.6	12.6	13.4
American Indian and Alaska Native alone	1.2	1.2	1.0
Asian alone	2.3	1.0	3.6
Native Hawaiian and other Pacific Islander alone	0.2	0.1	0.2
Some other race alone	4.2	5.9	7.4
Two or more races	2.0	2.1	2.4
Hispanic or Latino	9.4	12.4	15.5
Race Difference between Child and Householder			
Child is different race than householder	17.1	10.8	6.7
Child is different Hispanic origin than householder	6.6	6.6	2.3
Living Arrangement of Householder			
Married couple households	78.0	88.2	73.8
Male householder – no spouse present	5.0	9.6	5.1
Female householder – no spouse present	17.0	2.2	21.1
Average age of Householder (in years)			
	43.1	37.7	38.0
Average age Difference (in years)			
Between householder and child	33.7	28.1	26.4
Median Household Income			
	56,138	50,900	48,200
Educational Attainment of Householder			
Less than high school	14.3	17.3	18.0
High school graduate	22.6	34.4	26.4
Some college	29.7	32.6	29.7
Bachelor's degree	18.2	10.8	16.1
Graduate or professional school	15.2	4.9	9.7
Labor Force Participation			
In labor force	84.3	89.8	85.9
Employed	81.7	86.6	82.4
Unemployed	2.6	3.1	3.5
Not in labor force	15.7	10.2	14.1
Tenure			
Owns home	77.8	66.8	66.8
Rents home	22.2	33.2	33.2

Table reproduced from Census 2000 Special Reports: Adopted Children and Stepchildren: 2000

The motivations for taking children in centered primarily on the need for labor, thus the desire and demand for infants was minimal during this time. The typical ages at which a child would be “put out” was between four and six years old—old enough to contribute to household labor in some way (Sokoloff: 1993). The benefits of the informal system of care for dependent children were primarily bestowed on the adults and the treatment of children had yet to become an issue of public concern. Informal adoptions did occur during this time, however, as adults who had taken children in provided for them in their wills through testamentary adoption. In addition, an increasing number of adults sought name changes for the children they took in, petitioning to become their legal parents. While this was uncommon, it was the beginning of future changes in adoption policy in the United States.

Throughout the 19th century, the practice of informal placement was sufficient to handle the numbers of dependent children in need of care. The industrial revolution, in addition to massive waves of immigration and urbanization, however, changed this. During the late 19th and early 20th centuries, the numbers of informal transfers increased dramatically, extending beyond the capacity of families to continue taking children in. As more and more children, particularly those living in urban areas, were left to fend for themselves on the streets, the care of dependent children became an issue of public welfare. Two important developments arose in response to the situation. The first was the establishment of publicly funded institutions in which dependent children could live. These almshouses and orphanages were established with the intent to “reduce the expense of poor relief and...to reform, rehabilitate and educate paupers” (Carp, 1990: 6). In

addition, private institutions were established with the aim of protecting children from harmful adult influences and to give children ‘practical and moral’ training prior to being either placed as an indentured servant or perhaps being adopted. By the mid-1800s, however, it was clear that these public and private institutions were not living up to their intended purposes and children were often housed with adult criminals and the insane (Carp, 1998 and 2002; Benet, 1976; DellaCava, Phillips and Engel, 2004; Herman, 2002; Jones, 1993).

In the early 1850’s, as part of a reform movement developed largely in response to the inadequacy of public welfare policies and institutions in caring for dependent children, organizations were established to try to improve the situation. Child welfare reformers began to argue that the family, also referred to as “God’s orphanage” or “God’s reformatory” (Carp, 2002; Sokoloff, 1993), was the best place for a child to be raised. Two primary tactics were taken by reformers involved in this movement. The first was influenced by the Children’s Aid Society (CAS), established in 1853 by the Reverend Charles Loring Brace. Brace, in order to avoid the time and expense of placing children in homes on an individual basis, began the practice of what has now become known as the “orphan trains.” Between the years 1854 and 1929, approximately 150,000 to 200,000 children were shipped from eastern cities, to rural western farms where they were to be taken in by families in need of labor. It was also thought that in addition to labor, over time the parents and children would develop affection for one another and essentially adopt one another. This did occasionally occur and was a catalyst for the development of formal adoption laws. However, the practices of CAS and other

organizations that had implemented similar practices were questionable at times and were arousing concern in public discourse. Almost half of the children shipped on orphan trains were in fact not orphans. They were instead children that Brace determined needed to be “saved” from their biological families. The CAS, and other organizations mimicking its practices, cared little about breaking up biological families in order to ‘save’ children. In many cases, the children shipped on the trains were essentially kidnapped from their parents. Instead of being placed in loving, nurturing homes as Brace hoped for, many of the children were abused and neglected. In response to these practices and increasing evidence that many of the children placed with rural families were mistreated, a new reform movement arose aimed at the development of formal adoption laws to protect the best interest of both the birth parents and the children.

The first modern adoption law was passed by Massachusetts in 1851. What is particularly important about this law is that it was primarily concerned with the welfare of the child, reflecting a shift in social attitudes about children and childhood. Adoption practice and policy would now begin to be aimed at meeting the longer-term needs of the child and not just the adults. As Carp (1990) states:

The enactment of the Massachusetts Adoption Act marked a watershed in the history of Anglo-American family and society. Instead of defining the parent-child relationships exclusively in terms of blood kinship, it encouraged parents to build a family by assuming the responsibility and emotional outlook of natural parents. In the next quarter century, the Massachusetts Adoption Act came to be regarded as a model statute, and twenty-five states enacted similar laws.

This original law had several features aimed at stopping the unethical practices of the orphan trains. It established what is now referred to as the permanent termination of

parental rights when a child is relinquished for adoption. It also required that the judge be satisfied that the adoptive parents are “fit” and will treat the child well. While this wasn’t always accomplished, either then or today, it established a strong sentiment toward the best interest of the child and guarded against the potential stealing of children from parents deemed unsuitable by independent individuals or organizations such as the CAS. In addition to changes in the legal status of adoption, the new law signaled a transformation in the beliefs and attitudes regarding separating children from biological parents or other biological kin occurred. This shift would have a tremendous influence on modern adoption policy, practice and research over the next century.

First Half of the 20th Century

The ethical issues raised by the orphan trains and other similar practices of removing children from homes deemed unsuitable or unable to raise a child “correctly,” prompted child welfare reformers and social workers to focus their efforts on protecting women, children and families (Carp, 1990; Herman, 2002). Prior to the 1851 Massachusetts law regarding adoption which protected the interests and well-being of the child, adoption practices were informal and often exploitive of the children, the families from which they came and the families by which they were adopted. No single occupation oversaw the process of adoption and there was very little formal regulation of the practice of adoption. This often resulted in less than optimal living conditions for children. At the turn of the 20th century in the U.S., there were no formal policies

regarding the investigation or supervision of potential adoptive homes (Herman, 2002).

By the 1950's, however, all this had changed. The first part of the 20th century saw a tremendous movement toward the regulation of adoption for the safety and protection of children. In addition, by mid-century,

...adoption was commonly viewed as the quintessential solution for childless heterosexual couples seeking to approximate, emotionally and legally as well as physically, the family they could not produce themselves. It conveniently also offered birth mothers and their babies second chances for normal lives, without the shame of being unwed and illegitimate. (Herman, 2002: 341)

The effort to regulate adoption practice and policy resulted in 'kinship by design.' Rather than haphazardly placing children in homes without any type of interview process or research of the situation, kinship by design is based upon what Herman (2002) refers appropriately to as the rationalization of the adoption process².

The rationalization of adoption includes three primary elements which were aimed at standardizing the process of adoption: professional authority, scientific validation and enhanced state oversight. "The premise of standardization was that public safeguards should be elevated over private interests and that values associated with consumption and blood should be subordinated to children's emotional welfare" (Herman, 2002: 352). Standardization would first and foremost require a professionalized group of people who would be specialists in adoption. In the early 1900s, essentially, anyone who wanted to could throw their hat into the fray, which resulted in a commercialization of adoption—sometimes referred to as baby selling for labor (Carp, 1990; Herman, 2002; Moe, 1998). Reformers sought to end the commercial

² The concept of rationalization is drawn from the theoretical work of Max Weber and the emphasis on formal rules and policies, specialization and bureaucratic structure.

trade of children by professionalizing the field and establishing standards for all types of adoption. The Child Welfare League of America was established in 1920 as a professional child advocacy organization which to this day publishes formalized standards for adoption which have been adapted by virtually every state in the U.S. (Moe, 1998). The professionalized field that would eventually take the lead in formalizing, standardizing, and overseeing the adoption process during the 1900s was social work.

The second element of rationalization in regard to adoption reform is scientific validation. Scientific validation focused on formalizing the process by which parents were chosen for available children and specializing the process through which children were identified for prospective parents. By the early 1900s, there was an emphasis in the adoption process on making adoptive families seem as close to ‘natural’ families as possible because it was assumed that the “best families were those who were most “normal” or natural (Gill, 2002: 161). The emphasis on ‘naturalizing’ the adoptive experience by simulating the biological family was primarily accomplished by the practice of matching. Matching, which remains a common practice today, brings together children and adults who share as many characteristics as possible such as race, ethnicity, and religious background. Matching was the dominant norm in adoption by mid-century and solidified the perception of the biological family as the ideal family form which should be sought even in the creation of non-biological families. As stated by Berebitsky (2000):

Anthropologist Judith Modell argues in her study of contemporary adoption that adoption “not only mirrors biology but also upholds a cultural interpretation of biological, or genealogical, kinship.” In Modell’s assessment, adoption quite logically came to mirror biology,

since “blood” and “birth” serve as the primary symbols of kinship in American culture. Yet I am arguing that adoption came to mirror the biogenetic family so closely not just because blood symbolizes “true” family but because social experts and middle-class Americans in the twentieth century increasingly focused on the nuclear, democratic family—the sexually satisfied, playfully compatible heterosexual couple with “planned for” children living in an “emotionally healthy” home—as the ideal and only legitimate family. (3)

Adoptive families as well as adoption workers (on behalf of the institution of adoption) sought legitimacy both legally and socially through the practice of matching. Families that deviated from the cultural norm were stigmatized and matching offered a mechanism for avoiding stigmatization. Interestingly, the practice of matching also served to link adoption to the stigmatized condition of infertility. As the demand for infants outpaced the availability of desirable children in the early 1900s, preference was given to childless couples in the adoption process. By the 1950’s, “infertility was so closely tied to adoption that applying to raise someone else’s child was considered an admission of reproductive failure” (Herman, 2005). Herman (2005) goes on to state,

In addition to being a qualification for adoptive parenthood, infertility was treated as a sensitive barometer of marital adjustment, a predictor of parental success, and a quality in need of interpretation. Because not being able to have children was considered just as abnormal as giving them away, infertility was at once a logical feature of adoption and a source of potential problems in new families and psychopathology in adopted children (2).

In light of the connection between infertility and adoption, reformers realized that it would also be necessary to de-naturalize the process of adoption in order to create standards and formalize the process. De-naturalizing adoption meant acknowledging that adoptive families were different from biological families and creating a foundation of

specialized and technical knowledge about adoption. This would require elaborate record keeping, testing of children's cognitive, social and emotional abilities, and intense scrutiny and evaluation of potential adoptive homes in order to adequately match children and parents and create healthy and happy families.

Gathering information on birth parents, adoptive parents and children was often completely disregarded in early adoption practice. This was an advantage for those who were interested in the commercial side of adoption, selling children to couples who were often desperate for a child. It could also be a disadvantage for many. When early adoptions were appropriately handled, they tended to be fairly open in terms of birth parents, adoptive parents and children knowing one another and maintaining some type of ongoing relationship. Secrecy in adoption was not the predominant practice until the mid-1900s. The process was so haphazard, however, that often times birth parents and children inadvertently lost track of one another over time (Herman, 2002). Reformers pushed for formalized records to be kept throughout the entire process of adoption. Records were to be kept about the birth parent, the adopted child, and the adoptive parents. One particular development of importance in regard to record keeping and evaluation was the initiation of 'home visits' or thorough investigation of potential adoptive homes prior to and following the placement of a child.

Child placers were directed to follow a fixed list of items when investigating a home: the house's physical character and geographic location, personalities and child-caring experiences of family members, church attendance, income, and reputation with neighbors and community leaders. Carefully standardized placement increased the chances that provision for children would be both materially and emotionally adequate, but only painstaking post-placement observation could guarantee that a child's welfare was actually being served. (Herman, 2002)

Scientific validation of the adoption process as just discussed, accomplished two important things. First, it supported the development and solidification of the biological ideal or norm of kinship relations. It became an integral part of the adoption process, through the practice of matching, to make adoptive families legitimate—not only legally but also socially—by appearing to be similar in virtually every way to a family created through biological reproduction. Second, scientific validation created a formalized process which includes interviews and testing of both potential adoptive parents and children available for adoption in order to secure the best parents for children and the best children for potential parents. Matching, cognitive testing of children and intense home-studies were intended to serve as guarantees that “families would function as many believed they should: to ensure that a child had the ability to achieve the class position and status aspirations of its parents” (Berebitsky, 2000: 3). Paradoxically, however, the results of scientific validation also served to increase the stigma of adoption which will be discussed further in the next chapter.

As the rationalization of adoption progressed, concerns arose as to who should be primarily responsible for the overall process. The third and final element of the rationalization process concerns the governance of adoption and enhanced state oversight. While social workers would become the primary professional group overseeing public adoptions, other groups did not stop arranging adoptions on their own. Adoption is a competitive enterprise—between public and private agencies, independent lawyers and between potential adoptive parents seeking a limited number of infants. During the early part of the century, the lack of regulations and specific laws governing

adoption left the process vulnerable to market forces. The demand for infants with similar characteristics to adoptive parents (primarily White infants and adults) began to outpace the supply and as such the costs to adoptive parents were often exorbitant. In addition, birth mothers were often enticed into placing their infants for adoption by offers of large amounts of money. Thus, throughout the early 1900s, birth parents, adoptive families and the children were all disadvantaged by the lack of standardization and regulation of the entire process. In response, states developed more formalized child welfare services and policies which were aided by the passage of various laws by the federal government and federal funding for adoption programs.³

Second Half of the 20th Century and Beginning of the 21st

The adoption reform movement of the early 20th century was very influential in shaping current adoption policy and practice. By the late 1960's five primary characteristics of adoption in the United States had developed as a direct result of the reform movement (Carp, 1990). First, the governance of adoption rests primarily with each state. While several federal statutes outline many of the appropriate legal procedures, requirements and guidelines for adoption, each state "has its own legal and administrative structures and programs" to oversee the adoption process (NAIC, 2003:

³ Title IV-B of the Social Security Act which established the Child Welfare Services Program in 1935 was the first time the federal government made funding available to the states for "preventive and protective services and foster care payments." The program was supplemented in 1961 by the Aid to Dependent Children Program and both programs were amended in 1980 by the Adoption Assistance and Child Welfare Act (NAIC, 2003: 1).

1).⁴ According to the National Adoption Information Clearinghouse, “all 50 states, the District of Columbia, and the U.S. Territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands specify in their statutes one or more types of court that have jurisdiction over adoption cases” (NAIC State Statutes Series, 2004: 1). The type of state court that has jurisdiction over adoption cases varies by state but include circuit courts, district courts, superior, probate, family and juvenile courts. All adoption cases are initiated by a petition submitted to the appropriate state court.

The second primary characteristic of modern adoption is a direct result of the unethical child placement practices during the mid-to late 1800s and early 1900s. Adoption agencies or other adoption workers must get informed and voluntary written consent from the birth parents which is provided to the court in order to have legal termination of parental rights. Consent refers to “the agreement by a parent, or a person or agency acting in place of a parent, to relinquish the child for adoption and to release all rights and duties with respect to that child” (NAIC Consent to Adoption, 2004: 1). Consent must be given in writing and witnessed by a notary public or a judge.⁵ All members of the adoption triad are intended to be protected by these practices. Proper consent prevents children from being unnecessarily or improperly removed from their biological families; it protects birth parents from uninformed or coerced decisions to place their child for adoption; and it provides adoptive parents with the protection of the law by solidifying the legal relationship between themselves and the adopted child

⁴ For further discussion of modern federal legislation regarding adoption, see the report published by the National Adoption Information Clearinghouse (NAIC) entitled, “Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption,” 2003.

⁵ The manner in which consent is executed varies from state to state (NAIC, 2004).

(NAIC Consent to Adoption, 2004: 1). There is a notable amount of variation, however, in how each state handles the process of consent and the opportunities available for the revocation of consent by the birth parent. This ambiguity and variation in the law has created many problems with another characteristic of modern adoption and that is that adoptive relationships are permanent. “Adoption is meant to create a permanent and stable home for a child; therefore, a validly executed relinquishment and consent to adopt is intended to be final and irrevocable” (NAIC Consent to Adoption, 2004: 3). The important part of this is that proper consent *must* be given. As long as this is the case, adoptive relationships remain permanent and the birth parent has no legal rights to the child. While this is the intent of the law, the continued mishandling of this aspect of adoption, particularly in regard to birth fathers, has caused a great deal of concern over the past 10 to 20 years among potential adopters for fear of birth parents coming to reclaim a child months or years after adoption because the termination of parental rights was not legally given (NAAS, 2002).

A final important characteristic of modern adoption is the development of the “best interest of the child” doctrine. As alluded to earlier, adoption policy and practice has moved away from fulfilling the needs of adults by providing children for household labor toward fulfilling the needs of the child by providing a stable and loving home in which to grow up. The implications of this shift have been far reaching within the institution of adoption which I will discuss further in chapter three.

Adoption has become increasingly more complex over the past thirty years. We have seen a split in the type of adoptions primarily handled by public and private

agencies. Public agencies primarily handle adoptions from the foster care system where children are older. Private agencies and independent lawyers are more likely to handle infant adoptions and open adoptions where often the birth mother chooses the adoptive parents after meeting with them; in these cases the birth parents and adoptive family have varying levels of ongoing contact. Additionally, international adoptions have increased dramatically since the early 1990's. Between 1989 and 2002, international adoption increased 248 percent (Child Welfare League of America, 2003). The 2000 Census data indicates that 13 percent of all adopted children in the United States were foreign born. The state laws regarding adoption are very complex which is compounded by the fact that there is a tremendous amount of variation in how each state handles international adoptions. A number of states have yet to develop statutes which provide for international adoption.

All of these changes introduce new dynamics to the process of adoption itself and to the social relationships that are created and which function after the adoption has taken place. Much of the focus is on the adoption process itself—with the process seen, at least by many social workers, to end shortly after the adoption is completed. This is evidenced by the lack of social services directly aimed at adoptive families which may be associated with the continuing emphasis of creating adoptive families that look as if they were biological families—thus trying to first create the illusion and then make the illusion real.

The increasing complexity of adoption coincides with increasing complexities in family life. Evidence suggests that the institution of the family and exactly who and what is included in it, is less clear on a societal level today than in the past (Stacey, 1990;

Stanley, 2001). The social roles included in the institution of the family arguably have much less clear behavioral expectations associated with them upon which identities are based. This ambiguity may have important implications for identity formation and maintenance and consequently social relations. As Herman (2002) states regarding the development of modern practices of adoption:

...they aspired to determine children's adoptability and parental suitability by technical means that would replace commercial and sentimental measures of worth with impartial and protective standards. But making adoption rational never eradicated the problem of value, and standardization necessarily encroached on moral questions. Standards amplified the voices of scientific professionals in the twentieth-century conversation about family formation, but that conversation still revolved around dilemmas as ancient as they are enigmatic. What is a family? Who belongs there? Does adoption make one just like any other? (385)

The questions listed in the above quote move us past the current discussion of the institutional context of adoption into a more elaborate discussion of the cultural context within which adoption occurs. In the remaining chapters of this dissertation, I will focus primarily on the cultural context of adoption—assessing societal attitudes about adoption and directly measuring the cultural meaning of the adoption and the adoptive identity and how these meanings influence social interaction.

CHAPTER 3: STIGMA, IDENTITY AND ADOPTION

In addition to knowing about the history of adoption in the United States, as presented in chapter two, it is important to understand the cultural climate or the ‘pervading environment’ in which attitudes towards and meanings about this institution have developed (Kirk: 1964). The trends in adoption practice and policy have been impacted by the cultural climate and have also influenced the type of research conducted on adoption and those involved in it. To date, the study of the attitudes about and perceptions of adoption has been approached in two primary ways: first by focusing on the members of the adoption triad themselves and assessing their experience with and perceptions of adoption; second, by conducting surveys to assess public opinion and perception of adoption. I will discuss the broader survey research in the following section and will then discuss the other literature in the remainder of the chapter.

Attitudes and Perceptions of Adoption

In 1997, the Evan B. Donaldson Adoption Institute, a “national not-for-profit organization devoted to improving adoption policy and practice” conducted the first national level survey aimed at measuring social attitudes and perceptions about adoption (<http://www.adoptioninstitute.org/>). The initial survey was repeated in 2002. Both waves indicate that the vast majority of Americans report either very favorable or somewhat favorable opinions about adoption. Those who reported a ‘very favorable’ opinion toward adoption increased from 56% in 1997 to 63% in 2002. In 2002, 94% of

respondents reported a favorable opinion toward adoption (the very and somewhat favorable responses combined). The studies also found that ‘personal experience’ with adoption had increased over this five year period from 58% to 64%⁶. There was little change, however, between 1997 and 2002 in the percentages of Americans reporting they have considered adopting at some point. Sixty (60) percent of respondents reported considering adoption either ‘not too seriously’ or “not at all seriously.” The data indicates a significant gap between attitudes toward adoption and adoption seeking behavior, beginning with consideration. In addition, slightly over half (57%) of the respondents reported that they believed adoptive parents get the same amount of satisfaction out of raising an adopted child as raising a child born to them. This was up from 46% in 1997. Interestingly, 29% reported that adoptive parents get *more* satisfaction and 11% reported that adoptive parents get *less* satisfaction out of raising an adopted child. Table 3.1 summarizes the findings of both the 1997 and the 2002 surveys for selected questions.

⁶ Personal experience with adoption was measured with one yes or no question asking respondents if a family member or close friend “had been adopted, had adopted or had placed a child for adoption.”

Table 3.1: Questions and findings from the 1997 and 2002 National Adoption Attitude Surveys

QUESTIONS	RESPONSE CATEGORIES	1997	2002
In general, do you have a very favorable opinion of adoption, a somewhat favorable opinion of adoption, or a very unfavorable opinion of adoption?	Very favorable	56%	63%
	Somewhat favorable	34	31
	Somewhat unfavorable	4	3
	Very unfavorable	4	2
Has anyone in your family or among your close friends ever been adopted OR adopted a child OR placed a child for adoption?	Yes	58	64
	No	42	35
How seriously, if at all, have you ever considered ADOPTING a child—would you say very seriously, somewhat seriously, not too seriously, or not at all seriously?	Very seriously	15	18
	Somewhat seriously	21	21
	Not too seriously	17	17
	Not at all seriously	47	43
Do you think parents get the SAME amount of satisfaction out of raising an adopted child as raising a child born to them, MORE satisfaction, or LESS satisfaction?	Same amount of satisfaction	46	57
	More satisfaction	33	29
	Less satisfaction	17	11

Stigma and Adoption

The nature of the NAAS data does not allow us to fully delve into the cultural meanings of adoption and the adoptive identity which informs the attitudes and perceptions measured in the survey. While the data from the 1997 and 2002 studies are extremely informative there is some question as to what exactly these data tell us, particularly when considering the stigma historically associated with adoption. In his 2001 article in the *Annual Review of Sociology*, entitled, “Still Not As Good As Having Your Own: Toward a Sociology of Adoption,” Allen Fisher states that if we follow the broad definition of stigma provided by Goffman as having ‘an attribute that is deeply discrediting’, adoption would no longer carry a stigmatized status (352). He points to the highly favorable opinions toward adoption reported in the NAAS to support this claim. The clear gap between attitudes about adoption and the propensity to actually adopt, however, raises questions about the actual status of adoption in the United States. In addition, when asked about adopted children in general and children adopted from foster care more specifically, it was found that adopted children were perceived to be more likely to have behavioral, social and emotional problems. Table 3.2 outlines these findings. The table clearly indicates more negative attitudes about children adopted out of foster care than adopted children in general.⁷

⁷ This indicates that the type of adoption influences the attitudes toward adoption and perceptions of adopted children. My research, however, does not focus primarily on one or another type of adoption but rather the broad sociocultural context within which adoption occurs.

Table 3.2: Perceptions of Adopted Children in General and Children Adopted out of Foster Care; National Adoption Attitude Survey, 2002; n=1,416
“Do you think [adopted children/children adopted out of foster care] are equally likely, more likely or less likely than other children to...”⁸

	Responses	Adopted Children in General	Children Adopted out of Foster Care
Have problems at school	More likely	41%	62%
	Less likely	8	5
	Equally likely	47	32
Have behavior problems	More likely	45	68
	Less likely	8	5
	Equally likely	43	25
Have problems with drugs and alcohol	More likely	33	55
	Less likely	11	6
	Equally likely	50	36
Have medical problems	More likely	31	32
	Less likely	8	9
	Equally likely	56	56
Be well-adjusted	More likely	12	11
	Less likely	32	53
	Equally likely	52	33
Be happy	More likely	13	13
	Less likely	22	42
	Equally likely	61	43
Be self-confident	More likely	13	11
	Less likely	34	53
	Equally likely	49	32

⁸ This set of questions was first asked about adopted children in general and then about children adopted out of foster care.

Respondents in the 2002 survey were found to be significantly less likely to consider adopting children with behavioral or medical problems as compared to children who didn't have problems. Thus, respondents reported the perception that adopted children were more likely to have a variety of problems and that they were less likely to seriously consider adopting a child with problems. Considering the data, it seems likely that there continues to be a social stigma associated with adoption. Fisher (2001) argues that the conceptualization of stigma that is used matters in regard to addressing this issue.

The elaborated yet narrower definition of stigma provided by Link and Phelan (2001) allows us to address the gap between positive attitudes about the institution of adoption and the lower levels of actual consideration of adoption and the continuing negative perceptions of adopted children. For Link and Phelan stigma refers to a social identity that is discredited (similar to Goffman's definition), but the identity is discredited in particular social contexts. Importantly, they "apply the term stigma when elements of labeling, stereotyping, separation, and status loss and discrimination co-occur in a power situation that allows the components of stigma to unfold" (p367). The four elements of stigma they discuss are interdependent and together produce and maintain stigma. Utilizing Link and Phelan's conceptualization of stigma in my research allows me to move beyond the individualistic focus typical of adoption research and assess the sociocultural context of adoption today. More specifically, utilizing this definition combined with the data collection method of semantic differential and the theoretical assumptions of Affect Control Theory⁹, I will be able to address two of my primary

⁹ I discuss Affect Control Theory in chapter four.

research questions: What are the culturally maintained affective meanings of the identities, behaviors and social contexts that comprise the institution of the family in the United States, particularly those associated with adoption? Do the social attitudes about adoption and the cultural meanings of adoption indicate a generalized stigma about adoption and the adoptive identity? In the remainder of this chapter I will elaborate on each of the four elements of stigma and discuss related research in the current literature on adoption which illuminates the existence of each element.

Distinguishing and Labeling Difference

The first element of stigma is that of identifying and labeling differences among humans. Not all differences between people matter in social interaction and social relationships. For stigma to develop, the differences must matter. It must be established that the differences are significant enough to change the nature of social interaction, even if the differences are not always immediately identifiable (i.e., difference in race or gender versus difference in blood type). Once identified, interpersonal differences must then be applied—groups must be labeled according to the salient trait. Thus, a group must be labeled as male or female, tall or short, rich or poor. In regard to adoption, there are a number of labels that establish the relevant traits for this element: biological parent, adoptive parent, adopted child, biological child. In addition, fertile and infertile are labels that have been directly related to adoption since the early 1900s (Herman, 2001; Miall 1987).

Research indicates that members of the adoption triad clearly perceive the differentiation that occurs and the labels that are applied to their adoptive identities. Much of this process (of differentiation and labeling) is related to the emphasis placed upon biological ties within the family in U.S. culture. Not only is there an emphasis on biological ties between parents and children as being better, there is increasingly a movement toward using genetics to explain social behavior (Lebner, 2000). This emphasis on genetics has been referred to as geneticization (Lebner, 2000; Lippman, 1998) or ‘genetic essentialism’ (Witt, 2002; Miall, 1996; Nelkin and Lindee, 1995). Genetic essentialism creates and maintains an emphasis on biological ties between family members and considers the genetic tie between parents and children vital for proper development of a sense of self and personal identity. Lebner (2000) has associated the medicalization and geneticization of American society with an increased emphasis on reproductive technology and a renewed emphasis on creating a biological tie between parents and children which drives people away from adoption and relegates adoptive families to second class.¹⁰ As Lebner states, “It seems reasonable to conclude that the medicalization and intensifying geneticization of North American society may contribute to the persistence of a latent social bias against non-biologically related families” (2000: 373). Nelkin and Lindee also note that groups opposing adoption have labeled adoption “a ‘pathology,’ arguing that genetics is the basis of identity, and that adoptees are ‘amputees.’ Genes, they suggest, link people securely to each other, grounding family

¹⁰ Medicalization refers to the ‘common acceptance of biomedical knowledge as “authoritative knowledge” and the increasing importance of medical labels such as ‘healthy’ and ‘ill’ in daily life (Lebner, 2000)

ties in a powerful and unambiguous biological entity, DNA” (Nelkin and Lindee, 1995: 71-2).

Research has indicated that the emphasis on biology impacts women more than men (Wegar, 2000; Miall, 1987; Miall, 1994; Greil, Leitko and Porter, 1988). Wegar, for example, finds that because “mature womanhood culturally is so closely linked to biological motherhood, it is not surprising that the adoptive parent status has been shown to be a particularly discrediting social attribute for women” (Wegar, 2000: 364). Greil, Leitko and Porter (1988), found this to be true of the label of being infertile also—that the experience of infertility had a greater impact on women. They found that women were likely to report infertility as a ‘devastating experience,’ to report feeling that they were less of a woman and had lost control over their lives. Thus women were more likely to suffer from the application of two labels that differentiated them from the biological ideal of the family: infertile and adoptive parent. Bartholet (1993) argues that this differentiation between biological and adoptive parent is made even clearer if we consider the emphasis placed upon ‘high technology medical treatment to produce a biologically related child’ (Miall, 1996; Bartholet; 1993). The advances in reproductive technology have furthered the idea of adoption as an option of last resort and reinforces the inferior status of non-biological families.

Members of the adoption triad have reported a keen sense of the continuing bias against adoption associated with the lack of biological ties between family members. In her study of adoptive mothers, for example, Miall (1987: 36) found that

a majority of respondents felt that society in general differentiates between adoptive parenthood and biological parenthood. However,

perceptions of differentiation lessened depending on the degree of familiarity of “normals” with adoptive families. Notably, differentiation was linked by nearly all the respondents to the importance placed on biological ties.

The lack of biological ties between family members has been found to be a concern not only for adoptive parents but also for birth mothers. Kallen and colleagues (1990), found that birth mothers perceive adopted children more likely to behave differently than biological children. The respondents reported some concern that the adopted child would have difficulty being fully integrated into an adoptive family situation. For many, this was a factor in choosing to raise the child themselves rather than place him or her for adoption.

March (1995) found in her interviews with sixty adult adoptees who had reunited with their birth parent that the adoptees, “identified the presence or absence of biological ties as the main distinction between adoptive and biological families. They noted further that others viewed adoptive families as weaker than blood kinship ties.” This last statement is an important part of the stigmatization of adoption by linking the particular label of biological or adoptive family to a negative characteristic such as having weaker bonds between family members. This leads us to a discussion of stereotyping.

Stereotyping

The second element of stigma involves linking the labels applied to various groups to “a set of undesirable characteristics that form the stereotype.” (Link and Phelan, 2001: 369). Importantly, linking the label and the stereotype is often “automatic” and draws directly from shared cultural meanings about various social traits and

categories. “From a psychological standpoint, culturally given categories are present even at a preconscious level and provide people with a means of making shorthand decisions that free them to attend to other matters” (Link and Phelan, 2001: 369). From a sociological perspective, the culturally maintained meanings of various social roles and social identities allow us to quickly identify people, group them together, and apply a label to them (again such as male or female, tall or short, adopted or biological child). Once the label has been applied it is directly (and often instantaneously) linked to a set of attributes which in turn directly influence the nature of social interaction. The linking of labels and stereotypes is an extremely important component in the development of stigma. This process, however, has received minimal attention in the adoption literature.

The adoptive mothers in Miall’s 1987 study perceived three primary negative beliefs associated with both infertility and adoption that serve as the foundation of stereotypes about adoptive families: “(a) the biological tie is important for bonding and love and therefore bonding and love in adoption are second best; (b) adopted children are second rate because of their unknown genetic past; and (c) adoptive parents are not real parents.” The ‘real’ parents were perceived to be the birth parents, with whom the child may never have had any contact. Wegars 2002 finding in regard to the search behaviors of adult adoptees is also consistent with Miall’s findings to the extent that the adoptees perceived the lack of knowledge about their genetic history and other family history as a negative stereotype held by people they interacted with.

While much of the research on adoption has assessed the perception of those in the adoption triad of what society believes about adoption, very few studies have gone so

far as to assess the broader cultural meanings of adoption or of the adoptive identity that are maintained by those both within and outside of the adoption triad (Evan B. Donaldson Adoption Institute, 2002). My research addresses this gap in the literature. We can no longer assume the cultural meanings that directly inform attitudes and perceptions of adoption that are held by both those in the adoption triad and those with whom they interact on a regular basis (but are not part of the triad themselves). Research has shown that one does not need to be a member of the adoption triad to have a very strongly held perception and opinion about the institution (National Adoption Attitude Survey, 2002). Perceptions and opinions about adoption are shaped by cultural meanings which in turn directly influence social interaction. The meanings serve as the foundation for differentiation as well as stereotypes. Thus, to truly assess the nature and status of adoption in the U.S. today, we must know what meaning it holds within the broad cultural landscape. I will come back to this discussion in chapters four and five.

Separation

The third element, separation, involves differentiating groups—establishing an “us” from a “them” where one group is clearly superior (“us”) and the other (“them”) is inferior. Separation can be more or less difficult depending on the nature or type of adoption. Consider the practice of matching discussed briefly in chapter two. Matching involves the creation of the “as if” family (Shanley, 2001) where the family appears ‘as if’ they could be biologically related. Adoptive parents and children are matched on as many characteristics as possible, particularly racial and ethnic background. While the

practice of matching has been challenged in recent decades with the practice of transracial and international adoption, it remains a goal as reported by social workers (Wegar, 2000). In assessing the ongoing practice of matching through her interviews with social workers, Wegar (2000) concluded that,

The policy of matching is intended to ensure that adoptive kinship resembles biological kinship as much as possible, yet at the same time this emphasis implies that adoptive families *never* can be quite as “real” as families connected by a biological bond. The clinical emphasis on biological similarity thus paradoxically supports the biological or molecular kinship ideology, while adoptive families base their lives on the assumption that families are created by ‘thousands of daily acts of support and care.’ (367)

The emphasis on biology once again serves as a primary source of differentiation and separation based on reproductive capabilities. While there are a small number of adults who adopt despite having one or more biological children, the vast majority of adults who adopt children are infertile. Thus the process of separation first and foremost creates the “us” of biological families with fertile parents and the “them” of non-biological families with infertile parents. Matching seeks to minimize the obviousness of the non-biological family to people outside the family but also many times also to those within the family (Wegar, 2000). In situations where matching has occurred, separation as it relates to stigma is more difficult unless the adoptive relationship is revealed. When it is revealed, separation occurs almost instantaneously. As reported by March (1995),

The respondents demonstrated an awareness of adoptive families as a different type of family. That awareness emerged from the reaction of others who, upon discovery of their adoptive status, changed their attitude toward them. Whether the adoptees viewed this change as positive or negative, the change itself gave them a sense of being made “different” by adoption.

The separation experienced by adoptees in this study, provided the motivation for seeking to find their birthmother and reunite with her. Some of the adoptees who reunited with their birth parent kept in contact with her, while others did not. Regardless, reunion allowed adoptees to begin to reduce their sense of being different because of not knowing certain things about their history, particularly their genetic histories. Interestingly, however, the motivation behind gaining this knowledge seemed to be primarily provided by negative social interaction experiences with others. “Following reunion, adoptees have verifiable answers for *other’s* (my emphasis) questions about their biological background and the reasons for the adoption” (Wegar, 2000). Interactions with other people who question the place of children in their adoptive families and treat them in noticeably different ways once learning of their adoptive status provided a great deal of motivation for seeking out their biological parents.

The increased practice of transracial and international adoption makes the element of separation less complicated as the parents and children are physically different and can be identified as such with relative ease. In the case of children adopted from other countries, the separation that occurs has become quite acute. While the separation based on biological and non-biological parent-child relationships occurs with this type of adoption, the primary source of the separation currently seems to center around the health status and medical background of the children arriving from countries such as Korea, China and Russia. The increase in the number of international adoptions over the past decade and the health problems experienced by the children once arriving in the U.S. has led to the development of Adoption Medicine as a medical specialty. Doctors

specializing in adoption medicine are experts in the medical problems of specific home countries and treatments that are unique to international adoptees that other pediatricians or family doctors who treat children would not think to look for. While adopting a child from another country is often faster than a domestic adoption, it has created new distinctions between adoptive families and also within the medical community.

Status loss and discrimination

The fourth and final element of stigma involves status loss and discrimination which influences the life chances of those in the negatively labeled groups. Stigma is not related to any one individual or any single social event, but rather to the larger social context (cultural context) and the meanings associated with various social identities. “The internalized cultural attribution of parenthood and family by bloodlines may instigate losses magnified both by closed adoption that denies access to one’s biological heritage and stigmatization that impedes the formation of a positive identity” (Leon, 2002). Leon’s 2002 review of adoption literature finds that adoption is most often viewed from the perspective of loss—the loss of the child for the birthparent, the loss of the original parent and family for the adopted child, linked to the loss of genetic history, and the loss of the biological child to the adoptive parents (652). The losses experienced by all three members of the adoption triad are seen to negatively impact the individual’s sense of self-esteem and identity. To fully assess status loss associated with adoption, we need to look to the literature on adoption and identity, a summary of which I now turn to.

The vast majority of the literature assessing the affect of adoption on individual identity has concluded that adopted children have more problems than non-adopted

children over the life course as evidenced by their higher rates of psychiatric care (Brodzinsky, 1990). Adoption research focusing on identity has been largely influenced by the work of Erik Erikson (Lifshitz, et. al., 1975; Kirby, 1997). Drawing from his theory of development, the focus of adoptive research has primarily emphasized identity development using his eight stages of development, seen as a sequential, primarily linear process of learning. While the sequential nature of identity development has been highly debated over the past decade or so, adoption researchers have frequently drawn from the concept and definition of identity put forth by Erikson.

Erikson viewed identity or personality development as a life-long process, divided into eight stages. In order for the individual to continue to develop, she must resolve the psychosocial conflict characteristic of a given stage. The resolution may be adaptive or maladaptive which has important implications for individual identity. If maladaptive, Erikson argues that the ego identity can not first exist, then continue to grow and achieve a healthy sense of self. The relevant stage for the current discussion is adolescence—or stage five. The characteristic crisis is that of “identity versus role diffusion.”

...the individual, confronted with fundamental physiological changes, becomes concerned with self-concept and social role. Erikson (1959) postulates that every adolescent is apt to go through some serious struggle at one time or another before he or she reaches a mature identity. Mature identity implies an acceptance of and comfort with one's physical self, a sense of direction, and consequently an ability to make decisions. Failure to resolve the adolescent crisis may contribute to “identity diffusion,” a maladaptive outcome implying doubts about one's physical and sexual self, an inability to make decisions and commitments, and the lack of a sense of continuity of the self over time. (Hoopes: 1990)

Research has indicated that adopted children will approach the resolution of these conflicts in different ways than non-adopted children, with an increased likelihood of maladaptive resolutions (Miller, et. al., 2000; Brodzinsky, 1990; Hoopes: 1990). Importantly, the concept of identity for Erikson implies both a biological or physical component along with the psychological processes of how one comes to think about oneself and consequently behaves. The process is largely “intrapsychic” or cognitive (Grotevant, et. al. 2000). While there is some acknowledgement of the influence of social interaction and feedback given from those in the individual’s life, the primary process is seen as being psychological in nature and highly variable from individual to individual.

As Erikson, among others, has identified the period of adolescence as the critical stage in identity development, the vast majority of identity research in conjunction with adoption has focused on the adopted adolescent. Some research has begun to assess outcomes for adults who had been adopted as children (mostly in infancy). These studies have primarily corresponded with the rise in open adoption and the debate surrounding the impact of policies of secrecy versus the practice of open adoption records and increasing contact with birth parents (Carp, 1998). Research on adoptive parents and their identities, outside of focusing on the characteristics that make someone more or less likely to adopt a child, has been minimal. As stated by Kaye (1990):

Both adoption policy and adoption research have been far too concerned with how to select adoptive parents who will be so free of neurosis that that they just naturally create a happy environment full of open, age-appropriate communication about any issues that arise. By focusing on the problem of selection and then

disappearing from adoptive families (reappearing here and there in order to assess outcomes), adoption agencies, laws and customs have, in fact, modeled “rejection of differences“ and a norm of minimal communication.

The “rejection of differences” reference in the above quote comes from another line of research that has had a great deal of influence on the social scientific study of adoption. H. David Kirk first published his research findings on adoptive family life in 1959. In 1964, Kirk published an elaboration of this work in a book entitled, Shared Fate: A Theory of Adoption and Mental Health. His was the first sociological study of adoption to focus on the process of adoption and its effects on social relations, particularly family relations. In contrast to the psychological studies being conducted around the same time, Kirk’s research focuses primarily on the adoptive parent and what he refers to as the “role handicap” that adults who adopt children are faced with as parents (1964). Role handicap is a result of four common dilemmas adoptive parents face for which there is no cultural support to help resolve.

The first dilemma involves how the parents think about themselves: are they the same or different from biological parents? What are the differences, if any? Kirk (1959) argues that the cultural script for American parents, based on biological ties, directly influences behavior and thus parent-child relationship. In addition, he argues:

Although there is a commonly understood term “adopted child,” the complementary term “adopter” or “adoptive parent” while used in professional literature, is not in common usage. When we hear people, including adopters, refer to adoptive parents, such references tend to be made to “the Browns, who have an adopted child” or to “the Smiths, who have adopted a child,.” In other words, for adoptive parents there exists no common symbolic referent to suggest the nature of their adoptive identity and

parental role. In the vernacular they are identifiable solely by reference to the means of substitute parental role gratification, that is, having adopted, or to the ends of gratification, the child. (1964).

Thus, the resolution of this first dilemma may often be very difficult as existing cultural scripts or meanings of family life do not assist adoptive parents in making their decisions and in fact often work against them. In addition, the adoptive parent identity is unclear as are the behavioral expectations for their unique parental role.

The second dilemma faced by adoptive parents is how to think about their child. How or in what ways is the adopted child different from the biological child that they may have had? How is their adopted child different from children in other families who are not adopted? Kirk elaborates this dilemma by discussing the tension between differentiation and integration into family life. One of the cultural markers regarding parent-child relations in the biological paradigm is that the integration into the family, of children born to the parents, is taken for granted. There is no question that the child 'belongs' to the family. This is not so in the case of adoption and as such adoptive families have to work toward integration. The child, particularly depending on age at adoption, and the adoptive parents must work together and to some extent defend the child's place in the family. This causes a tension between integration, making the child feel as if he or she had always been a member of the family, versus recognizing the differences in the way the child entered the family as compared to what is often referred to as the "natural" way to join a family. It is the elaboration of this dilemma that has served as a foundation for much of the research on adoption and identity formation in the years following Kirk's original work, with a focus on children rather than adults. More

recent research (Kaye: 1990), has found that this dilemma continues to be relevant today, even in a social environment of increasing numbers of open adoptions.

A third dilemma faced by adoptive parents is that of “revelation.” Simply stated, this relates to the question of should they tell the child that he or she is adopted. The cultural script regarding disclosure since the mid-1900s, suggests that it is better to tell the child than keep it a secret. The secrecy may cause more harm for not only the individuals involved but also the relationships between them by causing and maintaining long-term stress. Thus parents are encouraged by social work practitioners and therapists to reveal the adoption to children at young ages. Yet the disclosure of the adoption causes a great deal of stress for the parents by perhaps reminding them of events which occurred prior to the adoption. This can be particularly difficult for nonfecund adoptive parents if they have not dealt with the pain and losses often associated with infertility. In addition, it is argued that waiting to reveal to the child that she is adopted until she is older, particularly during adolescence (here again drawing from Erikson), may prevent the individual from developing a healthy sense of self, although many argue that this may occur even if the adoption is revealed much earlier.

The process of revelation presents parents with the fourth and final dilemma Kirk discusses. How do parents reveal the circumstances surrounding the child’s adoption in a way that minimizes negative aspects such as out-of-wedlock births or perhaps certain characteristics of the birth parents and instead emphasizes positive aspects such as love for the child by all those involved? While the stigma against out-of-wedlock births has decreased significantly since the 1950’s, the majority of domestically adopted infants in

the U.S. continue to be born to young single mothers. This dilemma centers on framing the process of adoption, and the people involved in it, in healthy, functional and supportive ways. This may be problematic, however, as in an example given by Kirk where the adopted child was born to a teenage, single mother. The adoptive parents had a desire not to disparage the birth mother when talking with their child yet wanted to impart to the child that they believe premarital sex to be immoral.

Kirk identified two primary responses to these dilemmas (which are the basis of role-handicap) which serve to shape the dynamics of family life: rejection of differences and acknowledgement of differences. Rejection of differences is characterized by the practices of issuing new birth certificates at the time of adoption, matching parents and children on a number of characteristics such as race and religion, the desire to adopt infants and spacing multiple adoptions far enough apart to simulate the birth patterns typical of biological family patterns. If a second child is adopted, he or she is typically younger than the first. In addition, adoptive parents who follow the rejection of differences approach typically avoid discussion of the adoption and have been found to repress the memories and feelings associated with the adoptive process.

On the other hand, the acknowledgement of difference response is characterized by such things as the adoption of older children, and transracial adoption. Kirk found that couples who follow this response typically had talked about adoption prior to actually knowing they may not be able to conceive a child of their own, thus the adoption had always been intended. These parents typically encourage discussion of adoption by the children and others with whom they interact. They also are more likely to seek out

other adoptive families and establish social networks with people who have had similar experiences. The choices made by adoptive parents in terms of addressing and perhaps resolving the dilemmas discussed above will affect the types of social relations and interactions that the parents and children have over the life course.

Kirk argues that the acknowledgement of difference approach promotes good communication, order and stability in family life while the rejection of differences inhibits good or healthy communication often with disruptive results for family life. His findings have been very influential in adoptive identity research. His assessment of the coping strategies, arguing that the acknowledgment of differences promotes healthier adoptive family lives, has been used in discussions of how social interaction may influence the adoptive identity—primarily influencing how those involved think of themselves (Hoopes, 1990; Kaye, 1990; Grotevant, et. al., 2000). His work has been a catalyst behind the movement toward not only unsealed adoption records but also more open involvement by the birth parents in the child's life. "In fact, the act of choosing an open adoption implies an acceptance of differences within the adoptive kinship network (adopted child, adoptive family members, and birth family members)" (Grotevant et. al: 2000) Yet, it can not be denied that open adoption and the acceptance of differences introduces new challenges in their own right and as such may require additional coping strategies that have yet to be assessed. Kaye (1990) concludes that "all adoptive families really experience important differences and, deep down, feel them; with some acknowledging those differences while others resist doing so."

In recent years, research on the adoptive identity has attempted to synthesize the work of Kirk and Erikson (Grotevant: 2000). This research, however, continues to focus primarily on adolescents and on the psychological process of identity formation. Despite this focus, the research on adoptive identity indicates the lower status of adoptive families as compared to biological families and the resulting challenges adoptive families must face as a result. My research aims to address this lack of attention paid to adoptive parents and the family as a unit and to change the focus from intrapsychic processes to social processes.

Power

Thus far in this chapter, I have discussed the four elements that produce stigma. One of the particularly unique and important aspects of Link and Phelan's conceptualization of stigma, however, is their claim that stigma is dependent upon power. Without differential power, it is possible for the four elements to exist, but stigma will not develop. A challenge to assessing power is that it is more or less obvious depending on the situation and the groups involved. Adoption may initially seem to be a situation where the role of power is unclear. When considering this further, however, power differences become more easily recognized. To appropriately assess the power in a set of circumstances, Link and Phelan maintain that the following questions must be asked:

Do the people who might stigmatize have the power to ensure that the human difference they recognize and label is broadly identified in the culture? Do the people who might confer stigma have the power to ensure that the culture recognizes and deeply accepts the stereotypes they connect to the labeled differences? Do the people who might stigmatize have the power to separate "us" from "them" and to have the designation stick?

And do those who might confer stigma control access to life domains like educational institutions, jobs, housing, and health care in order to put really consequential teeth into the distinctions they draw? To the extent that we can answer ‘yes’ to these questions, we can expect stigma to result. (376)

To date, there are no studies on adoption that specifically assess the role of power in the institution. Power, however, is implied in much of the literature. It manifests itself in different ways depending on the position of the various groups of people involved.

On an institutional level, for example, social workers and doctors have a tremendous amount of power as related to the questions stated above. Doctors, particularly those who work in the field of reproductive medicine, have the power to apply the label, backed with the legitimizing force of a medical diagnosis, of infertility to an individual or couple. The mechanisms of institutional discrimination are evident when we consider this situation. While doctors may certainly not be applying the label of infertility with malice, the diagnosis is very clearly and very broadly identified within U.S. culture. Advances in the field of reproductive medicine have been interpreted as a reaffirmation of the belief that biological connections between parents and children produce the best family situations and relationships. In a documentary completed by the PBS program Frontline in 1998, entitled “Making Babies,” infertile couples and doctors within the field of reproductive medicine describe the lengths to which people will go to have a biological child. People, particularly women, will go through years of treatment and thousands of dollars to have a biological child. Only once in this program is adoption mentioned and it is mentioned as a last resort—to be attempted only when all other efforts have been exhausted.

Social workers also have a tremendous amount of power. This power may be associated with the reforms that occurred over the course of the 20th century which transformed the adoption process into one with specific laws and policies and a bureaucratic structure within which social workers remain primarily responsible for the handling of adoptions.¹¹ Social workers handle all home visits which assess the suitability of individuals and couples to become adoptive parents. The process now involves a tremendous amount of paperwork and evaluation on the part of both prospective adoptive parents but also social workers. The rationalization process of adoption has ensured that social workers have the power to identify and label human difference, to ensure these labels are recognized by society (particularly within the law) which leads to a separation of groups and social workers today control access to the one life domain that many people who seek adoption desperately want—parenthood.

As stated previously, much of the discussion of power in the adoption literature is implied rather than direct. Yet it is clear that within the institution of adoption, some groups have more power than others. There is sufficient evidence in the current literature on adoption to indicate that the four elements of stigma as developed by Link and Phelan are operating in a situation of differential power among groups and as such the stigmatization of adoption continues. The cultural context within which adoption occurs directly affects the distribution of power between various groups. In the next two chapters I will extend the discussion of the stigma of adoption focusing primarily on the elements of differentiation and stereotyping. I will discuss a new approach to the study

¹¹ See chapter two for a full discussion of the reform movement of the 20th century.

of power in regard to adoption which draws from the assumptions of Affect Control Theory. As will be discussed further in chapter four, the affective meanings of adoption may be measured on three universal dimensions of meaning. Evaluation, Potency and Activity. The second dimension of potency is a direct measure of the power linked to various identities and behaviors. Approaching the study of adoption from this perspective will provide new insight into the institution of adoption within U.S. culture. In chapter five, I will present the results of my data collection and specifically discuss the dimension of potency as a means to add to the discussion of power in adoptive situations—as a situation, behavior and identity.

CHAPTER 4: THEORY AND METHODS

Stigmatization changes the nature of a social identity. When someone possesses a stigmatized identity, they are perceived as notably different from “normals” which consequently changes the way the individual behaves as well as how they are treated by others (Goffman, 1963). Through the process of stereotyping and separation, the stigmatized individual experiences the loss of social status and is more likely to face discrimination. “By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances” (Goffman, 1963; 5). Stigma has important implications for social interaction and the life outcomes for people with stigmatized identities.

Assessing the stigma of adoption and the identities associated with it requires a number of things. First, it is important to understand societal attitudes about adoption. Second, it is important to know the cultural meaning of adoption and identities related to adoption such as adoptive parent and adopted child. Research to date has focused primarily on the attitudes and meanings held by those within the triad. Cultural meanings, however, are held not only by those in the adoption triad but also by people who are not a member of an adoptive triad. My research focuses on those who are not members of a triad. Finally, assessing the stigma of adoption requires a methodological approach that is grounded in sociological theory and which, when applied, allows us to explain the impact of the stigma of adoption. The research presented in this dissertation is intended to measure the attitudes regarding adoption and the cultural meaning of

adoption, grounding the discussion with Link and Phelan's conceptualization of stigma and the assumptions of Affect Control Theory.

Affect Control Theory

Affect Control Theory (ACT), as an extension of symbolic interactionism, is premised on the idea that people “perceive and create events to maintain the meanings evoked by their definition of a situation” (Smith-Lovin, 1990). This is referred to as the “Affective Control Principle.” Defining the situation establishes the setting, people and objects which are combined in order for people to recognize social events. In the language of ACT, situations include actors (the person who initiates the event), objects (the person or thing being acted upon), and behaviors. ACT maintains, however, that putting all the components of a setting together won't do much if we do not know the affective meanings of the identities of people with whom we interact along with the other elements of a situation. Affect refers to the generalized feelings people have for all identities, behaviors and social settings. It is the maintenance of affective meanings, or *fundamental sentiments*, which motivates behavior.

Affect Control Theory

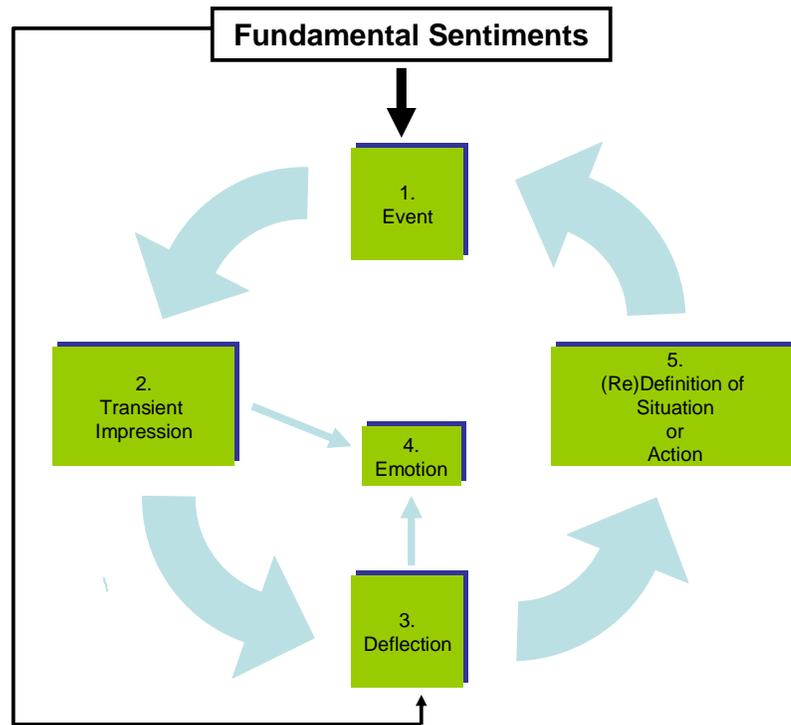


Figure 4.1: Affect Control Theory

Figure 4.1 presents the structure of the theory. Fundamental sentiments are external to social events, but at the same time are essential to understanding social interaction and individual behavior. The unit of analysis in ACT is the *event* (1)¹²; the social interaction which occurs between people in given social situations. In defining a specific social situation, the interactants (as actors or object persons) cognitively identify each other and assign identities to self and others. Once the situation has been defined,

¹² The numbers in parentheses in this discussion refer to the elements in Figure 4.1.

affective responses associated with the fundamental sentiments for not only the identities but also the expected and likely behaviors of all participants are evoked (Heise, 1999 and 2000; Smith-Lovin, 1990; MacKinnon, 1994; MacKinnon and Bowlby, 2000). Thus, in the first step of identifying an event, both cognitive and affective processes are at work. The experience of a social event (or the actual behavior of interactants) creates transient impressions (2)—event specific perceptions and feelings of what has just been experienced. Expected experiences are then compared to actual experiences in an event. In other words, transient impressions are compared to fundamental sentiments in the process of confirming social identities. Any discrepancy between transient impressions and fundamental sentiments produces deflection (3). *Deflection* is the measured difference between fundamental sentiments and transient impressions. “Deflection can be viewed as a kind of global response to interpersonal events, employing fundamental cultural sentiments as a point of reference” (MacKinnon and Bowlby, 2000: 51). The transient impressions and the magnitude of deflection produce emotions (4). Emotions are central to ACT in that they are indicators of how well (or not) an event has confirmed a person’s identity. “Emotions register the identity-confirming or disconfirming consequences of social events” (MacKinnon, 1994; 129). Thus, the larger the deflection (greater magnitude), the less likely it is that people are confirming the identities perceived in the situation. If an event does not confirm self-identities, actors generate new events that would bring events closer to fundamental sentiments (5); thus following the affective control principle. The construction of new events centers around either the behavioral intentions of the actor or the behavioral expectations for others—what another person

could do to confirm the social identities in a situation. Either way, the first step taken to reduce deflection is to modify behavior. If the situation does not allow for behavioral modifications to be made, people will attempt to redefine the situation. This involves modifying the identities of actors from those that were originally defined. Typically, completely new identities are not applied to actors in order to reduce deflection; rather specific characteristics, such as anger or excitement, are attributed to actors in order to make sense of their behavior and assist in confirming their identity. Thus, the event “mother screams at child” may become “angry mother screams at child.” The attribution of “angry” to the identity mother changes the definition of the situation.

Regardless of which process of reidentification occurs—modifying behaviors or identities—the process begins over with a new event, again all with the motivation to confirm social identities.

Nothing in this formulation is concerned with rational choice or functional analysis. Instead, humans are viewed as meaning maintainers, who continually reconstruct the world to fit intuitive knowledge generated from sentiments, within cognitive and logical constraints” (Heise, 2002: 1).

In affect control theory, knowing the fundamental sentiments held in regard to all social concepts (social situations, identities and actions) is imperative if we are to understand human behavior. These sentiments are measured using the semantic differential measurement technique developed by Charles Osgood and colleagues in the late 1950’s (Osgood, Suci and Tannenbaum, 1957). The technique was initially meant to measure the psychological meaning various cultural concepts have for people and has

since been used repeatedly in a wide variety of research. The semantic differential measures people's reaction to a concept (or stimulus word) on a bipolar scale with contrasting adjectives on either end (Heise, 1970: 1).¹³ The scale ranges from -4 to +4 with 0 labeled neutral. Fundamental sentiments about a concept are "measured as the average rating of the entity outside of the context of any event" along three primary dimensions of meaning: evaluation, potency or activity. Evaluation, how good or bad something is, is measured by scales such as 'good-bad' and 'nice-awful.' Potency, how powerful or weak something is, is measured with scales such as "powerful-powerless" and 'impulsive-deliberate.' Finally, activity, how active or inactive something is, is measured with adjective scales such as 'active-inactive' and 'fast-slow.'

Affect control theory uses a rather complex set of mathematical models which incorporates fundamental sentiment data and each of the elements in Figure 4.1 in order to explain social behavior. Formulas to predict the likelihood of events, given the identities in a situation, in addition to equations to predict traits, behaviors, and emotions which optimally confirm identities have been combined in a computer simulation program called INTERACT. Importantly, the mathematical formulations of ACT allow for semantic differential data to be used to make predictions about what behaviors and emotions may be expected of a given identity. These predictions may then be tested using a variety of other research methods such as surveys, experiments and ethnographic studies.

¹³ See discussion under research methods in this chapter for an example of a semantic differential scale.

Research Methods

In the fall of 2003 and the fall of 2004, I collected survey data from undergraduate students at Montana State University (MSU) in Bozeman, Montana. A paper and pencil version of the survey, in booklet form, was administered during class periods in introductory level social science courses. The courses chosen are part of the core curriculum at MSU and as such fulfill social science course requirements for students in a wide variety of majors. A paper and pencil survey was chosen over an on-line or web-based survey to save time and money while also obtaining a high response rate. As compensation, students were offered five extra credit points toward the grade in their current class for completing the survey. While not all students participated, the incentive increased the response rate beyond what it likely would have been otherwise (based on personal feedback from students) and higher than a web-based survey with open recruitment.

Students in the courses were given verbal instructions regarding the survey in a standardized format and explicitly informed of their rights as study participants prior to the distribution of the survey. I informed each class of students that the survey was designed to investigate various meanings associated with family life in the United States today and to ask their opinions about adoption as a means to form a family with children. Students were informed that there were three different sections to the survey and made aware of what to expect in each of them. In accordance with human subject policy, respondents were informed that the survey was voluntary and completely confidential. Once the initial verbal instructions were given, all other instructions were included in the

written portion of the survey. The surveys were randomly distributed amongst the students and took an average of twenty-minutes to complete. In total, 404 students fully completed the survey (238 women, 166 men).

As stated, the survey consists of three different sections, each designed to measure various aspects of adoption and family life in the United States. Section one presented the student with a number of different social and cultural concepts and asked them to rate each concept on nine or ten different scales. Section two consisted of a series of questions asking the respondent about their current attitudes about adoption, adopted children and adoptive parents. Section three included demographic questions.

Section One: Semantic Differential Scales

The first section of the survey presented the respondent with a number of concepts and semantic differential scales to measure the meaning the concept has for the respondent. As my research is grounded in the theoretical perspective of Affect Control, the first section of my survey used the semantic differential to gather the cultural meaning of various social concepts related to family life and adoption in the United States (See Appendix B for a full list of the concepts measured). One important question asked in my research is how the various meanings related to adoption and the adoptive identity influence social interaction. In order to assess how the meanings, or fundamental sentiments, of various identities, behaviors and settings influence behavioral expectations, we must first know what the fundamental sentiments are. More specifically, respondents of my survey were asked to rate concepts such as ‘adoption’ and

‘adopted child’ on a series of 9 point scales. Each scale was delimited by a pair of polar adjectives such as “good-bad” or “strong-weak.” Concepts were presented in booklet form, one at a time. Thus, one concept with all the scales on which it was rated was presented per page. The concepts were not presented in any particular order as anchoring or order effects have not been found to be significant issues with this type of format (Heise, 1970). The written instructions for this section were as follows:

In this section, you will rate your feelings about different concepts related to family life in the United States. An underlined word or phrase states what the concept is at the top of the page. You rate your feelings about the concept using the scales as in the example below. The ends of the scales represent the most extreme conditions imaginable and the middle is neutral. Base your ratings on your *first impression*, rather than on logical reasoning. For every term, please choose only *one* box for each scale as is done in the example below. Please read the scales carefully as they are not the same for each concept.

Turn the page to begin when you are ready.

Example:

Student

Bad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good					
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	
Powerless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powerful				
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	
Old	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Young					
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	
Passive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active					
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	

The scales for each concept were designed to correspond with the three universal dimensions of meaning: evaluation, potency and activity (EPA) (Osgood, Suci and Tannenbaum, 1957). These three dimensions are indicative of the “status, power, and expressivity” of large numbers of identities and behaviors involved in social interaction

(Robinson, Smith-Lovin and Tsoudis, 1994). The scales measuring the three dimensions were alternated for each concept as was directionality so that the good, strong, and active poles were not always the same (Heise, 1970). Scales were chosen to be as relevant to the concepts being measured as possible. As the content area of adoption has not been measured in this way before, I primarily chose the scales from Osgood's thesaurus study (1957) and standard scales used in Affect Control Theory research (Heise, 1988, 1990; Smith-Lovin, 1990; Kroska, 2002; MacKinnon, 1994).

For every concept measured in my survey, nine scales were presented, three for each of the dimensions evaluation, potency and activity. Responses were coded -4 to +4 with zero being the neutral point. A rating of +4 would indicate that an identity or behavior is infinitely good, powerful or active; a rating of -4 would indicate it is infinitely bad, powerless/weak or inactive. To acquire the EPA profile for concepts, the three scales associated with each dimension were summed and divided by three to create a new measure. The group average of this new measure is the score used for the EPA profiles used in the analysis chapters five and six. As stated by Heise (1970), "studies reveal that group means on the EPA dimensions are highly reliable and stable even when the samples of subjects involved in calculating the means are as small as 30." An alpha reliability of .60 or higher was obtained for all scales used in my analysis. Please see Appendix C for a full listing of reliability scores for each EPA profile.

To illustrate, the scales used in my survey to measure the dimension of Evaluation for the concept *adoption* were: bad-good, selfish-unselfish and hopeful-hopeless. Each of the scales represented a unique variable in my data set (thus, for every one concept—

such as *adoption*—I had nine variables). To construct the measure for the evaluation dimension for adoption, I added the three variables $Adoption_{[bad-good]}$, $Adoption_{[selfish-unselfish]}$ and $Adoption_{[hopeful-hopeless]}$ and then divided by three to create a new variable $Adoption_{[Evaluation]}$. I repeated this process for the potency and activity dimensions for every concept. Thus, the equation for the construction of the new variables looked like the following:

$$Adoption_{(Evaluation)} = (Adoption_{[bad-good]} + Adoption_{[selfish-unselfish]} + Adoption_{[hopeful-hopeless]})/3$$

For the purposes of analysis in chapters five and six, two concepts which are considered modifiers will be primarily used from my data set: adoptive and adopted. My survey included a limited number of identities, most focusing on those related in some way to adoption. To conduct the analysis for this dissertation, my data were then combined with a larger collection of EPA profiles for 1,500 different concepts. The EPA profiles have been put together in what are commonly referred to as affective dictionaries and made readily available for analysis. In particular, David Heise and Clare Francis collected EPA profiles for 500 Identities, 500 Behaviors, 300 Modifiers, and 200 Settings in 2002-3. Identities, behaviors, modifiers and settings related to adoption, however, were not included in this dictionary. Once I had computed the EPA profiles for the concepts in my survey specifically related to adoption, I incorporated my data into the larger U.S. cultural dictionary. While my data and the data included in the U.S. dictionary come from different samples, they both were collected from a sample of

traditional undergraduate students who had lived in the U.S. since age 16. As such, my data when added to the larger dictionary remain culturally relevant. The reason for this is that college students have been found to be “key influential and situation-definers in their communities with a disproportionate impact on popular attitudes” (Olmstead and Durham, 1976). As stated by Olmstead and Durham (1976):

College students are a key category of the population. College attendance is so widespread in this society that all major sectors of the society are represented—though by no means proportionally—in the category “college student.” Broadly viewed, they come from the general population, they are “closer” to the general population in a number of ways (compared, say, to academicians), and they return to the general population—though not in a random manner. Theirs is a temporary status and a culturally favored one. (37)

To the extent, therefore, that the cultural meanings of social identities, behaviors, modifiers and settings have been measured using the semantic differential, college students are an accepted population to sample. They are the carriers and communicators of mainstream culture and it is within this culture that the predominant meanings of social roles and identities and the meanings attributed to behavior are created and maintained. Despite this, it must be mentioned that there are limitations to the generalizability of these data. While my sample is consistent with the sample of the U.S. Dictionary, I have not made comparisons between college students and non-college students of similar age in order to test the generalizability of my data to all people of similar age and other demographic characteristics. Additionally, my data only measure the fundamental sentiments for those who are not in the adoption triad. I did not have enough respondents who were adoptive parents or who had been adopted in order to differentiate between

those in a triad and those who were not. I would expect to find variation in fundamental sentiments for those in the adoption triad to the extent that the members are a subculture in the United States. Subcultures develop unique meanings for identities central to the group (for example, adoptive parent, adopted child or adoptive family) (Smith-Lovin and Douglass, 1992: 220). As such, the findings presented in chapters five and six are limited to addressing mainstream cultural sentiments outside of the subculture of adoptive parents, birth parents and adopted children.

Thus, the first section of the survey measured the EPA profiles for identities, behaviors and settings associated with family life and adoption. A small number of the terms I included in my survey have been collected previously. As stated previously, however, concepts related to adoption were not included in the most recent collection of the U.S. cultural dictionary used in INTERACT (Heise, 1965; Heise 2001). To choose the concepts measured in my survey, I conducted a content analysis of articles on the family and adoption published in the *American Sociological Review*, *American Journal of Sociology*, *The Journal of Marriage and Family* and *Family Relations* over the past several years. I also reviewed *Sociology of the Family* textbooks and publications released by the Evan B. Donaldson Adoption Institute, the Dave Thomas Foundation for Adoption, and the Child Welfare League of America in creating the list. The result was a list of thirty-six concepts: 17 identities, 2 behaviors, 10 settings and 7 modifiers.

An initial pretest in early fall 2003 revealed that including all thirty-six concepts in the survey would take more time than would be available during one course period. Thus, to shorten the length of time it took for respondents to complete the survey, the

concepts were divided and four versions of the survey were created. Version one included twelve concepts and versions two, three and four included ten concepts. All versions included the two concepts of *Adoption* and *I, Myself*. See Appendix B for a breakdown of the concepts by version of the survey. Each version of the survey was completed by a minimum of thirty men and thirty women. Semantic differential data is measured separately by sex since research indicates males and females often have different fundamental sentiments for the same concepts (Heise, 1979; Smith-Lovin and Douglass, 1992; Kroska, 2002). These differences are attributable to gender subcultures and differences in gender socialization for males and females (Kroska, 2002: Heise, 1979). Table 4.1 presents the total sample size in addition to the sample size for each version of the survey.

Table 4.1: Total Sample Size and Sample Size per Version of the Survey, By Sex

	Males	Females
Total Sample	166 (41%)	238 (59%)
Survey Version 1	40 (39)	62 (61)
Survey Version 2	34 (35)	64 (65)
Survey Version 3	46 (43)	62 (57)
Survey Version 4	45 (47)	50 (53)

The benefits of the semantic differential technique are twofold for my research. First and foremost it is consistent with the literature on Affect Control Theory and has been proven to be an effective and efficient method of collecting the cultural meanings of

various concepts over the past half-century (Smith-Lovin and Heise, 1988; Schneider and Heise, 1995). Secondly, the semantic differential has been used as a strong measure of stigma and is a direct measure of the process of stereotyping as discussed in chapter three (Link, Yang, Phelan and Collins, 2004). Use of the semantic differential technique provides information on a given concept and the links made to any negative characteristics which are necessary for stigma to develop. The semantic differential data is analyzed in detail in chapter five to assess stigma related to adoption and the adoptive identity. In chapter six, I combine ratings for the concepts included in my survey with the larger U.S. cultural dictionary and use the program, INTERACT, to predict behavioral and emotional expectations for those who possess the adoptive identity.

Section Two: Attitude Questions

The second section of the survey consists of questions measuring attitudes about adoption in the United States. The same set of attitude questions are included in all four versions of the survey—they did not vary. The questions were reproduced from the National Adoption Attitude Survey (NAAS), conducted by the Evan B. Donaldson Adoption Institute and the Dave Thomas Foundation for Adoption in 2002 (discussed in chapter three). The NAAS used a sample of 1,416 Americans with results weighted to census targets for age, race, gender, income, religion and number of telephone lines to ensure that the sample was nationally representative (NAAS Research Report, 2002). The inclusion of these questions in my survey serves to indicate whether my sample maintains similar attitudes as those found by the NAAS. This is particularly important as

my sample is not nationally representative. For a comparison of my data and the reported data from NAAS, please see Appendix C.¹⁴

Section Three: Demographics

The third and final section of the survey included a set of twenty-two demographic questions, including a question asking if the respondent is adopted. If a respondent reported yes, they were adopted, they were then asked a series of questions about their adoption and if they would be willing to be contacted for a follow-up study on adoptive family relations. For those willing to be contacted for future studies, their names were separated from their survey data and entered into a database file for future use. It is important to note in regard to my sample, that for this stage of my research I did not target members of the adoption triad for inclusion in my study. As I am measuring the broad cultural meanings about adoption and assessing social attitudes about adoption, it is important to have respondents who are not members of an adoption triad as well as those who are (when possible). My sample includes two respondents who reported being an adoptive parent, seventeen respondents who reported being adoptees, and four who reported ever placing a child for adoption. Thus, the number of respondents in my sample who are members of an adoptive triad is very small. On the other hand, ninety-

¹⁴ The comparison made between my data and data from the 2002 NAAS study is based on published reports by the Evan B. Donaldson Adoption Institute. The data from NAAS has not been made publicly available.

eight (98) percent of my sample reported some type of personal experience with adoption.¹⁵

Another important point concerns the questions measuring socioeconomic background. I did not ask a question measuring total household income as is often done in determining socioeconomic status. I instead included questions about the household in which the respondents were raised. More specifically, I asked for the highest level of education their mother and father completed and the occupation their mother and father had when the respondent was sixteen years of age. These questions were included based on my anticipated sample of college students. As I am mostly interested in the context which shapes attitudes, affect and behavior, asking about family of origin made more sense with my sample than asking about their current household income. According to the American Council for Education, the average income for independent students was approximately \$13,000 per year which may not reflect the nature of the household they grew up in. Thus asking about the household in which they grew up gives me a better sense of their socioeconomic background. While some respondents were non-traditional students who had not been living with their parents for quite some time and could have answered questions about their current household situation, the approach taken was most

¹⁵ Personal experience with adoption was measured with a number of questions. Respondents were asked if any of the immediate members of their family (of origin) were adopted; if they have ever met someone who was adopted; if any of their friends were adopted; if any of their friends or family had ever adopted a child; and if they had ever placed a child for adoption. In addition, they were given space to write in any additional experience with adoption that was not covered by the other questions. The responses to the separate questions were combined into a single measure of total experience with adoption. If the respondent answered 'yes' to any of the experience questions, the response for 'total experience' would also be yes. Thus, any type of personal experience was included in the overall measurement. The purpose of including separate variables was to allow for a measurement of closeness to the adoptive experience. For example, it may be that people who have an immediate member of the family who is adopted maintain different attitudes or meanings about adoption than people who have ever just met someone who has been adopted (not someone they have lived with or are necessarily friends with).

appropriate for the anticipated sample. Table 4.2 presents the demographic characteristics of my sample.

My sample is very homogeneous.¹⁶ The median age for both men and women is 19.5 years with ninety (90) percent of my overall sample between the ages of eighteen and twenty-four. The vast majority (95%) of the sample is White, Caucasian only.¹⁷ Seventy-two percent of my sample were either freshman or sophomores (consistent with the median age of my sample for traditional college students). Perhaps related to the overall age of my sample, the vast majority of respondents did not have any children at the time of the survey. The lack of variation in my sample is certainly a limitation to the generalizability of my research; however, my work focuses primarily on variation in gender as that is one of the only variables for which I have variation.

¹⁶ See Appendix D for the demographic characteristics of the sample.

¹⁷ I included the racial classifications used by the U.S. Census and allowed for the selection of more than one race as is now done by the census.

CHAPTER 5: STIGMA AND IDENTITY

In chapter three, I discussed Link and Phelan’s conceptualization of stigma as it applies to adoption, and for each element (differentiation, stereotyping, separation and status loss and discrimination), pointed to studies from the current adoption literature that indicate that adoption continues to be stigmatized. To date, however, social science research on adoption has not approached the study of stigma from a theoretically informed perspective that fully addresses the cultural context of adoption and how stigma affects those in the adoption triad from a social structural perspective. For example, Wegar (1997) notes that, researchers have “decontextualized” adoption by not examining the influence of community attitudes toward both infertility and adoption. Virtually all adoption research addresses only the perceptions of members of the adoption triad themselves. While certainly important, excluding the influence of larger cultural attitudes and social expectations leaves a gap in our understanding of the institution of adoption.

My research seeks to re-contextualize adoption and systematically study the stigma of adoption and its influence on the life experiences of those in the adoption triad. To accomplish this, I will begin by addressing in this chapter the first two of my primary research questions¹⁸: 1. What are the culturally maintained affective meanings of the social identities of *adoptive parent* and *adopted child*? 2. Do the social attitudes about

¹⁸ The third research question will be addressed in chapter six.

adoption and the cultural meanings of adoption indicate a generalized stigma (as defined in chapter three) about adoption and the *adoptive parent* and *adopted child* identities?

I will first present the results from my survey of the attitude questions about adoption, a partial replication of the National Adoption Attitude Survey (2002). While the questions included in my survey do not represent a well-established index for measuring the stigma of adoption, they do allow us to assess the element of differentiation which is necessary for stigma to exist. I will next present the cultural meaning of adoption as measured using the semantic differential technique to discuss the process of stereotyping which is the second element of stigma.

Differentiation

When considering the elements necessary for stigma to arise, differentiation is key (Phelan and Link, 2001). As discussed in chapter three, differentiation is the process of identifying and labeling differences between groups. Once labeled, the differences between groups must be shown to matter socially—to influence social interaction and social relationships. The second section of my survey focused primarily on measuring the process of differentiation in regard to children. Respondents were first asked about their current opinion about adoption and if they have ever considered adopting a child. They were then asked a series of questions about adopted children in general and children adopted from foster care (please see Appendix B for a complete list of questions included in the survey). The questions regarding children ask respondents to compare adopted children to biological children. For the purposes of this research, I provided the label in

the survey questions, such as “foster child” or “child with behavioral problems.” The responses to these questions indicate whether or not the specific labels matter on a social and cultural level.

The vast majority of respondents, 96 percent of the total sample, reported either a very favorable or somewhat favorable opinion toward adoption. Specifically, respondents were asked to “Please indicate your current opinion toward adoption as a means to create a family with children.” Response categories ranged from very favorable to very unfavorable. Very few respondents (n=17) reported either a somewhat unfavorable or very unfavorable opinion toward adoption. In my analysis, therefore, I collapse these two categories into the single category of “unfavorable.” Table 5.1 presents the responses to this question for both men and women. While responses to this measure were overwhelmingly “favorable,” women were significantly more likely than men to report a very favorable opinion ($\phi=.001$), 78 percent as compared to 44 percent respectively.

Table 5.1: “Please indicate your current opinion toward adoption as a means to create a family with children. Is it:”

Percentage of males and females in each response category		
Response	Male	Female
Very favorable	44	78
Somewhat favorable	48	21
Unfavorable	8	1

My findings are consistent with other research in that people tend to report highly favorable opinions about the general practice of adoption (NAAS, 2002; Daly, 1994).

This finding, however, needs qualification. Adoption does indeed seem to be perceived

as a “good thing”, but only at the level of broad opinions about the institution. When we consider more specific attitude questions about adopted children and adoptive parents, and data on adoption seeking behaviors, we get a much different picture.

To address these issues, respondents were next asked if they had ever considered adopting a child. Thirty percent of the total sample reported having considered adopting a child. Of those who had considered adopting, seventy-three percent reported having considered adopting either somewhat seriously or not too seriously. As with their opinions about adoption, there are significant differences between men and women; forty percent of women as compared to fifteen percent of men reported ever having considered adopting a child.

Table 5.2 presents a cross tabulation of responses to the question about current opinion toward adoption and consideration of adoption. The results of the cross tabulation indicate a gap between opinions and consideration; only forty percent of all respondents who reported a very favorable opinion about adoption reported ever considering adoption. This may be a function of the age of my sample; most are so young they may not have thought about having children yet. However, the gap between favorable opinions about adoption and consideration of adoption found in my study is consistent with a gap also found in the National Adoption Attitude Survey (NAAS, 2002). In addition, data from the National Survey of Family Growth indicates that while approximately a quarter of ever-married women had ever considered adoption, a much smaller percentage (approximately 16 percent) had ever taken steps toward adoption. The gap between positive attitudes and actual consideration and adoption seeking

behavior has been noted as evidence that the stigma of adoption remains prevalent (Fisher, 2001; Wegar, 1997). It certainly indicates that the assessment of attitudes toward and perceptions of adoption requires more systematic and in-depth consideration than it has been given to date.

Table 5.2: The relationship between Support for Adoption and Consideration of Adoption

Results are Percentaged Across “Don’t Know” Responses not included				
	Consideration of Adoption			
	Male		Female	
	Yes	No	Yes	No
Opinion about Adoption				
Very favorable	21.9 (16)	78.1 (57)	46.5 (86)	53.5 (99)
Somewhat favorable	11.4 (9)	88.6 (70)	18.0 (9)	82.0 (41)
Unfavorable	0	100 (14)	33.3 (1)	66.7 (2)

Number of respondents in parentheses

To assess further the gap between opinions about and behaviors related to adoption, my survey included two series of questions measuring attitudes about adopted children. The first set of seven questions asked respondents if they “think *adopted children in general* are equally likely, more likely, or less likely than other children” to have certain characteristics. An identical set of questions was then asked about children adopted out of foster care. The first four questions in each set focus on various problems children may have such as problems at school, behavioral problems, problems with drugs and alcohol, and medical problems. The last three questions in the set focus on the socio-

emotional characteristics of being well-adjusted, being happy and being self-confident. The questions had the three response categories of, equally likely, more likely or less likely. As my analysis is primarily concerned with the attribution of negative characteristics, the categories of equally likely and less likely were combined for the problem focused questions and the categories of equally likely and more likely were combined for the socio-emotional questions. Thus each question was reduced to two categories and analyzed. Figures 5.1 and 5.2 present the results of this analysis.

This series of questions applies two primary labels to children: “adopted” and “foster child.” Respondents were asked about their perceptions of the likelihood of both adopted children in general and children adopted out foster care to have a number of problems. The characteristics of interest were having problems in school, having behavioral problems, problems with drugs or alcohol and having medical problems. Figure 5.1 presents results from the four problem focused questions comparing responses for adopted children in general and children adopted out of foster care. Overall, the majority of respondents perceived *adopted children in general* as equally or less likely than other children to have problems. However, adopted children in general are perceived as much more likely to have behavioral problems than any of the other three problems inquired about and significantly less likely to have medical problems. Children adopted from foster care, on the other hand, are perceived as significantly more likely to have problems. Chi-square tests for independence indicate significant differences in the perceptions of adopted children in general as compared to foster children. The majority of respondents reported perceiving children adopted out of foster care as much more

likely to have problems at school (76 percent), behavioral problems (82 percent) and problems with drugs and alcohol (57 percent). Perceptions regarding medical problems, however, were not significantly different for adopted children in general and children adopted out of foster care.

Figure 5.2 presents the results of the socio-emotional questions, again focusing on perceptions of adopted children in general and children adopted out of foster care.

Similar patterns are found with the data here as were found with the problem focused questions. Overall, the majority of respondents reported perceiving adopted children in general to be equally or more likely than other children to be well-adjusted, happy, and self-confident. The majority of respondents, however, perceive foster children as less likely to be well-adjusted and self-confident. Perceptions of happiness are somewhat split in regard to children adopted out of foster care.

I conducted chi-square tests for independence to test for any variation in attitudes between men and women. When asked about adopted children in general, women were significantly more likely to report that the children are equally or more likely than other children to be happy. There were no other significant differences in perception about adopted children in general. Women, however, were significantly more likely to perceive children adopted out of foster care as more likely to have problems at school ($\phi=.001$), to have behavioral problems ($\phi=.001$) and less likely to be well-adjusted ($\phi=.01$) and self-confident ($\phi=.01$).¹⁹

¹⁹ Chi-square tests for independence between men and women's reported attitudes were conducted for all of the variables. These results are discussed in the text but not represented in the graphs and tables for this series of questions.

Perhaps more telling than the data just presented, however, are the data regarding consideration of adopting a child with various characteristics. Respondents were asked “if you were considering adoption, how likely would you be to consider adopting a child in each of the following situations.” The situations included:

- adopting a healthy baby the same race as the respondent
- a brother and sister 2 and 4 years of age (a sibling group)
- a child who is a different race than the respondent
- a child out of the foster care system
- a child with medical problems
- a child with behavioral problems.

Figure 5.1: “Do you think *adopted children in general/children adopted out of foster care* are equally likely, more likely, or less likely than other children to:”

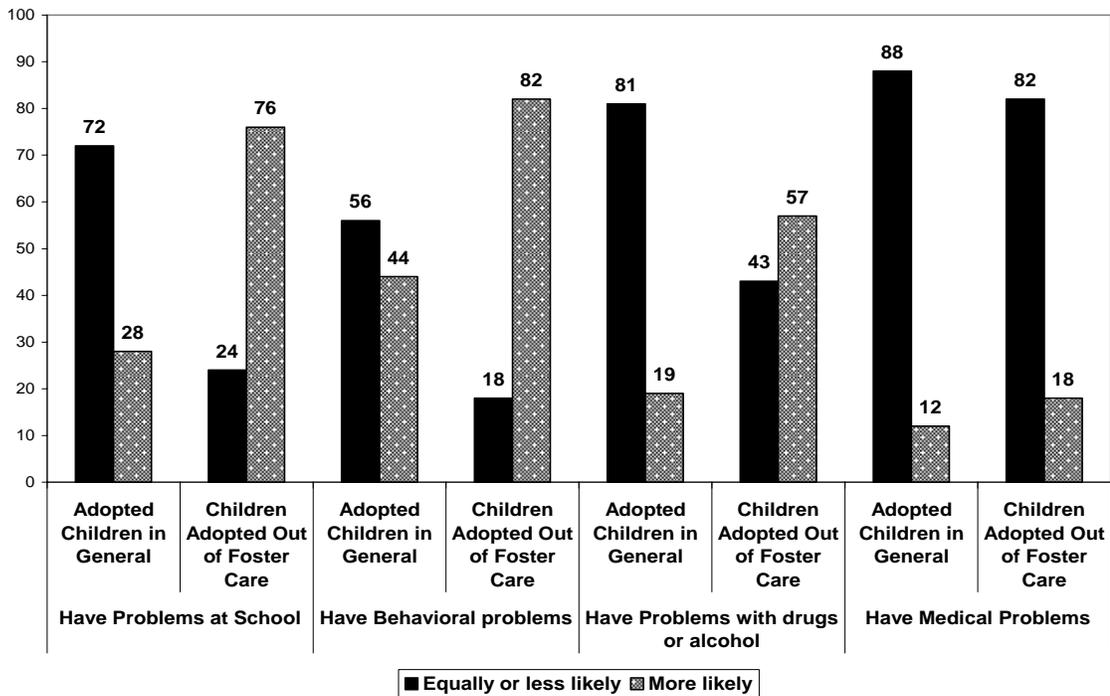
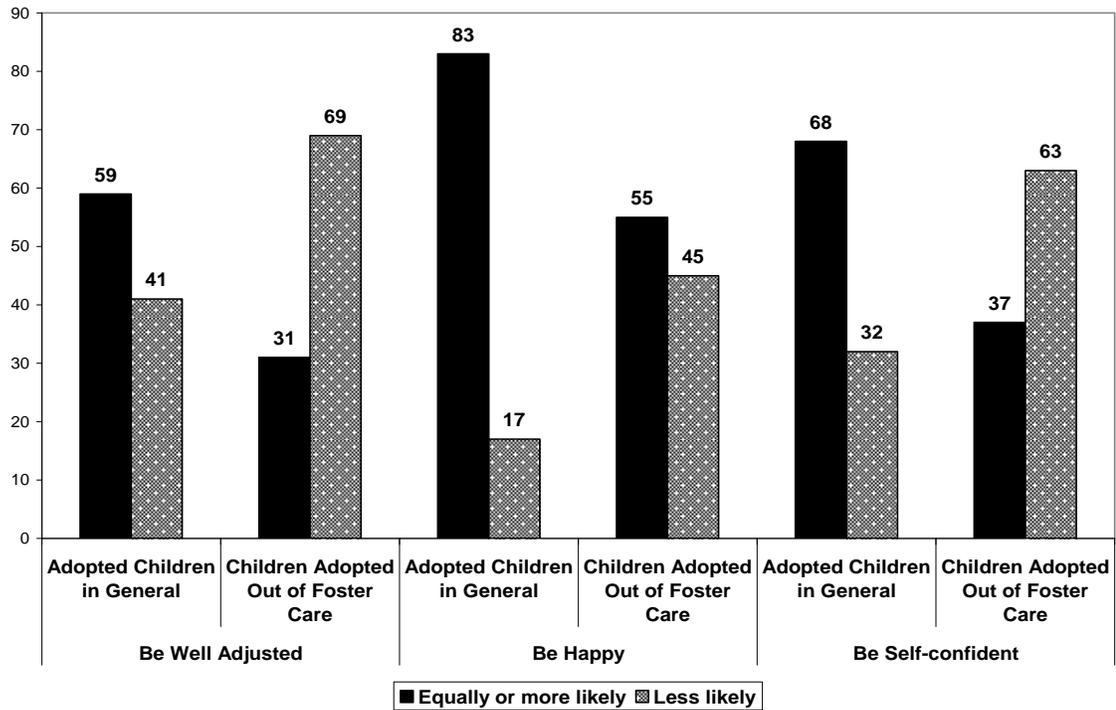


Figure 5.2: “Do you think *adopted children in general/children adopted out of foster care* are equally likely, more likely, or less likely than other children to:”



The results, presented in figure 5.3 and table 5.3, indicate that not only do people attribute negative characteristics to adopted children, they are also less likely to consider adopting children with those same characteristics. The vast majority of respondents, 88 percent, reported that they would be very likely or somewhat likely to consider adopting a healthy child the same race as themselves. As different characteristics were attributed to children, the likelihood of consideration decreased. Respondents were least likely to consider adopting a child with medical or behavioral problems. As stated previously, the vast majority of respondents reported perceiving adopted children as equally or less likely than other children to have medical problems. When children do have medical problems,

however, they are significantly less likely to be considered for adoption; 61 percent of males and 46 percent of females reported they would be “unlikely” to adopt a child with medical problems. In addition, 44 percent of respondents perceived adopted children in general and 82 percent perceived children adopted out of foster care to be more likely than other children to have behavioral problems. When asked about considering adopting a child with behavioral problems, 64 percent of all respondents reported they would be “not very likely” or “not at all likely” to consider adopting a child with this attribute.

Further analysis shows significant gender differences in consideration. For all situations, women were more likely to consider adopting a child, although again most likely to consider adopting a healthy child the same race as themselves. Table 5.3 presents the results of this analysis.

As I indicated previously, broad opinions about the general practice of adoption are very favorable. More specific questions about adopted children in general, children adopted out of foster care and the likelihood of considering the adoption of children with various characteristics, however, provide strong evidence that the label of adopted or foster child and various attributes such as having medical problems or behavioral problems results in differentiation and influences the perceptions of adoption. The data are not only a measure of differentiation but are also an indication of the process of stereotyping that occurs as part of the stigma associated with adoption. There is, however, a more direct measure of stereotyping that has been utilized in the literature on stigma: the semantic differential (Link, Yang, Phelan and Collins, 2004).

Figure 5.3 “If you were considering adoption, how likely would you be to consider adopting a child in each of the following situations?”

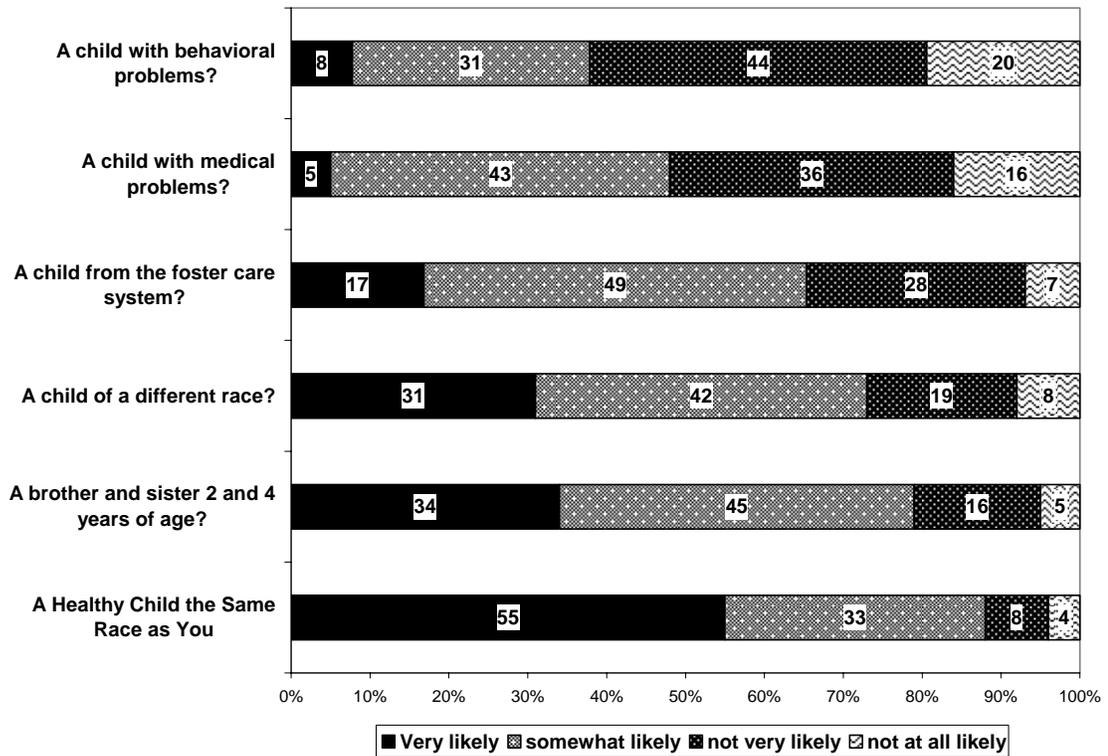


Table 5.3 Consideration of Adopting a Child with Specific Characteristics, by Sex

	Male		Female	
	Likely	Unlikely	Likely	Unlikely
A healthy child same race as you?***	81.2	18.8	92.4	7.6
A brother and sister 2 and 4 years of age?***	67.9	32.1	86.1	13.9
A child of a different race?***	53.3	46.7	86.6	13.4
A child from the foster care system?*	56.7	43.3	71.8	28.2
A child with medical problems?*	39.4	60.6	54.2	45.8
A child with behavioral problems?*	27.4	72.6	41.8	58.2

* $\phi > .01$ ** $\phi > .001$

Stereotyping

Stereotyping involves linking various labels or identities to a set of undesirable or negative characteristics (Link and Phelan, 2001; Link, Yang, Phelan and Collins, 2004; MacKinnon and Bowlby, 2000). The data presented thus far indicate that the label of adopted child or foster child is linked to negative characteristics such as having problems in school or having behavioral problems. This information is invaluable as one type of measure regarding the cultural meaning of adoption in the United States; however, these unidimensional measures of attitude do not address the underlying meanings related to adoption or foster care that are drawn from in the process of stereotyping. To date, the cultural meanings of the roles and social identities associated with adoption have not been systematically measured. In the next section of this chapter, I will present the findings from my survey measuring the cultural meanings of the roles and social identities associated with adoption. These meanings will then be used in chapter six to predict the behavioral and emotional expectations for adoptive parents and children as compared to biological parents and children. It is important to reiterate here the limitations of these findings, discussed in chapter four, as my research has only measured the fundamental sentiments of current college students not in an adoptive triad.

Table 5.4 presents a comparison of the evaluation, potency and activity profiles for family identities—both biological and non-biological. As is consistent with research of this type, the EPA profiles are separated by gender. My analysis focuses on the comparison between biological and non-biological parent and child identities.

Implicit in identities such as *parent*, *mother*, and *father* is a biological relationship with counter-identities such as child, son or daughter. The identity of *parent* [2.53, 2.42, 1.36 (m); 2.89, 2.73, 1.73 (f)] is rated as extremely good and powerful and quite active. When modifiers such as *adoptive*, *adopted*, *foster* or *step-* are added to these identities, using INTERACT, the meanings are fundamentally changed. Non-biological identities such as adoptive parent, foster parent, and step-parent, have much lower status, power and expressivity ratings than biological identities. The profile identity of *adoptive parent* [.60, 1.18, .91 (m); .14, .89, 1.49 (f)], for example, is only slightly good or positive, quite powerful, and slightly active. While both are on the positive side of the rating scales, there is a notable difference between the two identities of parent and adoptive parent along the three dimensions.

The ratings for an adopted child indicate they are very bad, weak and inactive compared to biological children—in fact, the profile for *adopted child* [-.33, -.19, -.26 (m); -.92, -.63, -.59 (f)] indicates that this identity is slightly negative on the evaluation and activity dimensions (thus slightly bad and inactive) whereas for *child* [1.45, -.76, 2.10 (m); 2.08, -.64, 1.94(f)] the identity is considered extremely good, and lively. The dimension of potency is very similar for the identities of child and adopted child as is clearly seen in figure 5.4.

Figure 5.4 is a graphic representation of the dimensions of evaluation and potency for biological and non-biological family identities. In this presentation of semantic space, zero is the point of neutrality of affective meaning. I have chosen the dimensions of

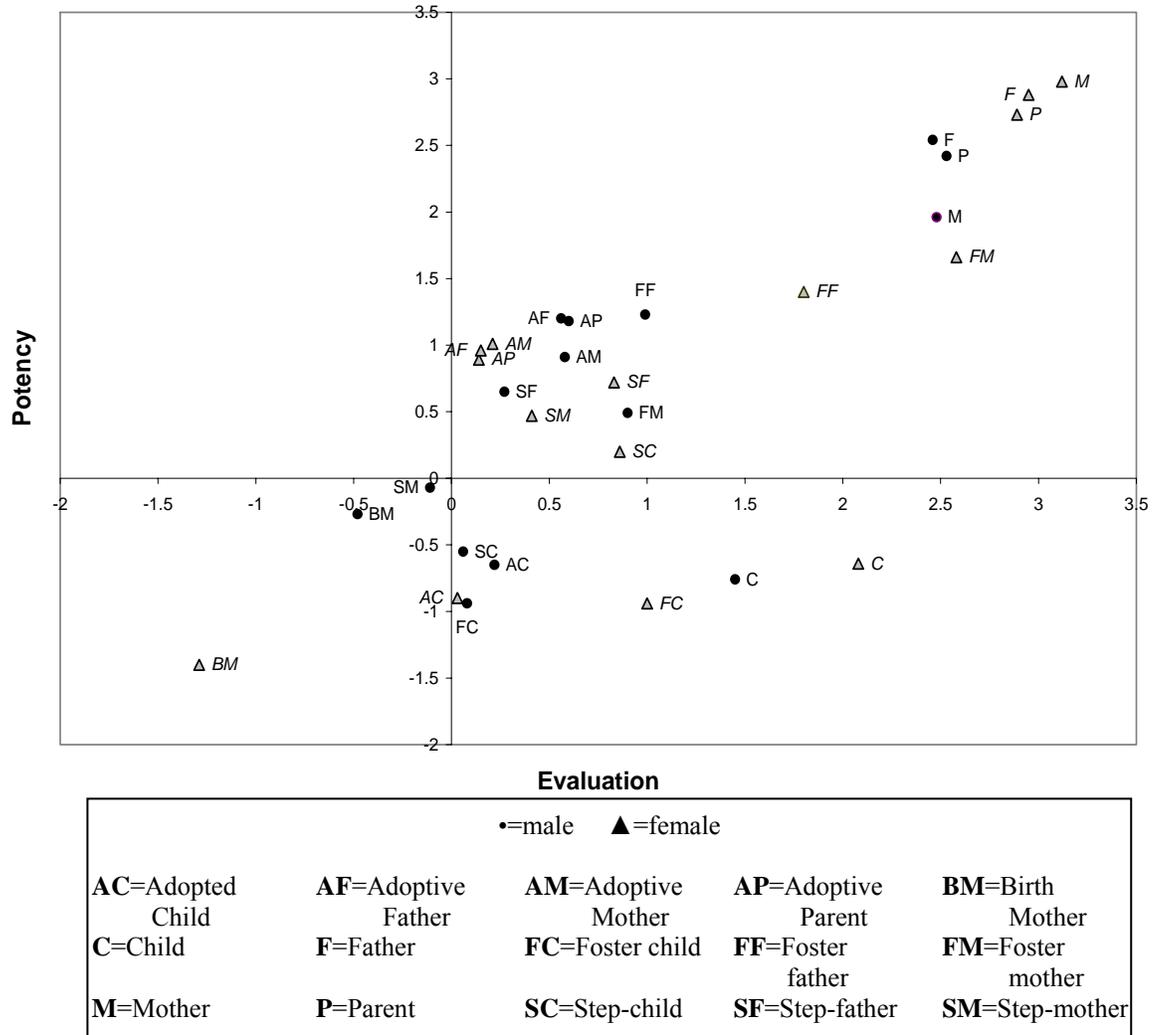
evaluation and potency as they are indicative of status and power of identities and status loss and power are two essential elements of stigma.

We can clearly identify three clusters of identities in this semantic space. The first is a cluster of the concepts parent, mother and father (the biological parental identities). While there is some variation between male and female ratings, they are clustered close to one another and are highly positive and powerful identities. The second cluster includes all non-biological parental identities. Just focusing on adoptive identities, they have significantly lower status and power than biological parental identities as do step-parents and the male ratings of foster parents. The EPA profile of foster mother and foster father based on female ratings indicates a much higher status for these identities while remaining similar on potency to male ratings. Regardless, this second cluster is clearly distinct from the biological parent identities. The third cluster is that of children—both biological and non-biological. As stated previously, adopted children are very similar to biological children on the dimension of power but have a much lower status.

Table 5.4 Comparisons of Identities

Identity Set	Male			Female		
	Evaluation	Potency	Activity	Evaluation	Potency	Activity
Parent	2.53	2.42	1.36	2.89	2.73	1.73
Adoptive parent	.60	1.18	.91	.14	.89	1.49
Child	1.45	-.76	2.10	2.08	-.64	1.94
Adopted Child	.22	-.65	1.43	.03	-.90	.83
Foster child	.08	-.94	-.43	1.00	-.94	-.31
Step-child	.06	-.55	-.08	.86	.20	.41
Mother	2.48	1.96	1.15	3.12	2.98	1.44
Birth mother	-.48	-.27	-.48	-1.29	-1.40	-1.23
Adoptive mother	.58	.91	.81	.21	1.01	1.28
Foster mother	.90	.49	-.51	2.58	1.66	.93
Step-mother	-.11	-.07	.14	.41	.47	.34
Father	2.46	2.54	.76	2.95	2.88	1.53
Adoptive father	.56	1.20	.49	.15	.96	1.35
Foster father	.99	1.23	.27	1.80	1.40	.51
Step-father	.27	.65	.16	.83	.72	.36

Figure 5.4 Biological and Non-biological Family Identities, by Sex



My analysis indicates that non-biological parental and child identities, in particular the adoptive identity (for both parents and children), have significantly lower status and power within mainstream U.S. culture. We can clearly see the lower status and power in the above map of semantic space, however, it is not yet clear how the EPA profiles link the identities to negative characteristics or traits.

A common conceptualization of stereotypes is that they are primarily cognitive structures which allow people to narrow down and simplify the enormous amount of information and social stimuli experienced on a daily basis. It has been established, however, that stereotypes are much more than merely cognitive structures. Stereotypes are both cognitive *and* affective structures which correspond to social roles or identities (MacKinnon and Bowlby, 2000).

Because stereotypes correspond to social identities based upon membership in or ascription to social groups, they can be treated as *identity schemas*. . . identity or roles schemas refer to “organized knowledge about the expected behaviors of occupants of particular social positions.” (MacKinnon and Bowlby, 2000).

Stereotypes are thus associated with social identities and identities carry with them expectations for traits, behaviors and emotions which may all be measured using the semantic differential. Semantic differential data and the assumptions of Affect Control Theory provide us with the opportunity to estimate the process of stereotyping by linking identities with predicted traits.

INTERACT is a computer simulation program initially developed by David Heise in 1972 to accompany the theoretical developments of ACT. The program simulates social interaction and accomplishes several important things. “Program Interact predicts what events might occur if people have particular identities, which emotions might arise during social interaction and how people might reinterpret each other as a consequence of events” (Heise, 2002). I will discuss INTERACT further at the beginning of chapter six, but for current purposes, it is important to note that INTERACT allows for the

identification of typical traits associated with various identities. Thus, we can link the EPA profiles with the expected traits or characteristics for an identity and directly assess the stereotypes for particular identities.

To obtain characteristic or stereotypical traits associated with various parental and child identities, I input the EPA profiles listed in table 5.4 into INTERACT and searched for traits which optimally fit the identity. Table 5.5 displays the stereotypical traits generated by the attribution models of affect control theory for the identities of parent, adoptive parent, child, adopted child, mother, father, adoptive mother and adoptive father. The predicted traits listed in the table are in rank order of how closely they fit the profile of the identity being considered.

The results presented in table 5.5 indicate that the predicted traits attributed to *parents* by both men and women are extremely positive and powerful such as the traits of brave [(m) 2.48 2.33 1.43; (f) 2.60 2.78 1.66], confident [(m) 2.28 2.59 1.22; (f) 3.21 2.92 1.81], independent [(m) 2.11 2.35 1.34; (f) 2.85 2.98 1.36], and competent [(m) 2.74 2.35 .88; (f) 2.71 2.62 1.32]. The traits attributed to *adoptive parent* are notably different on all dimensions, but in particular on evaluation and potency. Traits such as compassionate [(m) 1.30 1.12 1.09]²⁰, rebellious [(m) .37 1.24 1.70; (f) -.64 1.32 1.96], strict [(m) -.18 1.46 .84]; aggressive [(f) .06 1.49 1.83] and authoritarian [(m) .16 1.73 .90; (f) -.24 1.45 1.35] are much lower on evaluation and potency than the traits attributed to biological parents. The difference between *mother* and *adoptive mother* and *father* and *adoptive father* are similar in nature. The traits predicted for *mother*, such as friendly [(m) 2.61,

²⁰ The trait of compassionate was predicted only with the male data. As such, only male EPA ratings are reported.

2.16, 1.16; (f) 3.47, 2.60, 1.75], helpful [(m) 2.48, 2.15, .99; (f) 3.33, 2.72, 1.34], and brave [(m) 2.48, 2.33, 1.43; (f) 2.60, 2.78, 1.66], are extremely good and powerful and quite active. The traits that most closely confirm the *adoptive parent* identity, such as defensive [(m) .11, .37, .78] and self-righteous [(f) .02, .67, 1.43] are only slightly positive, powerful and active. *Adoptive father* traits are also only slightly positive and powerful, notably lower than traits attributed to *father*. The traits of strict and authoritarian, attributed to *adoptive father* are again slightly negative on evaluation.

In a similar pattern, the traits predicted for the two identities of *child* and *adopted child* are strikingly different. The primary trait attributed to a *child* by both men and women is that of being playful [(m) 1.87, .82, 1.69; (f) 2.51, 1.48, 2.08]. The trait of playful is quite to extremely good, quite powerful and quite to extremely active. Traits attributed to an *adopted child* on the other hand, such as placid [(m) -.33, -.20, -.57], suspicious [(m) -.43, .40, -.44; (f) -.98, -.28, -.87], inhibited [(m) .71, -.72, -.52; (f) -.39, -.67, -.92] and aloof [(f) -.60, -.48, -.95) are in fact negative on evaluation, potency and/or activity.

Identity^a	Male	Female
Parent	[2.53, 2.42, 1.36] brave, open-minded, confident, friendly, independent, intelligent, helpful, competent, hardworking, passionate, generous, courageous, optimistic, ambitious, enthusiastic, bright, considerate	[2.89, 2.73, 1.73] brave, confident, independent, imaginative, competent, helpful, courageous, friendly, hardworking, cheerful, ambitious, outgoing, considerate, generous, optimistic, mature
Adoptive Parent	[.60, 1.18, .91] compassionate, rebellious, strict, masculine, outspoken, authoritarian, defiant, defensive, conscientious	[.14, .89, 1.49] mischievous, rebellious, defiant, defensive, cocky, aggressive, domineering, strict
Child	[1.45, -.76, 2.10] playful	[2.08, -.64, 1.94] persistent, playful
Adopted Child	[.22, -.65, 1.43] childish, defensive, compulsive	[.03, -.90, .83] defensive, childish, compulsive, temperamental, sarcastic, cynical
Mother	[2.48, 1.96, 1.15] friendly, helpful, open-minded, intelligent, brave, considerate, generous, bright, competent, optimistic, independent, confident, dependable, polite, cheerful, imaginative, broad-minded, perceptive, passionate, enthusiastic, courageous, hardworking, forgiving, kind, ambitious, responsible	[3.12, 2.98, 1.44] independent, helpful, confident, competent, brave, friendly, generous, considerate, bright, imaginative, courageous, open-minded, optimistic, hardworking, mature
Adoptive Mother	[.58, .91, .81] defensive, compassionate, idealistic, conscientious, defiant, strict, rebellious	[.21, 1.01, 1.28] self-righteous, mischievous, authoritarian, sarcastic, dogmatic, aggressive
Father	[2.46, 2.54, .76] competent, intelligent, helpful, confident, open-minded, friendly, brave, independent, broad-minded, responsible, considerate, imaginative, generous, sincere, kind, wise, trusting, bright, dependable	[2.95, 2.88, 1.53] independent, confident, brave, competent, helpful, friendly, imaginative, considerate, courageous, generous, bright, hardworking, optimistic, cheerful, mature, perceptive, ambitious
Adoptive Father	[.56, 1.20, .49] conscientious, strict, reverent, compassionate, authoritarian, defensive	[.15, .96, 1.35] self-righteous, mischievous, authoritarian, sarcastic, aggressive, dogmatic

^a The numbers in parentheses before each list of traits indicate the EPA profile of the identity for both males and female which was input into INTERACT

Discussion

The data presented in this chapter address two primary questions regarding the meanings of identities associated with adoption. While some scholars and practitioners of adoption have argued that the stigma historically associated with adoption has diminished significantly in the recent past, my data indicate that a strong stigma persists. The attitude questions presented in the first part of the chapter indicate that the labels of adopted or foster child make important differences in the perception of and potential treatment of children. While in many ways adopted children in general are perceived to be similar to other children, a significant proportion of respondents perceive adopted children, particularly children adopted out of foster care, as being prone to having a number of serious problems. The differentiation between biological and adopted children is clearly seen in the consideration of adoption measures. The likelihood of adopting a child of a different race or a child with medical or behavioral problems is significantly less than the likelihood of people considering adopting a healthy child who is of the same racial background. While the consideration measures are not measures of actual adoption seeking behavior, they are adequate measures of how applying the label or attribute of being adopted in general or being adopted out of foster care creates clear distinctions between groups of children. These distinctions are emphasized even further in the analysis of stereotyping.

The stereotypical traits predicted for those with the adoptive identity provides evidence that a generalized stigma remains. For the first time, however, we can quantitatively measure and map the distance between the various social roles and

identities. The identity of adoptive parent and adopted child have been linked to negative characteristics with much lower levels of status and power than biological parents and children. In the process of assessing the stereotypes associated with the adoptive identity, a notable difference in power, as measured by the potency dimension of affective meaning, became evident. Now that the stereotypical traits for adoptive parents and adopted children have been identified, in chapter six I will estimate how these expected characteristics or traits influence social interaction within the family. More specifically, I will discuss how the differences in status and power influence the behavioral and emotional expectations for adoptive parents and children.

CHAPTER 6: SIMULATING SOCIAL INTERACTION

In chapter five, I presented data which indicate that the identities of *adoptive parent* and *adopted child* have a notably lower status and much less power than biological parent and child identities. I also showed how the EPA profiles for various identities could be linked, using a dictionary of EPA profiles, to stereotypical traits in the process of stereotyping the adoptive identity. In this chapter I extend the analysis to address how the existence of stigma has the potential to influence social interaction through the behavioral and emotional expectations for people with certain identities. More specifically I focus on the following question: Do the cultural meanings of adopted child and adoptive parent imply variation in the behavioral expectations for parents and children who are related by adoption as compared to parents and children who are biological related?

In answering this question, I will also elaborate on emotion as an element of stigma. While emotions have yet to be fully integrated into the conceptualization of stigma I have used in this work, they are important. In fact, as we shall see, they are integral to predicting our own behavior and the behavior of others.

Simulating Social Interaction using the Program INTERACT

The model of Affect Control Theory presented in chapter four includes six unique elements that are incorporated into social interaction: fundamental sentiments, the event, transient impressions, deflection, emotion and reidentification. An elaboration of the

model is necessary here in order to set up the simulations presented in the remainder of this chapter.

Event construction is more complex than might seem from my discussion in chapter five. As MacKinnon (1994) states:

Before social interaction can proceed meaningfully from one event to another, each interactant must settle upon a single, plausible interpretation of what is occurring, specifically, the identities of participants and the institutional context within which they are assembled. (19)

Event construction requires that the people and objects in a situation are cognitively identified and that the meaning associated with identities are agreed upon between the interactants. Affect Control Theory organizes social interaction in terms of a “case grammar” which includes an “actor (A) performing an act (B) on some object-person (O)” (MacKinnon, 1994: 19). The setting (S) is an additional element that may be evaluated if it is salient, or important, to the situation (Smith-Lovin, 1998; MacKinnon, 1994). The grammatical structure of ACT has been programmed into INTERACT (discussed in chapter five), which allows for the simulation, or prediction, of what will occur in social interaction. Using this grammar, ACT “focuses on people’s efforts to experience logically connected meanings, views social interaction as a feedback process in which people try to control their own and others experience and studies how mental processes link sociocultural information with individuals thought and action” (Schneider and Heise, 1995; 1).

INTERACT allows the researcher to input between two and four identities for a particular event and, depending on the interest of the researcher, reports the expected

behaviors and/or emotions which will optimally confirm the fundamental sentiments associated with the identities of the actors. If the researcher is interested in knowing what behavior would be expected of a particular actor, identities may be entered and through a series of mathematical equations, INTERACT computes an EPA profile that represents the optimal behavior for the actor, say mother to child, and provides a list of behaviors with EPA profiles similar to the ideal. INTERACT also allows researchers to enter behaviors and predicts identities that are most likely to engage in that behavior. All of the elements of an event, again Actor, Behavior, Object, and Setting, may be input and INTERACT will predict the outcome of the event. Importantly, this includes predicting the emotions that would be experienced by both actors and objects in an event. Emotions, as I will discuss, are critical in that they tell us how well our identities are being confirmed and inform the behavioral choices people make.

In this chapter I will present a number of simulations produced using INTERACT, drawing from both my own data and the data from the 2003 U.S. Dictionary. The simulations presented in this chapter are predictions about variations in behavioral and emotional expectations for the roles of parents and children, both biological and adoptive. For the sake of simplicity, I have only analyzed dyads in which all actors are assumed to share the definition of the situation. The simulations have been run with the assumption that behavioral modifications are possible in the situation when an identity is not confirmed and the need for modifying identities or choosing alternate identities is minimized. This is done as there are few alternatives for the roles of parent and child in the institutional setting of the family. Finally, adoptive status is assumed to

be known by all actors in a situation. Thus, if the interaction includes an adoptive parent or child, the other actor in the situation knows this.

Role Analysis

The first step in addressing my research question requires conducting simulations that predict the characteristic or optimal behaviors expected for the roles of parent and child. The first set of simulations, therefore, identifies the behaviors which would optimally confirm the identity of the actor in the situation. The events analyzed include only primary structural relationships—those between parents and children. INTERACT computes the EPA profile for optimal behavioral expectations for parents and children interacting with one another and creates a list of behaviors which are closest to that profile. Table 6.1 presents the results of this analysis.

The expected behaviors that would optimally confirm the identity of (biological) *parent* [(m) 2.02, 1.33, 1.04; (f) 2.15, 2.33, 2.18] in an interaction with their *child* are quite good, and slightly powerful and active. Parents are expected to grin at, flatter, advise, encourage, applaud, defend and reward their children. A *child* is expected to jest with, concur with, horse around with chatter to or banter with their parents. These activities [(m) 1.39, .02 1, .24; (f) 1.33, .28, 2.18] are slightly to quite good, only slightly powerful which is consistent the EPA profile for the identity, and are quite to extremely active.

The behavioral expectations to optimally confirm the identities of *adoptive parent* and *adopted child* in an event are vastly different from that of *parent* and *child*. The EPA

behavioral solution for *adoptive parent* [(m) -.25, -.41, -.45; (f) -.76, -.38, .06] is considerably less positive, less powerful and less active than that of *parent* [(m) 2.02, 1.33, 1.04; (f) 2.15, 2.33, 2.18]. The Euclidean distance between the optimal behavior profiles for *parent* and *adoptive parent* is 10.64 for males and 23.41 for females.²¹ *Adoptive parents* are expected to look away from, cling to, coddle, shush, stammer at, dote on or renounce the adopted child. The *adopted child* is expected to kid, extol, dote on, fuss over, beckon to, beseech or sound out in an interaction with an *adoptive parent*. These behavioral expectations for *adopted child* [(m) .59, -.24, .89; (f) .31, -.48, 1.07] are also notably less positive, powerful and active than those of *child*. The Euclidean distance between the two behavioral profiles is 1.72 for males and 3.45 for females.

The results of this analysis indicate that the identities of parents and children related biologically and parents and children related through adoption carry with them a distinctly different set of expected or predicted behavioral patterns if the identities are to be optimally confirmed through events. So how do we know when our identities have been confirmed in an event? To answer this I return to the model of Affect Control Theory presented in chapter five and the discussion of emotions.

²¹ Euclidian distance is a measure of similarity between concepts, such as parent and adoptive parent. If the concepts are very similar, the distance will be small. In measuring the distance between two concepts x and y , Euclidian distance is calculated as follows: $((\sum(x_i - y_i)^2)^{1/2})$

Table 6.1: Role Analysis

Actor	Optimal Behavior	Object-Person
Parent, Mother or Father	(M) [2.02 1.33 1.04] grin at, flatter, advise, greet, encourage, attend to, converse with (F) [2.15 2.33 2.18] applaud, entertain, surprise, giggle with, defend, reward, amuse	Child, Daughter or Son
Child, Daughter or Son	(M) [1.39 .02 1.24] escape, jest with, chat up, concur with, chitchat with, query, tickle (F) [1.33 .28 2.18] horse around with, chatter to, tickle, chat up, banter with	Parent, Mother or Father
Adoptive parent, Mother or Father	(M) [-.25 -.41 -.45] look away from, cling to, cuddle, shush, harangue (F) [-.73 -.38 .06] stammer at, dote on, mimic, renounce	Adopted Child, Daughter or Son
Adopted child, Daughter or Son	(M) [.59 -.24 .89] kid, hail, extol, dote on, josh, banter with, query (F) [.31 -.48 1.07] fuss over, beckon to, entreat, beseech, josh, sound out	Adoptive parent, Mother or Father

The numbers in brackets represent the EPA profile for the behavior that would optimally confirm the actors' identity.

Emotion

Affect Control Theory is a theory of emotions. It is emotion that allow us to know if our identities have been confirmed in social interaction and whether or not our behavior and the behavior of others is consistent with the way we think about the world and the particular situation we are in. The primary motivation for behavior is the confirmation of identities; our emotions inform us of how well this is being accomplished and thus indicate whether behavior modification is necessary or not. "Cybernetically, emotion is the perceivable manifestation of a comparator testing experience against identity" (Schneider and Heise, 1995). When experience confirms social identities, the difference between transient impressions and fundamental sentiments is minimal. Thus, deflection is minimized and the emotions as a consequence of the event are consistent with what are referred to as *characteristic emotions*. Characteristic emotions are those that are experienced when a person's identity is "perfectly confirmed by social events" (MacKinnon, 1994: 130). INTERACT allows researchers to predict the characteristic emotions associated with any identity. Once the EPA profile for an identity was obtained, I then entered that profile into INTERACT which creates a list of emotions that most closely fit that identity.

Table 6.2 presents the predicted characteristic emotions for the four identities of *parent*, *child*, *adoptive parent*, and *adopted child*. The numbers in brackets represent the EPA profile for the characteristic emotion produced by INTERACT and the list of emotions includes those that are closest to that profile with a Euclidian distance less than 1.00. The characteristic emotions for *parent* [(m) 2.30, 1.98, .94; (f) 2.55, 2.15, 1.17] are

extremely good, quite to extremely powerful and slightly to quite expressive.

Characteristic emotions are pleased, satisfied, charmed, proud, passionate, optimistic, and satisfied. The difference between the predicted characteristic emotion for *parent* and *adoptive parent* is considerable (Euclidian distance of 13.50 for males and 20.98 for females). The characteristic emotions for an *adoptive parent* are predicted to be contemptuous, exasperated, shaken, envious, alarmed, peeved, agitated, and impatient. These emotions [(m) -.31, -.13, -.18; (f) -1.09, -.95, .67] are all slightly negative or bad, slightly powerless, and only slightly expressive. There is a similar difference between *child* and *adopted child* (Euclidian distance of 4.43 for males and 7.79 for females). The characteristic emotions for *child* [(m) 1.23, -.17, .69; (f) 1.54, .00, .62] are predicted to be quite positive, neutral to slightly powerful, and slightly expressive. An *adopted child* [(m) -.38, -.27, -.20; (f) -1.11, -.75, -.94] on the other hand is predicted to have the characteristic emotions of shaken, exasperated, contrite, contemptuous, self-conscious, apprehensive, indignant, apathetic. These emotions are slightly to quite bad, slightly powerless and inactive. They are negative on all three dimensions of meaning.

Thus far, my analysis indicates a distinct difference in the behavioral and emotional expectations for *parent* and *child* as compared to *adoptive parent* and *adopted child*. It is important to remember that the characteristics just discussed are to be expected when both identities are optimally confirmed in an event. We know, however, that identities are not always optimally confirmed, even in situations where both interactants share the definition of the situation and when the situation occurs within a

standardized or structural setting within which there are highly established patterns of interaction—such as the events that typically occur between parents and children.

Table 6.2: Characteristic Emotions

Identity		Characteristic Emotions
Parent	M	[2.30 1.98 .94] pleased, satisfied, charmed, proud, optimistic, delighted, glad, cheerful, overjoyed, self-satisfied, jubilant, enthusiastic, passionate
	F	[2.55 2.15 1.17] passionate, optimistic, glad, satisfied, compassionate, elated, pleased, proud, merry, self-satisfied, euphoric, charmed, overjoyed
Adoptive Parent	M	[-.31 -.13 -.18] contemptuous, exasperated, shaken, envious, contrite, indignant, self-conscious, shocked, smug, nostalgic, repentant, disapproving, melancholy, mad
	F	[-1.09 -.95 .67] alarmed, peeved, agitated, impatient, irked, flustered, aggravated, angry
Child	M	[1.23 -.17 .69] contented, lustful, awe-struck, sentimental, self-conscious, reverent, euphoric, moved, compassionate
	F	[1.54 0.00 .62] awe-struck, contented, eager
Adopted Child	M	[-.38 -.27 -.20] shaken, exasperated, contrite, indignant, contemptuous, envious, smug, shocked, self-conscious, disapproving, melancholy, lovesick, apprehensive, nostalgic, mad
	F	[-1.11 -.75 -.94] apprehensive, indignant, apathetic, regretful, disapproving, exasperated, despondent, envious, uneasy, distressed, resentful, frightened, jealous, lovesick, smug, nervous, self-conscious, remorseful

The numbers in brackets represents the EPA profile for the emotion that results when the actors' identity is perfectly confirmed.

Behavioral Implications of Stigmatization

It can not be overemphasized that within the framework of Affect Control Theory, behavior is seen as motivated by the maintenance of fundamental sentiments associated with a particular identity. Emotion, as a function of the transient impressions of an event and the magnitude of deflection produced from an event, informs us of how well our identity has been confirmed. As indicated, even in highly institutionalized settings such as the family, when people are behaving in characteristic ways, identities are not always optimally confirmed. “Though working to validate meaning, participants can experience disconfirmation of meanings because they are working at cross-purposes or because of external disturbances” (Schneider and Heise, 1995: 7). When possible, therefore, the behaviors chosen within an event are those that will bring people as close as possible to confirming their identities without having to re-identify either themselves or others.

The following set of simulations contains predicted outcomes for what would be considered typical events between a *parent* and *child* and an *adoptive parent* and *adopted child*. To create the analysis based upon typical events, I drew from the role analysis presented in table 6.1, again these being behaviors predicted to optimally confirm the identity of the actor in the situation. Simulations for atypical events were also completed. Atypical events were created by switching the behavioral expectations between *parent* and *adoptive parent*. The following are the initial events analyzed using INTERACT:

- Typical Events
 - Male profiles
 - Parent encourages child
 - Adoptive parent shushes adopted child
 - Female profiles
 - Parent applauds child

- Adoptive parent renounces adopted child
 - Atypical events
 - Male profiles
 - Parent shushes child
 - Adoptive parent encourages adopted child
 - Female profiles
 - Parent renounces child
 - Adoptive parent applauds child

Table 6.3 Presents the EPA profiles, or fundamental sentiments, for the actors and initial behaviors in the events.

Table 6.3: Fundamental Sentiments

Males				Females			
Identity	E	P	A	Identity	E	P	A
Parent	2.53	2.42	1.36	Parent	2.89	2.73	1.73
Adoptive Parent	.60	1.18	.91	Adoptive Parent	.14	.89	1.49
Child	1.45	-.76	2.10	Child	2.08	-.64	1.94
Adopted Child	.22	-.65	1.43	Adopted Child	.03	-.90	.83
Behavior	E	P	A	Behavior	E	P	A
Encourage	2.30	1.39	.89	Applaud	2.58	2.30	2.51
Shush	-.60	-.15	-.25	Renounce	-1.21	-.11	-.13

Tables 6.4 through 6.7 report the results of INTERACT simulations for a series of events between parents and children. After implementing the initial event, I continued implementing ideal behaviors for each participant (as allowed by INTERACT) after being acted on by the other (Schneider and Heise, 1995: 15). Thus, each set of events is

the result of opportunities for self-affirming action and restorative behavior on the part of both parent and child or adoptive parent and adopted child to reduce deflection and confirm their situational identities. The notion is that “both interactants behave according to their own cultural understanding” of what it means to be a parent and a child in the United States in order to do this (Schneider and Heise, 1995).

Within the tables, *D* is the measure of deflection produced by the behavior. A value of zero indicates that the situation has perfectly confirmed the actors’ identity. *Emotion* is the affective state the *actor* experiences and the *reidentification profile* is the ideal EPA profile for someone engaging in the behavior, such as shush, toward the child. In the reports generated by INTERACT, the reidentification profile is reported “who would do the action.” The *pressure index* reported in the simulation tables is similar to the index used by Schneider and Heise (1995) to measure the pressure the actor feels to modify self or other identity or to adopt an entirely different identity within the situation. In contrast to their measure, however, the pressure index in my analysis measures the pressure upon the actor to modify his or her behavior in subsequent interactions. The profile is the sum of the squared difference between the original role (the fundamental sentiments for *parent*, for example) and the ideal role (“who would do the action”), over the three EPA dimensions (Schneider and Heise, 1995: 15).²² A pressure index less than 1.00 indicates little pressure to change behaviors and is indicative of either typical behaviors or restorative action that has brought transient impressions of an event closer in line with fundamental sentiments, thus confirming identities.

²² Pressure Index = $[(\text{Parent}_E - \text{RI}_E)^2 + (\text{Parent}_P - \text{RI}_P)^2 + (\text{Parent}_A - \text{RI}_A)^2]$

Tables 6.4 And 6.5 display the series of events associated with typical biological parent-child interaction separated by gender. For all four initial events (2 parent-child and 2 adoptive parent-adopted child), the magnitude of deflection is small. While not perfectly confirming the identity of *parent* or *adoptive parent*, there is a small amount of motivation to change behaviors. The events of *parent encourage child* and *parent applaud child* involve extremely positive predicted behaviors characteristic of the *parent* identity. The pressure index of 1.58 and 1.41 respectively for the two events indicates only minimal pressure to modify behaviors by the parent. The events *adoptive parent shush child* and *adoptive parent renounce child* produce only slight amounts of deflection, however, the pressure index is 5.64 and 5.25 for the two events respectively. This indicates that the *adoptive parent* is expected to feel a fair amount of pressure to change their behavior. Despite *shush* and *renounce* being characteristic behaviors predicted for *adoptive parent*, they are both quite negative behaviors which may result in feeling more pressure to modify behavior in subsequent interaction with the child. Notably, however, the restorative behaviors are themselves neutral to slightly negative also. To confirm their identity, the *adoptive parent* is expected to exonerate [(m) .76, 1.54, .26] and disagree [(f) -.14, 1.15, 1.60] with the child after the initial event. This is a distinct difference between the restorative behaviors of biological parents which are to protect [(m) 2.54, 2.31, .59] and defend [(f) 2.85, 2.68, 2.06]; behaviors much higher on evaluation and potency.

Tables 6.6 and 6.7 present the sequence of events following an initial atypical event between *parent* and *child* and *adoptive parent* and *adoptive child*. The initial

events of *parent shush child* and *parent renounce child* produce a greater magnitude of deflection (8.11 and 12.55) to the extent that the events may be considered remarkable (and thus less likely) between biological parents and children. The emotion of *shocked* predicted for both males and females, is a slightly negative emotion experience by actors with extremely high evaluation profiles. As a result, the simulated behaviors of *shush* and *renounce* are expected to produce a great deal more pressure (index scores of 22.20 and 28.37 respectively) to modify behaviors in subsequent interactions with *child*. In a series of five events, the male *parent* is predicted to restore himself with a final extremely positive and powerful action of *heal* [2.94, 2.76, 1.18] and the female *parent* is predicted to restore herself with the action of *protecting* [3.00, 2.30, 1.35].

The restorative sequence for *adoptive parent* and *adopted child* is less dramatic than that for biological parents and children, however, one very important difference between the two groups exists: the nature of the behaviors involved in restoring identities. The behaviors of *encourage* and *applaud* were chosen for the initial events in this analysis. Each of these events predict only a modest amount of deflection indicating that the events of *adoptive parent encourages adopted child* and *adoptive parent applauds adopted child* may be familiar events between the two identities, even though they do not optimally confirm the *adoptive parent* identity. Despite this, there is still some pressure to modify behavior and as I stated, the nature of subsequent behavior is notable. The final events that restore and confirm the *adoptive parent* identity are *adopted parent disciplines adopted child* and *adoptive parent disagrees with adopted child*. Discipline [(m) .66, 1.76, .83] and disagree [(f) -.14, 1.15, 1.60] are much lower on

evaluation and potency than the final events for biological parents. Thus, where biological parents initial event was very negative and they restored their identities with a series of increasingly positive behaviors, adoptive parents restored their identities through a negative behavior directed at the child. The initial behaviors for *parent* were much more negative and less powerful than the characteristic behavior for that identity and as such the restorative behaviors were predicted to be more in line with their fundamental sentiments. The initial behaviors for *adoptive parent* were extremely good and powerful, a behavior virtually the opposite of the behaviors listed in table 6.1. Thus, negative restorative behaviors re-establish the lower status and power of the original *adoptive parent* identity.

Discussion

The analysis presented in this chapter indicates that the identities of *adoptive parent* and *adopted child* change the behavioral expectations for parent-child interactions in very meaningful ways. Overall, the simulations conducted predict that interactions between adoptive parents and adopted children will be less positive than their biological counterparts, even if the initial interaction is positive. Previous research on adoptive parents and children has maintained that differences in behavioral patterns of adoptive parents and adopted children can be explained by inherent or biological characteristics of the individuals. While inherent or biological pathology may certainly be a factor in *some* cases of difficulties experienced by adoptive parents and adopted children, it doesn't explain all of the variation in behavioral patterns.

As asserted by Affect Control Theory, it is the maintenance of the cultural meanings of identities which motivates behavior and as such is not dependent upon personal idiosyncrasies. The individual variations in behavior that will undoubtedly be found, are constrained to the extent that anyone who behaves in a manner vastly inconsistent with their identity will either feel pressure to change their behavior or will modify their identities to fit the situation. Unless the meaning of an identity is changed over time because of new enduring traits which become part of the identity, the meanings and thus the expected behaviors remain extremely stable. In the next chapter I will discuss the implications of these findings on the continuing stigma of adoption and the identities of adoptive parent and adopted child.

TYPICAL PARENT-CHILD EVENTS

Table 6.4: Parent → Child Events

Event	Male						Event	Female					
	D	Emotion	E	P	A	Pressure Index		D	Emotion	E	P	A	Pressure Index
Parent encourage child	1.35	Thankful	2.39	1.38	.67	1.58	Parent applaud child	.84	Charmed	3.32	1.76	2.26	1.41
Child jest with parent	3.98	Reverent	1.45	-.51	1.41	.54	Child horse around with parent	2.14	Contented	3.35	-.55	2.60	2.06
Parent protect child	4.59	Reverent	2.64	2.02	.45	1.00	Parent defend child	2.16	Charmed	3.13	1.80	1.87	.94

Table 6.5: Adoptive Parent → Adopted Child Events

Event	Male						Event	Female					
	D	Emotion	E	P	A	Pressure Index		D	Emotion	E	P	A	Pressure Index
Adoptive parent shush adoptee child	1.81	Envious	-.92	-.15	-.34	5.64	Adoptive parent renounce adopted child	1.82	Anxious	-1.09	.36	-.37	5.25
Adopted child kid adoptive parent	2.46	Contrite	-.24	-.32	1.00	.51	Adopted child fuss over adoptive parent	.87	Repentant	-.06	-.67	.86	.06
Adoptive parent exonerate adopted child	2.36	Self-conscious	.25	1.38	.33	.50	Adoptive parent disagree with adopted child	.77	Anxious	-.53	1.15	1.16	.63

ATYPICAL EVENTS

Table 6.6: Parent → Child Events

Event	Male						Event	Female					
	D	Emotion	Reidentification Profile			Pressure Index		D	Emotion	Reidentification Profile			Pressure Index
			E	P	A				E	P	A		
Parent shush child	8.11	Shocked	-1.07	-.03	-.44	22.20	Parent renounce child	12.15	Shocked	-1.38	.72	-.74	28.37
Child chat with parent	9.18	Nostalgic	2.88	-.16	1.32	3.01	Child joke with parent	9.85	Anxious	4.01	-.40	2.55	4.15
Parent care for child	6.82	Nostalgic	3.23	1.78	-.50	4.36	Parent heal child	4.39	Nostalgic	3.92	1.88	.75	2.74
Child play with parent	7.61	Humble	3.36	.21	1.91	4.63	Child horse around with parent	4.58	Awe-struck	3.68	-.73	2.65	3.07
Parent heal child	6.04	Reverent	2.97	2.33	.96	.37	Parent protect child	3.60	Awe-struck	3.60	1.89	1.34	1.36

Table 6.7: Adoptive Parent → Adopted Child Events

Event	Male						Event	Female					
	D	Emotion	Reidentification Profile			Pressure Index		D	Emotion	Reidentification Profile			Pressure Index
			E	P	A				E	P	A		
Adoptive parent encourage adopted child	1.99	Moved	1.92	1.36	.78	1.79	Adoptive parent applaud adopted child	4.12	Charmed	1.83	1.90	2.00	4.14
Adopted Child kid adoptive parent	1.18	Self-conscious	-.18	-.31	.99	.47	Adopted child fuss over adoptive parent	.89	Anxious	.08	-.67	.82	.06
Adoptive parent discipline adopted child	1.51	Self-conscious	.14	1.53	.87	.34	Adoptive parent disagree with adopted child	.27	Anxious	-.50	1.14	1.18	.57

CHAPTER 7: CONCLUSIONS

The institution of adoption in the United States is very complex. Over the last several centuries we have observed significant changes in the policy and practices of adoption. As concisely stated by Carp (2002):

Throughout American history, adoption—generally viewed as an inferior type of kinship relation—has been shaped by the nation’s waxing and waning attachment to biological kinship and by demographic trends, consequences of primitive legal and environment circumstances during the seventeenth and eighteenth centuries; of disease, civil war, industrialization, urbanization, and immigration in the nineteenth century; and of the Great Depression, World War II and changes in sexual mores during the twentieth century. These upheavals in American history have resulted in the growth of a child-centered state and federal laws governing adoption, the standardization and professionalization of adoption practices, the increasing trend away from strict matching criteria, the broadening definition of “adoptable” children, and the emergence of protest movements against sealed adoption records. (Carp, 2002: 3)

The historical patterns of adoption shape the way in which the institution is perceived and the attitudes maintained about the practice today. It is safe to say that most people know what adoption is and at present report positive attitudes about the practice; however, very few studies have assessed the broader social attitudes maintained regarding adoption. The goal of this research project has been to determine the culturally maintained meanings about adoption and the identities of *adoptive parent* and *adopted child*, and to assess what these meanings imply for the behavioral expectations for parent-child relationships given the theoretical structure of affect control theory. The general cultural meaning of adoption has largely been ignored in the adoption literature which

instead has made conclusions about negative stereotypes toward adoptive kinship, adoptive parents and adopted children from studying only those in the adoption triad. The cultural meaning of adoption, however, impacts more than just those in the adoption triad. The meaning of adoption is linked to the normative expectations of family life and definitions of the “ideal” family form—mother, father and child(ren). My analysis has taken a comparative approach in assessing and comparing the meanings for the identities of biological parent and child to those for adoptive parents and adopted child.

The conceptualization of stigma developed by Link and Phelan (2001; 2004), and the theoretical assumptions of Affect Control Theory have offered a formalized approach to the study of stigma as it relates to adoption. While the labels of *adopted child* and *adoptive parent* were provided to respondents of my survey, the responses indicate that these labels do in fact matter socially as a means of differentiating groups of parents and children. Without knowing anything else about the child (besides having been adopted), respondents perceived adopted children and children adopted out of foster care as being very likely to have problems in school, to have behavioral problems, and to have problems with drugs and alcohol. Adopted children, especially children adopted out of foster care, are also perceived to be less likely than other children to be happy, well-adjusted and self-confident. In short, adopted children are perceived to be distinctly different from biological children. The extent to which these perceptions are supported in actual observations of adopted children, however, has yet to be fully determined (Miller, Fan, Christensen, Grotevant and von Dulmen, 2000).

The perception that adopted children are more likely to have problems is of great consequence in the continuing stigma of adoption because these perceptions link the label of *adopted child* or *adoptive parent* to negative traits in the process of stereotyping. Using the EPA profiles for identities and traits in the computer simulation program, INTERACT, stereotypical traits associated with the identities of *adoptive parent* and *adopted child* were generated. It is important to note that the traits generated were predictions based on the mathematical equations of ACT, and must be tested in future research to confirm that they are traits actually attributed to these groups (MacKinnon and Bowlby, 2000). I have focused in this work on the identities of *adoptive parent* and *adopted child*. The predicted stereotypical traits for adoptive parents and children are notably different, more negative and less powerful and active, than those for biological parents and children. The application of Affect Control Theory brings two new dimensions to the study of stigma: first, it allows for the meanings of identities to be connected to stereotypical traits; and second, it brings in the element of emotions to the study of stigma.

The EPA profiles associated with the identities of *parent* and *adoptive parent* as well as *child* and *adopted child* indicate that biological and adoptive families occupy very different social positions in society. Two of the universal dimensions of meaning, evaluation and potency, indicate that the adoptive identity (adoptive parent and adopted child) is much lower in status and power in U.S. culture. Status loss and diminished power produce very distinct variations in the predicted social relationships between parents and children. The simulations presented in chapter six predict overt behaviors

expected of parents toward their children and vice versa. As reported, the expected behavioral patterns between adoptive parents and their adopted child are more ambivalent and less supportive than those of biological parents and children. In addition to predicting variations in behavioral patterns, this analysis may be used to add to the discussion of 'role handicap' and its resolution, a discussion initiated by Kirk (1964).

To review from chapter three, role handicap is a result of four primary dilemmas faced by adoptive parents: 1) how to think about themselves (in their role as parent); 2) how to think about their child; 3) should they tell the child she or he is adopted, and if so, 4.) how to reveal the adoption to the child. Kirk (1964) outlined two primary responses to role handicap: rejection of difference and acknowledgement of difference. Rejection of difference is characterized by creating new birth certificates with only the adoptive parents names on them, sealed adoption records, and the practice of matching.

Acceptance of difference is characterized by open adoption (where the child knows she or he is adopted, the adoptive parents and birth mother have met or at least know each others names, and varying degrees of ongoing contact between the adoptive parents, the birth mother and the child), the adoption of older children and transracial adoption. Kirk concluded that the acceptance of difference approach is healthier for families because it promotes healthy communication between family members and healthy identity development for the child.

Adoption is perceived as a different method of family formation as compared to the 'traditional' method of biological reproduction. There are clear differences in the meanings attributed to the different roles of biological parent and adoptive parent, and as

such differences in the expected traits, behaviors and emotions for the two identities. From the perspective of Affect Control Theory, the rejection of differences approach to role handicap would potentially produce large amounts of deflection in social interaction between parents and children, but also particularly with people outside the family. The potential for divergent definitions of the situation is greater when others outside the family, such as friends or grandparents, know of the adoption yet the parents are rejecting the identity of adoptive parent (by attempting to keep it a secret from others outside of the family). The cultural meanings of identities are very pervasive and difficult to change without experiencing large amounts of deflection, producing uncharacteristic emotions (most likely negative) and tremendous amounts of pressure to change either your behavior or your identity. In light of my research, the dilemma between either acknowledging or rejecting difference is apparent: adoptive parents can choose to acknowledge the differences between biological and adoptive families and assume an identity that has lower status and power in U.S. culture (and thus less positive and powerful behavioral and emotional expectations) or reject the differences in favor of the biological parent identity which has a much higher status but may be harder to maintain because it is an identity which they do not actually possess. While the acknowledgement of differences approach may promote healthy communication and identity formation (from a psychological perspective), the identity which will be assumed by adoptive parents is a stigmatized one and more likely to be discriminated against.

According to Link and Phelan (2001), “When people are labeled, set apart, and linked to undesirable characteristics, a rationale is constructed for devaluing, rejecting

and excluding them” (513). Discrimination, as a result of differentiation, stereotyping, separation, status loss and differential power, is not necessarily obvious with regard to adoption. As Fisher (2001) argues, if we consider discrimination as primarily the denial of housing, education, or employment, which are directly linked to better life-outcomes, it is difficult to argue that adoptive families are discriminated against. Discrimination, however, occurs in much more subtle ways through institutionalized practices which do in fact affect life outcomes for adoptive parents and adopted children. I have discussed practices by social workers and doctors that may be considered discriminatory, however, my research does not speak to the experience of or prevalence of this discrimination within the institution of adoption. Discrimination, among other things, will need to be studied in future research.

Future Research

The research presented in this dissertation is the first step in a larger research agenda. The predictions made about stereotypical traits and behavioral and emotional expectations must be tested using the theoretical assumptions of Affect Control Theory. The data in regard to the fundamental sentiments about adoption as measured using the semantic differential allow us to move past prediction to real-world observation and hypothesis testing. It is imperative to test whether the predictions made here are consistent with real-world experience, again by both members of the adoptive triad and those outside of it. Vignette studies have been used previously to test predictions made using INTERACT and would be an appropriate method to use in future research on this

topic (Robinson, Smith-Lovin and Tsoudis, 1994). Vignettes would describe particular parent-child interactions and would vary as to whether the parent-child relationship was biological or adoptive. Both positive and negative interactions could be included to test the degree to which people feel the behaviors predicted by Affect Control Theory confirm the identities of adoptive parent, adopted child and biological parent and child. Importantly, further research should broaden the scope of interaction to include interactions between other family members such as siblings, grandparents, and other extended family, and between family identities and other institutional identities such as friends, teachers and ministers among others.

Future research should also incorporate more fully the four elements of stigma (differentiation, stereotyping, separation and status loss and discrimination), adding the fifth element of emotion. The extent to which the five elements of stigma are assessed together in one study will contribute to our knowledge and understanding of the institution of adoption, the meanings associated with it and the potential consequences of the existing stigma for those in the adoption triad. To adequately accomplish this, future studies must include a representative sample of people in the adoption triad. While the majority of respondents in my study had some type of personal experience, only seventeen respondents reported that they had been adopted. Acquiring an adequate sample of adoptive parents, adoptees and birth parents, however, can be difficult. One approach may be to use a snowball sample, asking respondents who complete a study for names of other people they know who have adopted, been adopted themselves, or placed a child for adoption. Adoption advocacy and support groups, social service agencies,

lawyers who assist with adoption or any other group or agency that works with adoption, may also be willing to help in recruiting subjects. This would be difficult to do on a national level, however. One avenue to collecting a nationally representative sample would be to submit a module to the general social survey (GSS). The GSS, last administered in 2004, is a nationally representative face-to-face survey conducted every two years with approximately 3,000 respondents. The GSS has previously included two questions on adoption. Both questions were included in the 1996 survey, one asked about surrogacy and the other asked about the best way help a birth mother place her child for adoption. A more elaborate module with questions similar to those included in my survey, particularly the semantic differential, would be highly informative as the adoption data could be linked to demographic and other data included in the larger survey. Whether or not future research is conducted on a national or local level, future studies must include a more diverse sample to determine if there is variation in the stigma of adoption by such things as age, race, educational level, income, and experience with adoption.

This research has combined the literature on stigma and adoption with the perspective and assumptions of Affect Control Theory. The combination of Link and Phelan's conceptualization of stigma and ACT should be continued in the future to not only add to the adoption literature but also perhaps to expand our understanding of social interaction in other areas as well.

APPENDIX A: COMMON SECTIONS OF SURVEY FOR ALL RESPONDENTS

**SUBJECT CONSENT FORM
FOR PARTICIPATION IN HUMAN RESEARCH AT MONTANA STATE
UNIVERSITY**

**Meanings of Family Life in the United States:
The Influence of Family Type on Social Relations**

As an undergraduate student at Montana State University, you are being asked to participate in a study of family life in the United States. The meanings we give to various identities, behaviors and contexts influence how we behave toward not only our own family members but others in society as well, such as our friends and in turn, how they behave toward us. Many people have argued that the changes in family life over the past century have made these meanings unclear. This study is aimed at measuring the cultural meanings of various aspects of family life today in order to have a better understanding of how current meanings influence our social relationships.

If you agree to participate, you will be asked to complete the entire survey included in this booklet. The questions are divided into three sections with specific instructions included prior to each section. The survey takes approximately 25 minutes to complete. Your participation is voluntary. To ensure the confidentiality of your responses, all identifying information will be removed from your completed survey.

If you have any questions before, during, or after completing the survey, please feel free to ask. I may be reached by telephone at (406) 994-4201 or by email at kmclark@u.arizona.edu. If you have additional questions regarding the rights of human subjects, you may contact the Chairman of the Human Subjects Committee, Mark Quinn at (406) 994-5721.

Thank you in advance for your participation.

Kristi Clark Miller
PhD Candidate, Department of Sociology
University of Arizona

I have read the above information and understand the procedures involved in this study. I, _____ (your name), agree to participate in this research. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed: _____ Date: _____

Witness _____ Investigator _____

Section 2

The following questions ask about adoption in the United States as a means to create families with children.

Please choose only **one** answer per question that best represents your response. Indicate your response by filling in the appropriate box.

1). Please indicate your current opinion toward adoption as a means to create a family with children. Is it:

- Very favorable
- Somewhat favorable
- Somewhat unfavorable
- Very unfavorable

2). Have you ever considered adopting a child?

- Yes. If so, how recently? _____

- No

3). If you answered yes to question 2, how seriously did you consider adopting a child?

- Very seriously
- Somewhat seriously
- Not too seriously
- Not at all seriously

4). Are any members of your immediate family (the family you were raised in) adopted?

- Yes.
 - Father
 - Mother
 - Sister
 - Brother
 - Other: _____
- No
- Don't know

5). Have you ever met someone who has been adopted?

- Yes
- No
- Don't know

6). Are any of your friends adopted?

- Yes
- No
- Don't know

7). Have any of your friends or family adopted a child?

- Yes
- No
- Don't know

8). Have you ever placed a child for adoption?

- Yes
- No

9). Have you had any other personal experience with adoption not listed in the previous questions?

- Yes. Please describe:

- No

FOR EACH OF THE FOLLOWING SITUATIONS, PLEASE CHOOSE ONE ANSWER THAT BEST INDICATES IF YOU WERE CONSIDERING ADOPTION, *HOW LIKELY YOU WOULD BE TO CONSIDER ADOPTING A CHILD IN EACH OF THE FOLLOWING SITUATIONS:*

10).How likely would you be to consider adopting a healthy baby the same race as you?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

11).How likely would you be to consider adopting a brother and sister 2 and 4 years of age who need to be adopted (a sibling group)?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

12).How likely would you be to consider adopting a child who is of a different race than you?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

13). How likely would you be to consider adopting a child out of the foster care system?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

14).How likely would you be to consider adopting a child with medical problems?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

15).How likely would you be to consider adopting a child with behavioral problems?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

AGAIN, PLEASE CHOOSE ONE ANSWER THAT BEST INDICATES YOUR OPINION FOR EACH SITUATION. PLEASE ANSWER THE QUESTION IN REGARD TO ADOPTED CHILDREN IN GENERAL.

DO YOU THINK ADOPTED CHILDREN IN GENERAL ARE EQUALLY LIKELY, MORE LIKELY, OR LESS LIKELY THAN OTHER CHILDREN TO:

16).Have problems at school?

- Equally likely
- More likely
- Less likely

17).Do you think adopted children in general are equally likely, more likely, or less likely than other children to *have behavioral problems*?

- Equally likely
- More likely
- Less likely

18). Do you think adopted children in general are equally likely, more likely, or less likely than other children to *have problems with drugs and alcohol*?

- Equally likely
- More likely
- Less likely

19). Do you think adopted children in general are equally likely, more likely, or less likely than other children to *have medical problems*?

- Equally likely
- More likely
- Less likely

20). Do you think adopted children in general are equally likely, more likely, or less likely than other children to *be well adjusted*?

- Equally likely
- More likely
- Less likely

21). Do you think adopted children in general are equally likely, more likely, or less likely than other children to *be happy*?

- Equally likely
- More likely
- Less likely

22). Do you think adopted children in general are equally likely, more likely, or less likely than other children to *be self-confident*?

- Equally likely
- More likely
- Less likely

PLEASE ANSWER THE FOLLOWING QUESTIONS IN REGARD TO CHILDREN ADOPTED OUT OF FOSTER CARE. PLEASE CHOOSE ONE ANSWER THAT BEST INDICATES YOUR OPINION FOR EACH SITUATION.

DO YOU THINK CHILDREN ADOPTED OUT OF FOSTER CARE ARE EQUALLY LIKELY, MORE LIKELY, OR LESS LIKELY THAN OTHER CHILDREN TO:

23).Have problems at school?

- Equally likely
- More likely
- Less likely

24).Do you think children adopted out of foster care are equally likely, more likely, or less likely than other children to *have behavioral problems*?

- Equally likely
- More likely
- Less likely

25).Do you think children adopted out of foster care are equally likely, more likely, or less likely than other children to *have problems with drugs and alcohol*?

- Equally likely
- More likely
- Less likely

26).Do you think children adopted out of foster care are equally likely, more likely, or less likely than other children to *have medical problems*?

- Equally likely
- More likely
- Less likely

27). Do you think children adopted out of foster care are equally likely, more likely, or less likely than other children to *be well adjusted*?

- Equally likely
- More likely
- Less likely

28). Do you think children adopted out of foster care are equally likely, more likely, or less likely than other children to *be happy*?

- Equally likely
- More likely
- Less likely

29). Do you think children adopted out of foster care are equally likely, more likely, or less likely than other children to *be self-confident*?

- Equally likely
- More likely
- Less likely

NOW PLEASE ANSWER THE FOLLOWING SERIES OF QUESTIONS ABOUT PARENTING AND ADOPTION.

30). How likely is it that parents who adopt children will love them as much as they would have loved children they gave birth to? Is it?

- Very likely they will love them as much
- Somewhat likely
- Somewhat unlikely
- Very unlikely

31). Do you think parents get *more* satisfaction, *less* satisfaction or the *same amount* of satisfaction out of raising an adopted child as raising a child born to them?

- More satisfaction
- Less satisfaction
- The same amount of satisfaction

32). When you think of people who have adopted children, what comes to mind first? Please list your responses.

Section 3

In the following section, please tell me a little bit about yourself. This information is being collected for statistical purposes only and will not be used to identify you in any way. In addition, this information will not be shared with any other person or organization.

1). What is your sex?

- Male
- Female

2). What is your age (in years): _____

3). Are you:

- White, Caucasian
- Black, African-American
- Asian or Pacific Islander
- Hispanic or Latino
- American Indian
- Other, please specify: _____

4). What year in school are you?

- Freshman
- Sophomore
- Junior
- Senior
- Other, please specify: _____

5). What is your current major? _____

6). Are you:

- Single
- Married
- Divorced
- Separated
- Widowed
- Co-habiting (not married)

7). What is the highest level of education your mother has earned?

- Less than high school
- High school degree or GED
- Associate/Junior college
- Some college
- Bachelor's degree
- Graduate or Professional Degree
- Don't Know

8). What is the highest level of education your father has earned?

- Less than high school
- High school degree or GED
- Associate/Junior college
- Some college
- Bachelor's degree
- Graduate or Professional Degree
- Don't Know

9). Here is a list of different types of jobs. Which type of job did your *father* have when you were 16. (If your father did not have a job then, please give the job he used to have)

- Professional and technical (doctor, teacher, engineer, artist, accountant)
- Higher administrator (banker, executive in big business, high government official, union official)
- Clerical (clerk, office manager, secretary, bookkeeper)
- Sales (sales manager, shop owner, shop assistant, buyer, insurance agent)
- Service (restaurant owner, policeman, barber, janitor)
- Skilled worker (foreman, motor mechanic, printer, seamstress, tool and die maker, electrician)
- Semi-skilled (bricklayer, bus driver, tannery worker, carpenter, sheet, metal worker, baker)
- Unskilled (laborer, porter, unskilled factory worker)
- Farm (farmer, farm laborer, tractor driver)
- Homemaker (stay-at-home dad)
- Did not have father
- Don't know

10). Which type of job did your *mother* have when you were 16. (If your mother did not have a job then, please give the job he used to have)

- Professional and technical (doctor, teacher, engineer, artist, accountant)
- Higher administrator (banker, executive in big business, high government official, union official)
- Clerical (clerk, office manager, secretary, bookkeeper)
- Sales (sales manager, shop owner, shop assistant, buyer, insurance agent)
- Service (restaurant owner, policeman, barber, janitor)
- Skilled worker (foreman, motor mechanic, printer, seamstress, tool and die maker, electrician)
- Semi-skilled (bricklayer, bus driver, tannery worker, carpenter, sheet, metal worker, baker)
- Unskilled (laborer, porter, unskilled factory worker)
- Farm (farmer, farm laborer, tractor driver)
- Homemaker (stay-at-home mom)
- Did not have mother
- Don't know

11). Have you been a resident of the United States since 1991?

- Yes
- No

12). If you are an out-of-state student, please tell me which state you are from. _____

13). If you are an international student, please tell me which country you are from.

14). Do you have any children (please include children from all relationships current and previous)?

- Yes
- No

15). Do you have biological children who have been adopted by a step-parent?

- Yes
- No

16). Are you an adoptive parent?

- Yes - *Please answer questions 17 and 18 if you answered Yes.*
- No - *Please skip to question 19.*

17). How many children have you adopted? _____

18). What method of adoption did you use when adopting your children? Please choose all that apply:

- Public agency
- Private agency
- Foster care adoption
- Independent lawyer
- Open adoption
- Step-parent
- Other: _____

19). Are you adopted?

- Yes - *Please answer questions 20 through 22 if you answered yes.*
- No - *Please skip to question 23.*

20). At what age were you adopted? _____

21). Were you biologically related to at least one of the adults who adopted you (such as a grandparent, aunt, uncle, etc.)?

- Yes
- No

22). Were you adopted by a step-parent?

- Yes
- No

23). Would you be willing to be contacted for a follow-up study on adoptive family life in the U.S.? If so, please provide the following contact information:

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

24). Do you have any comments regarding the material included in this survey? Please share them here.

This completes the survey.

Thank you for your participation!

APPENDIX B: CONCEPTS BY VERSION OF THE SURVEY

Section 1

Directions:

In this section, you will rate your feelings about different concepts related to family life in the United States. An underlined word or phrase states what the concept is at the top of the page. You rate your feelings about the concept using the scales as in the example below. The ends of the scales represent the most extreme conditions imaginable and the middle is neutral. Base your ratings on your *first impression*, rather than on logical reasoning. For every term, please choose only *one* box for each scale as is done in the example below. Please read the scales carefully as they are not the same for each concept.

Turn the page to begin when you are ready.

Example:

Student

Bad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good					
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	
Powerless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powerful				
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	
Old	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Young					
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	
Passive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active					
	Infinitely	Extremely	Quite	Slightly	Neutral	Slightly	Quite	Extremely	Infinitely	

CONCEPTS, VERSION 1

FAMILY: Bad, Good; Important, Unimportant; Meaningful, Meaningless; Masculine, Feminine; Large, Small; Constrained, Free; Emotional, Unemotional; Complex, Simple; Intentional, Unintentional

ADOPTION: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

BIRTH MOTHER: Good, Bad; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Young, Old; Kind, Cruel; Brave, Cowardly; Emotional, Unemotional; Caring, Uncaring

GUARDIAN (of a child): Nice, Awful; Hard, Soft; Young, Old; Selfish, Unselfish; Many, Few; Known, Unknown; Bad, Good; Powerless, Powerful; Active, Inactive

I, MYSELF: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOPTED: Bad, Good; Powerless, Powerful; Active, Inactive; Complete, Incomplete; Tough, Fragile; Emotional, Unemotional; Loved, Unloved; Strong, Weak; Complex, Simple; Unwanted, Wanted

CHILDREN: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOPTIVE (parent, grandparent): Nice, Awful; Complete, Incomplete; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

INTERNATIONAL ADOPTION: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

REPRODUCTIVE TECHNOLOGY: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

SPERM DONOR: Nice, Awful; Important, Unimportant; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Complex, Simple

WEALTHY: Nice, Awful; Important, Unimportant; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

CONCEPTS, VERSION 2

FERTILITY CLINIC: Bad, Good; Important, Unimportant; Meaningful, Meaningless; Masculine, Feminine; Large, Small; Constrained, Free; Emotional, Unemotional; Complex, Simple; Intentional, Unintentional

I, MYSELF: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

DISABLED: Bad, Good; Powerless, Powerful; Active, Inactive; Complete, Incomplete; Tough, Fragile; Emotional, Unemotional; Loved, Unloved; Strong, Weak; Complex, Simple

HEALTHY: Nice, Awful; Complete, Incomplete; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOPTION: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

ADOPTIVE PARENT: Good, Bad; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Young, Old; Kind, Cruel; Brave, Cowardly; Emotional, Unemotional; Caring, Uncaring

SURROGATE MOTHER: Nice, Awful; Tough, Fragile; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOPTED CHILD: Nice, Awful; Hard, Soft; Young, Old; Wanted, Unwanted; Many, Few; Known, Unknown; Bad, Good; Powerless, Powerful; Active, Inactive

INTERRACIAL ADOPTION: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless Slow, Fast; Impulsive, Deliberate; Usual, Unusual

SAME-SEX PARTNER: Nice, Awful; Important, Unimportant; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Complex, Simple

CONCEPTS, VERSION 3

I, MYSELF: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOPTION: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

CHILD: Nice, Awful; Hard, Soft; Young, Old; Selfish, Unselfish; Many, Few; Known, Unknown; Bad, Good; Powerless, Powerful; Active, Inactive

INFERTILITY: Bad, Good; Powerless, Powerful; Active, Inactive; Complete, Incomplete; Tough, Fragile; Emotional, Unemotional; Loved, Unloved; Strong, Weak; Complex, Simple; Unwanted, Wanted

GAY: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

UNSELFISH: Nice, Awful; Complete, Incomplete; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

MARRIAGE: Nice, Awful; Important, Unimportant; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Complex, Simple

ADOPTION AGENCY: Bad, Good; Important, Unimportant; Meaningful, Meaningless; Masculine, Feminine; Large, Small; Constrained, Free; Emotional, Unemotional; Complex, Simple; Intentional, Unintentional

SOCIAL WORKER: Good, Bad; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Young, Old; Kind, Cruel; Brave, Cowardly; Emotional, Unemotional; Caring, Uncaring

(TO) ADOPT: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

CONCEPTS, VERSION 4

FOSTER (A CHILD): Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

BIOLOGICAL CHILD: Nice, Awful; Hard, Soft; Young, Old; Selfish, Unselfish; Many, Few; Known, Unknown; Bad, Good; Powerless, Powerful; Active, Inactive

INFERTILE: Bad, Good; Important, Unimportant; Meaningful, Meaningless; Masculine, Feminine; Large, Small; Constrained, Free; Emotional, Unemotional; Complex, Simple; Intentional, Unintentional

I, MYSELF: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOLESCENCE: Nice, Awful; Little, Big; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

ADOPTION: Bad, Good; Selfish, Unselfish; Powerless, Powerful; Passive, Active; Constrained, Free; Hopeful, Hopeless; Slow, Fast; Impulsive, Deliberate; Usual, Unusual

SINGLE: Bad, Good; Powerless, Powerful; Active, Inactive; Complete, Incomplete; Tough, Fragile; Emotional, Unemotional; Loved, Unloved; Strong, Weak; Complex, Simple; Unwanted, Wanted

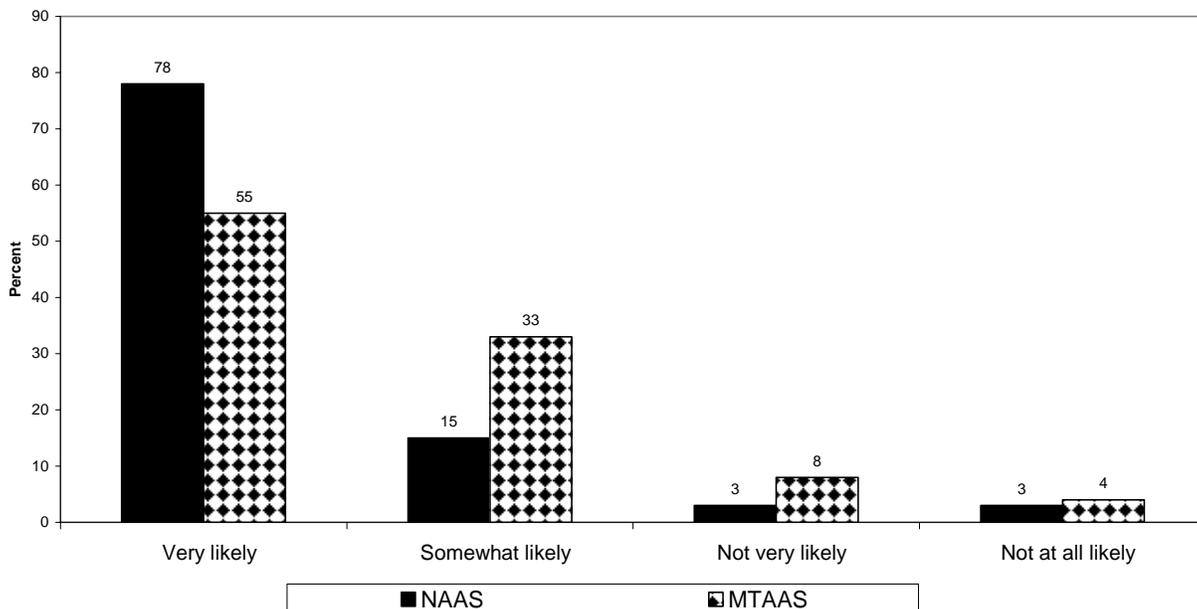
ADOPTEE: Good, Bad; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Young, Old; Kind, Cruel; Brave, Cowardly; Emotional, Unemotional; Caring, Uncaring

CARING: Nice, Awful; Complete, Incomplete; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Sociable, Unsociable; Strong, Weak; Complex, Simple

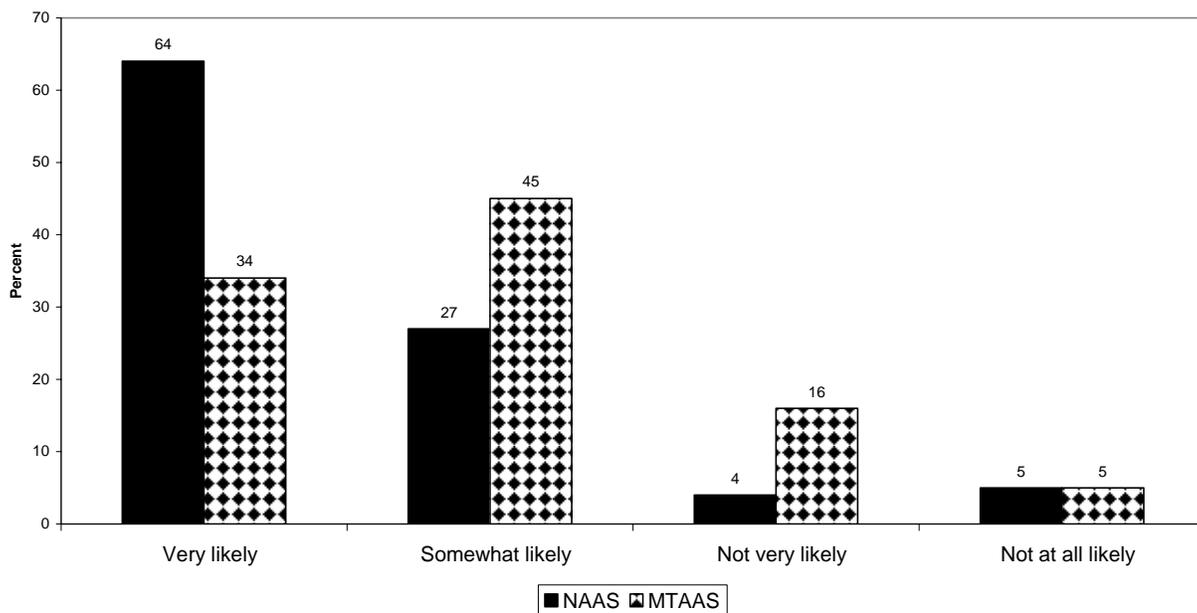
TRANSRACIAL ADOPTION: Nice, Awful; Important, Unimportant; Young, Old; Bad, Good; Powerless, Powerful; Inactive, Active; Selfish, Unselfish; Strong, Weak; Complex, Simple

**APPENDIX C: COMPARISON OF DATA FROM MONTANA STATE
UNIVERSITY AND THE NATIONAL ADOPTION ATTITUDE SURVEY**

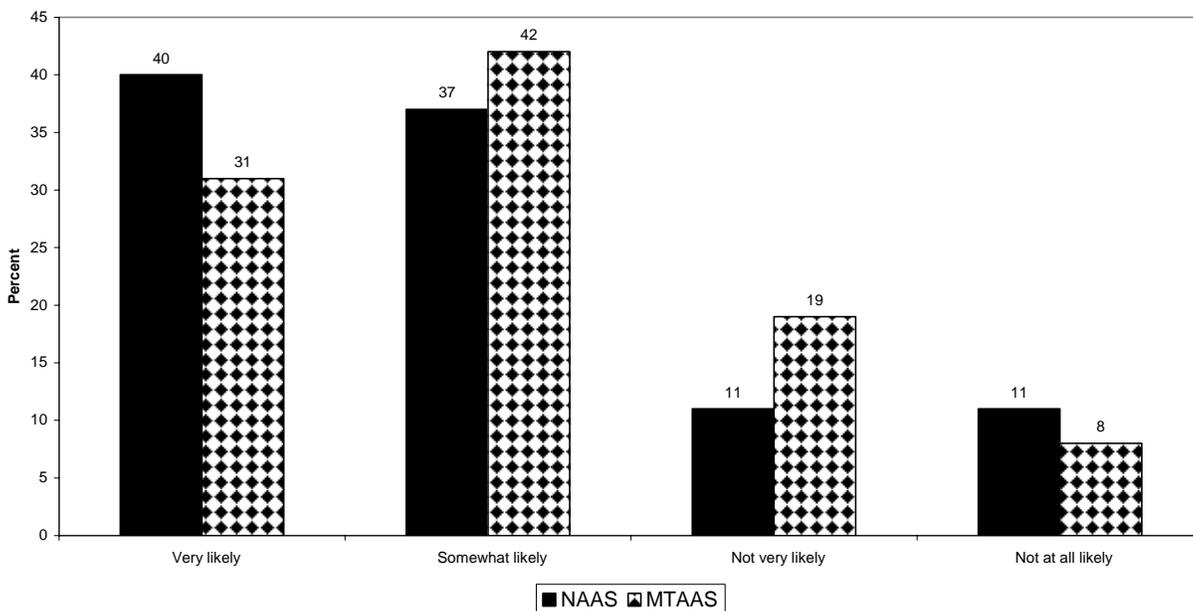
Likelihood of Adopting a "Healthy Baby the Same Race as You"



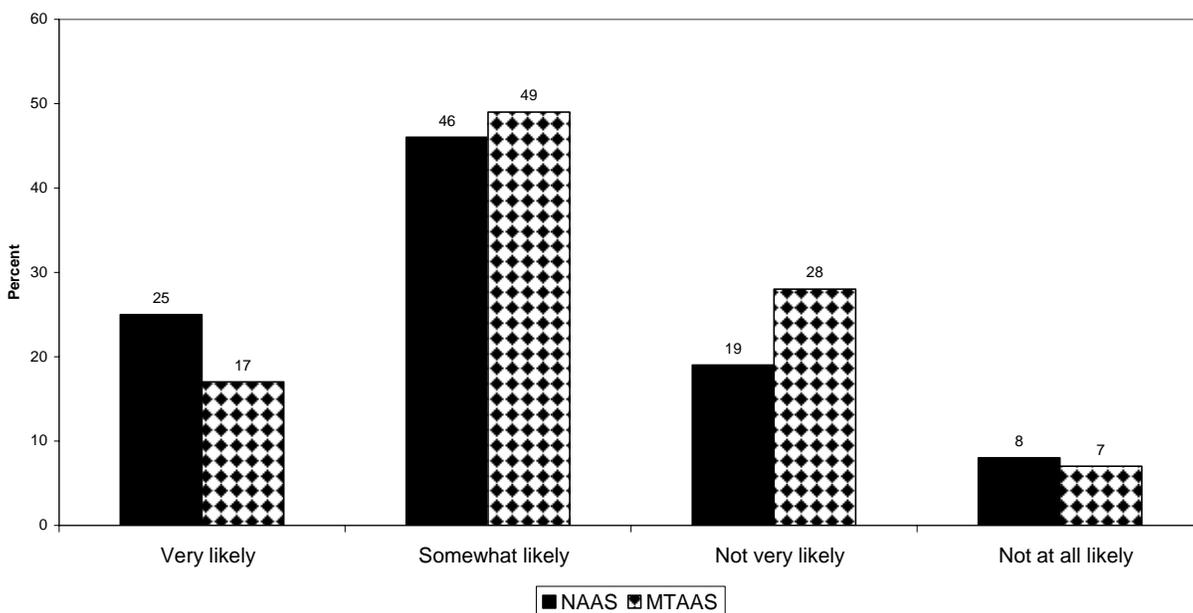
Likelihood of Adopting a Sibling Group



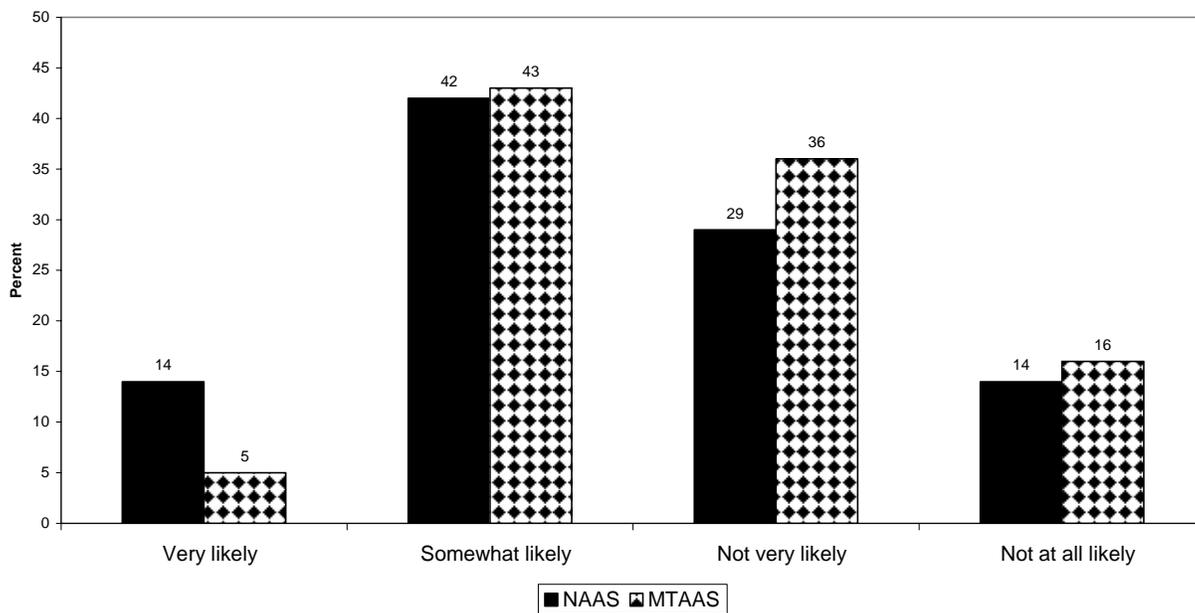
Likelihood of Adopting a Child of a Different Race



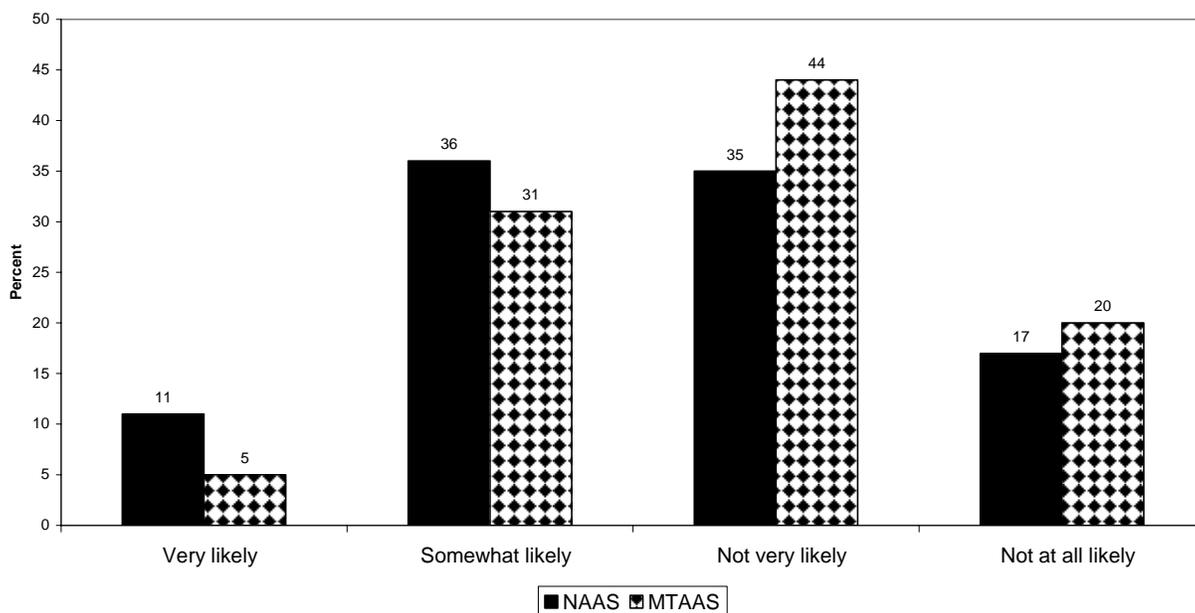
Likelihood of Adopting a Child from Foster Care



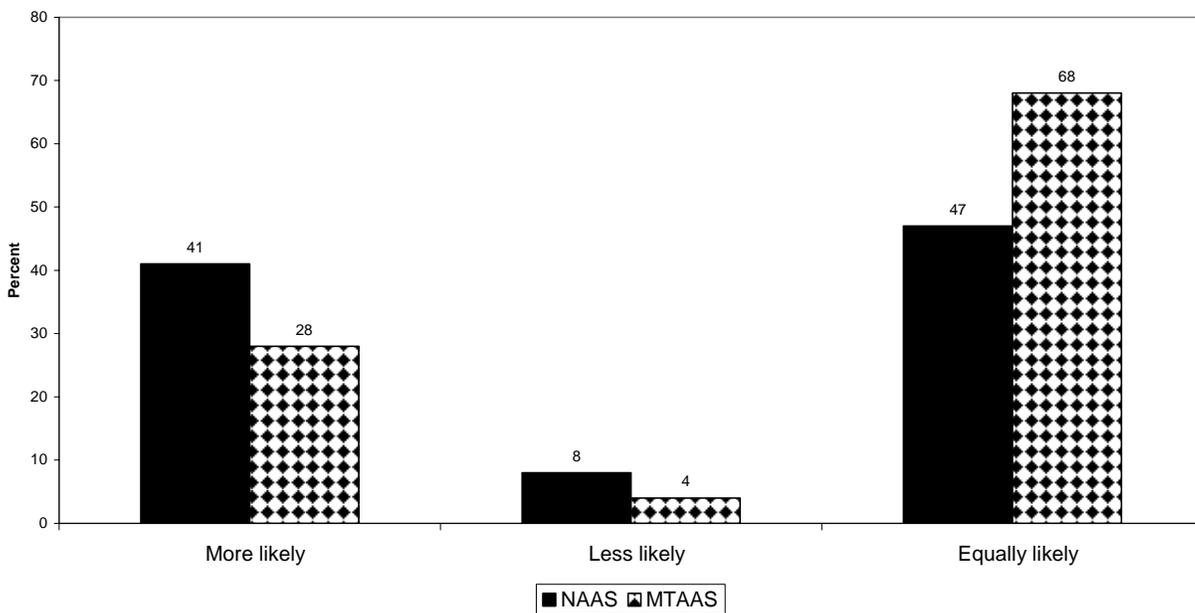
Likelihood of Adopting a Child with Medical Problems



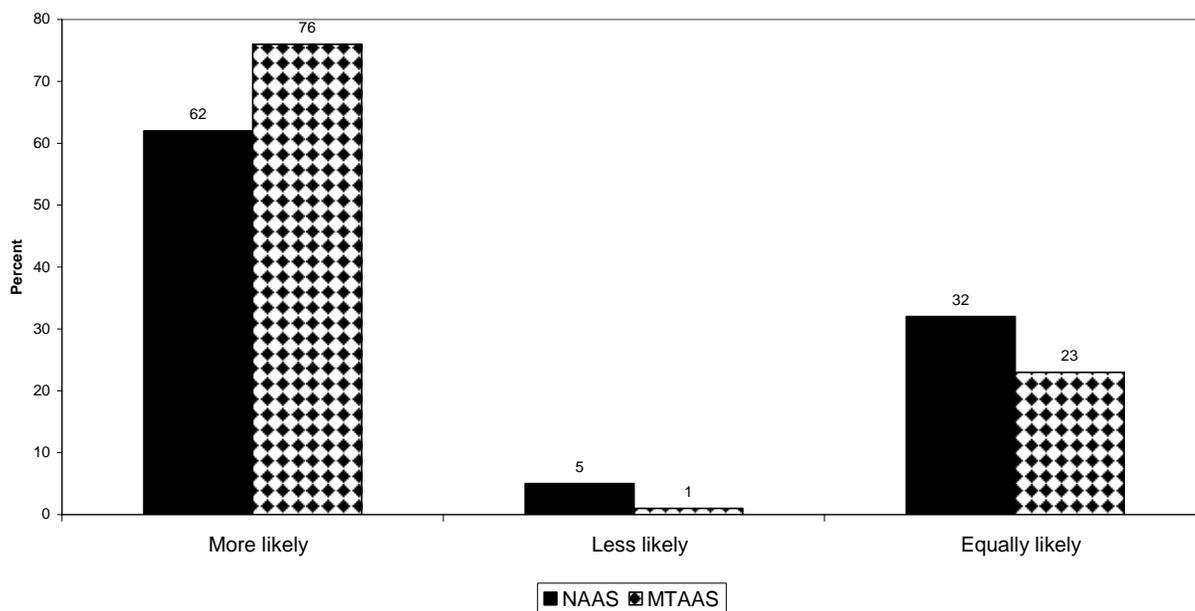
Likelihood of Adopting a Child with Behavioral Problems



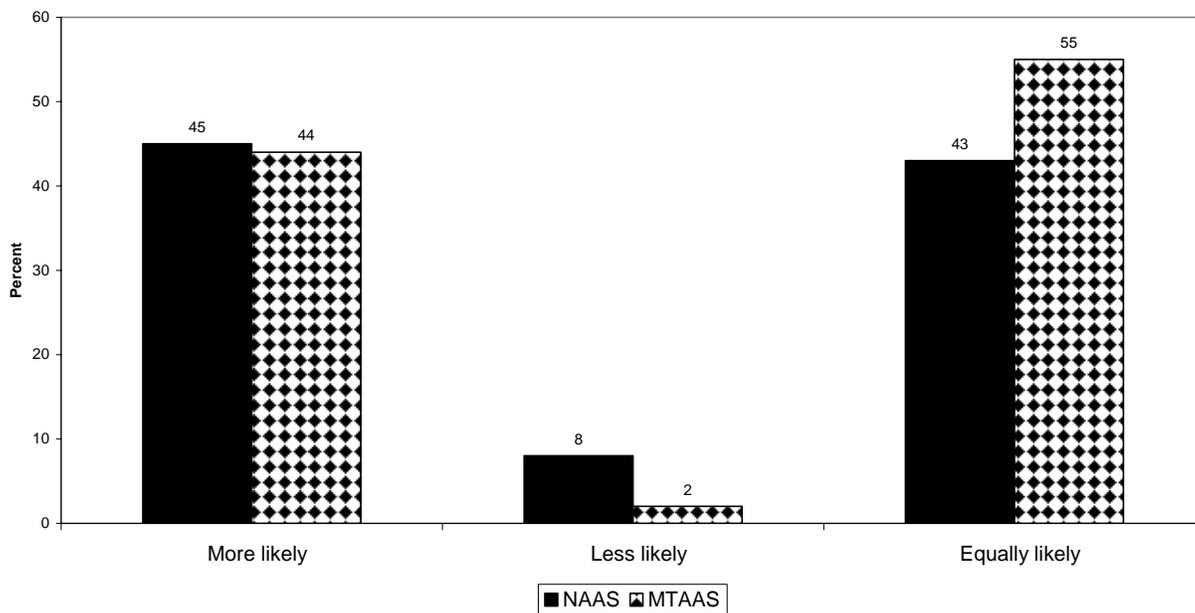
Adopted Children in General: Have Problems at School



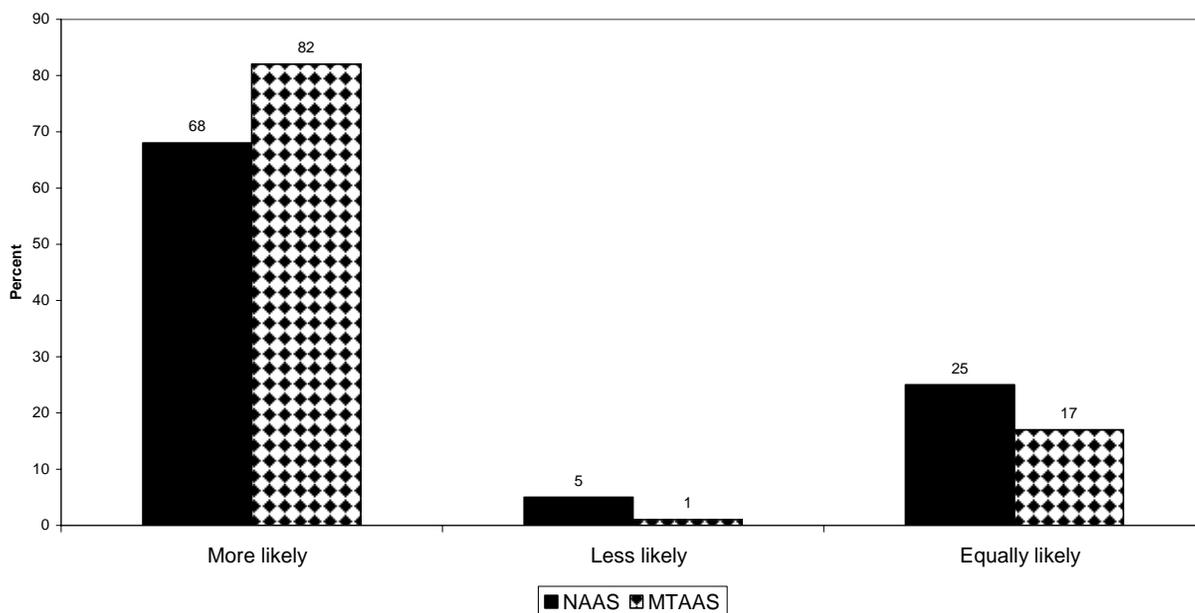
Children Adopted Out of Foster Care: Have Problems at School



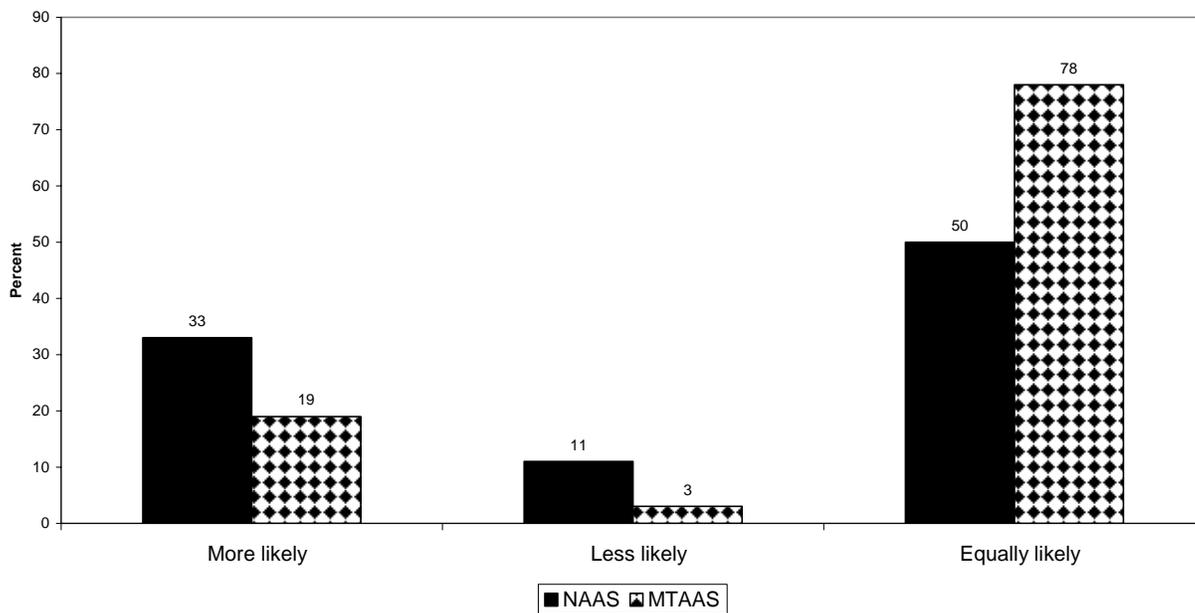
Adopted Children in General: Have Behavioral Problems



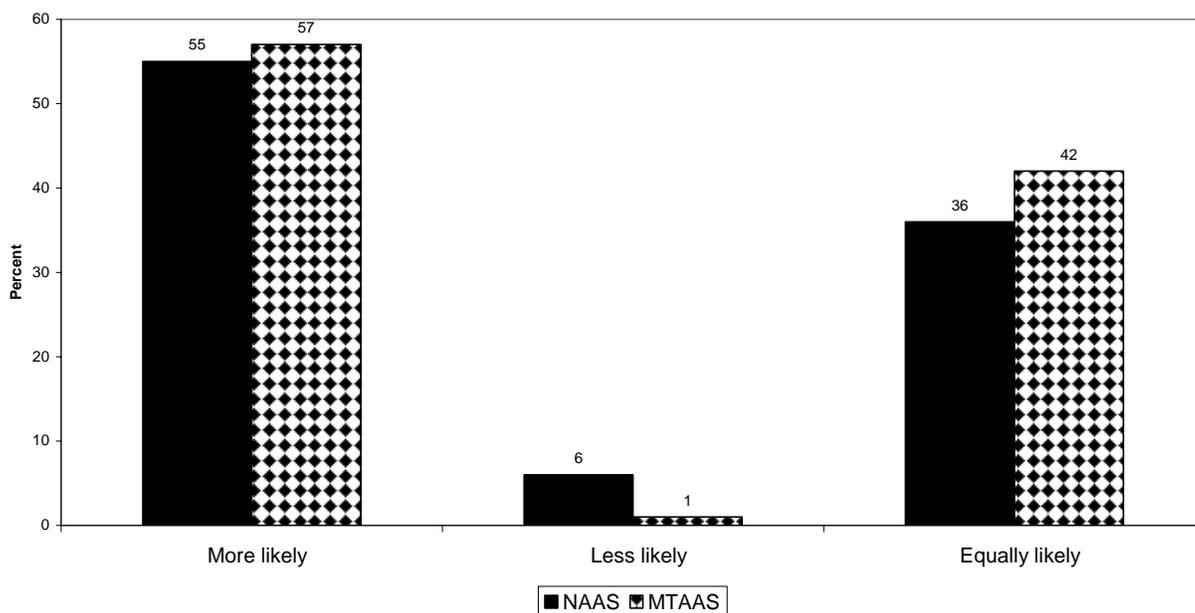
Children Adopted out of Foster Care: Have Behavioral Problems



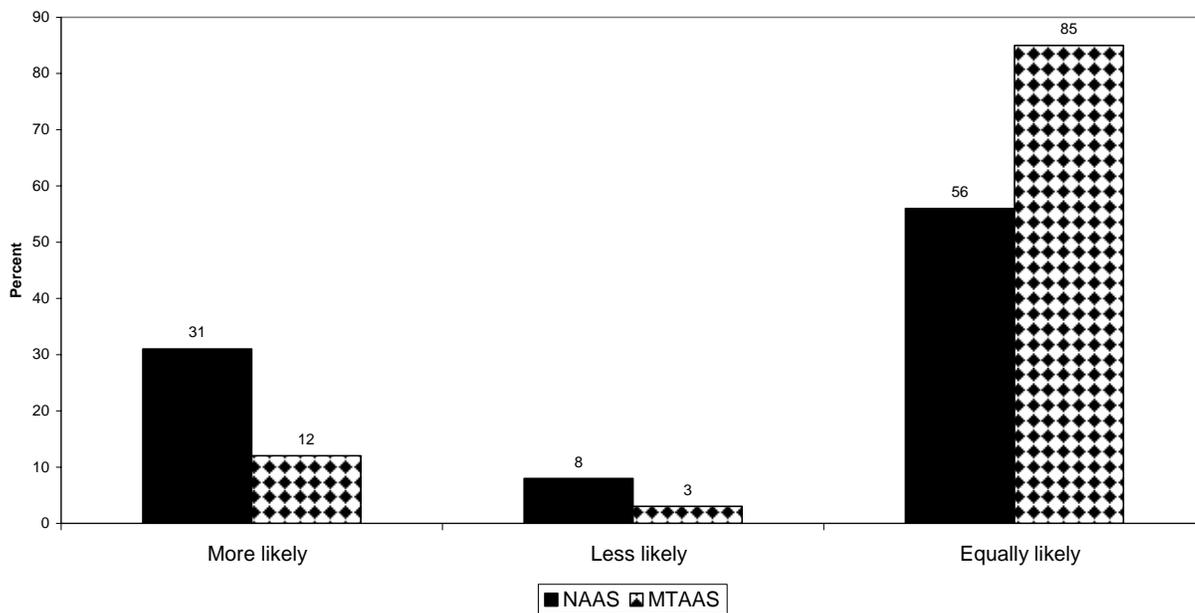
Adopted Children in General: Have Problems with Drugs and Alcohol



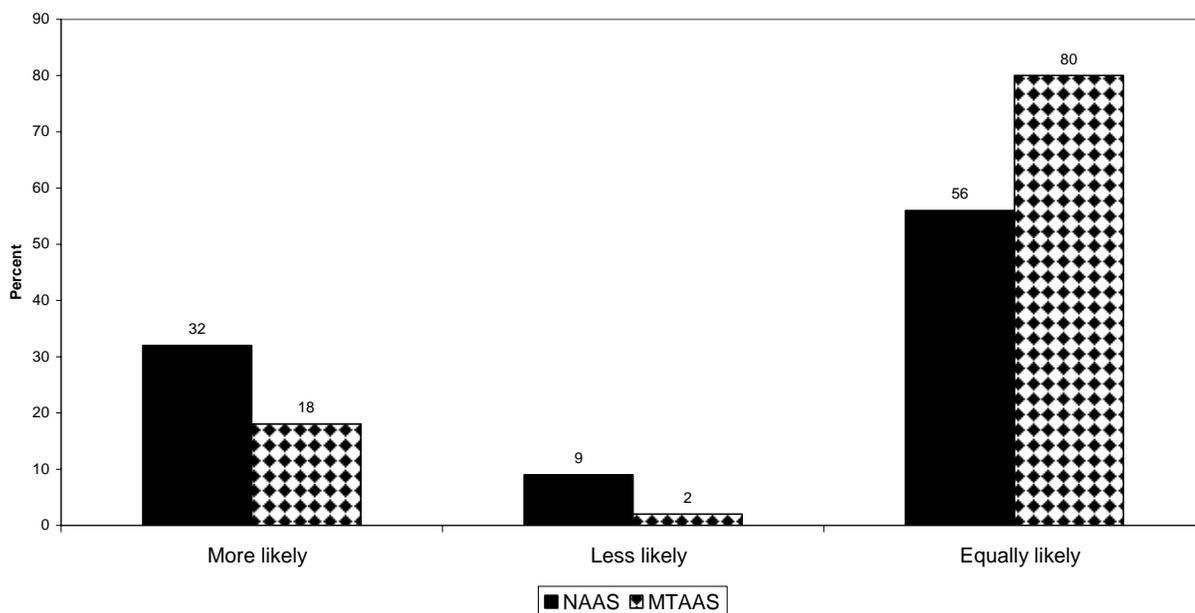
Children Adopted out of Foster Care: Have Problems with Drugs and Alcohol



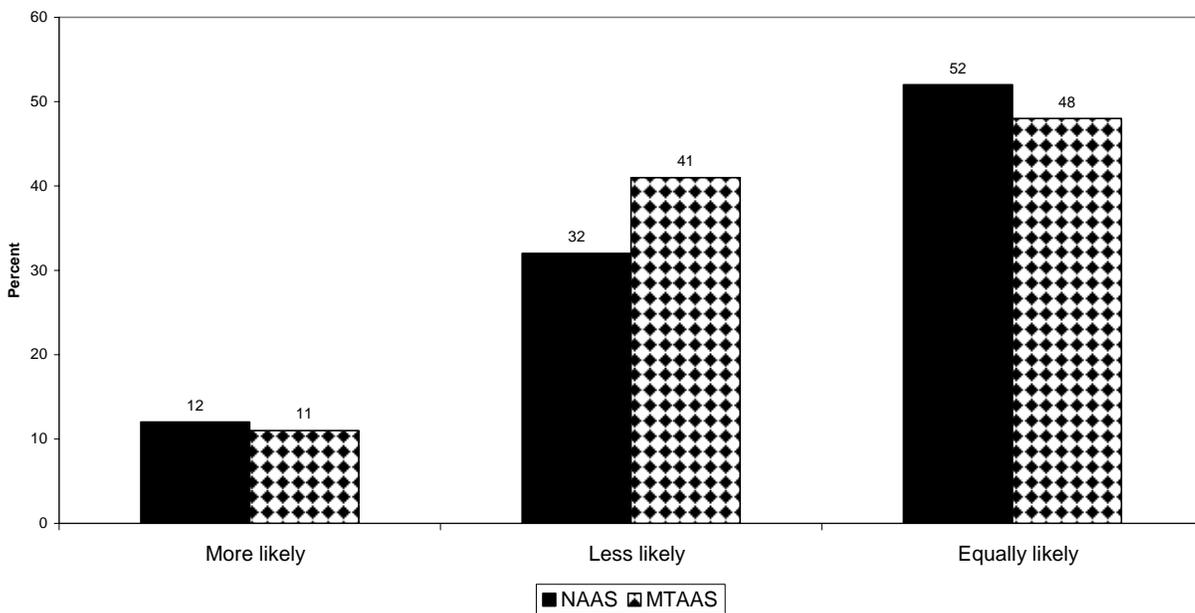
Adopted Children in General: Have Medical Problems



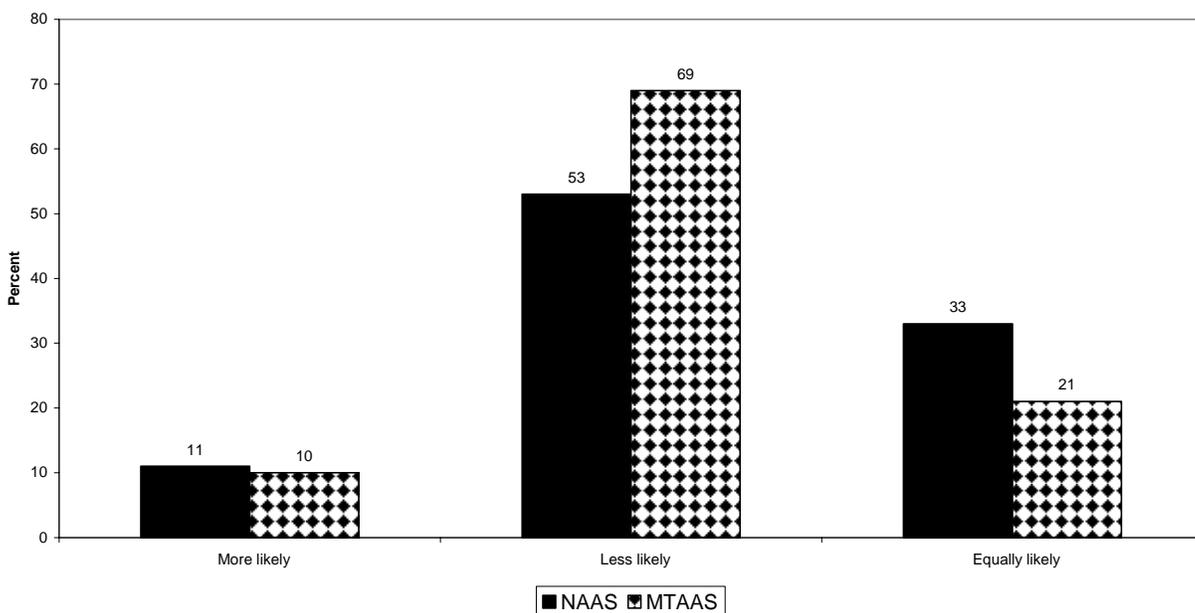
Children Adopted out of Foster Care: Have Medical Problems



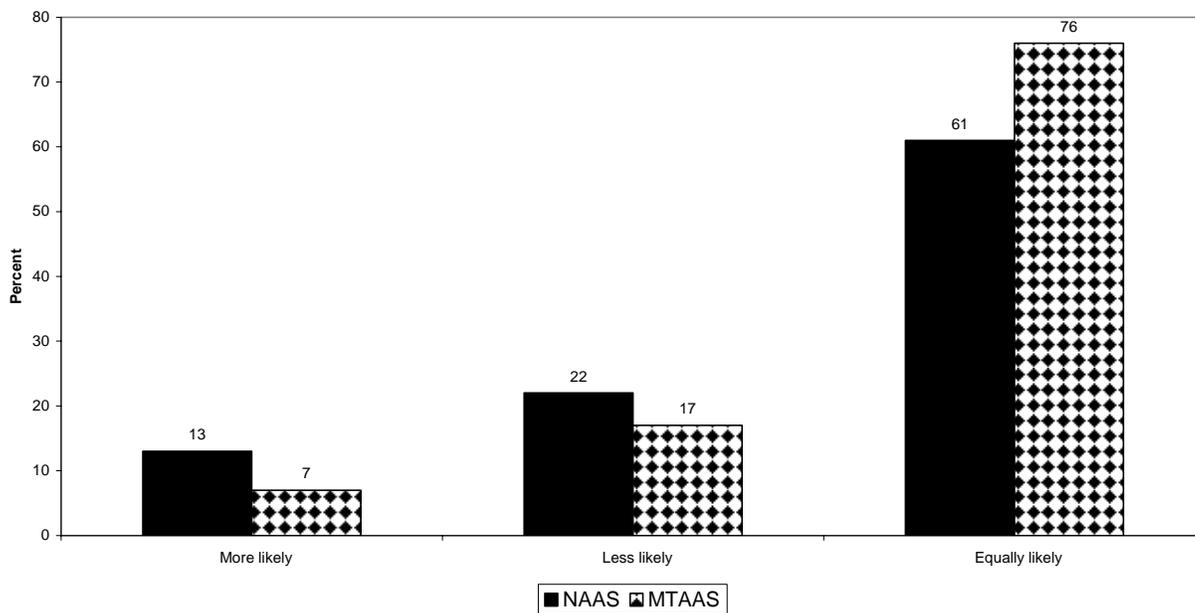
Adopted Children in General: Be Well-Adjusted



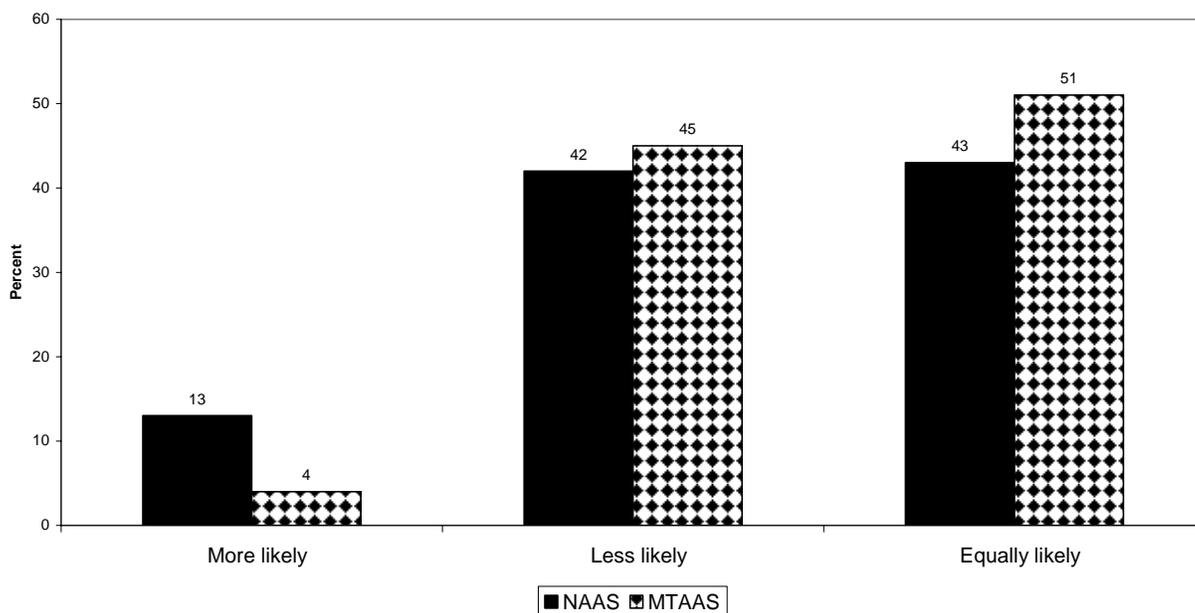
Children Adopted out of Foster Care: Be Well-Adjusted



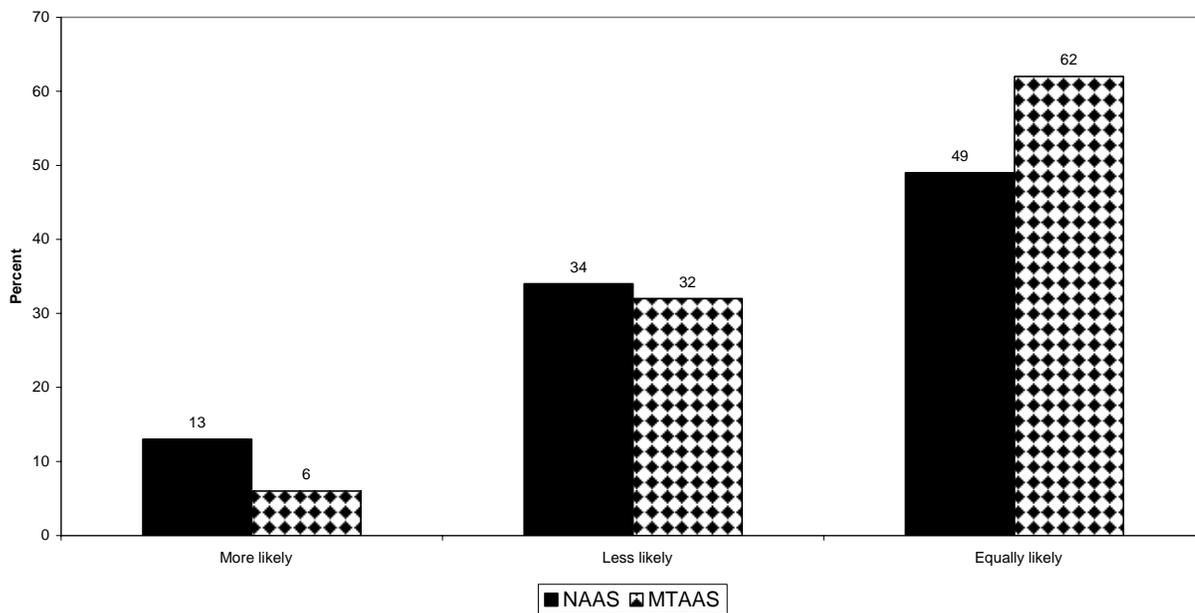
Adopted Children in General: Be Happy



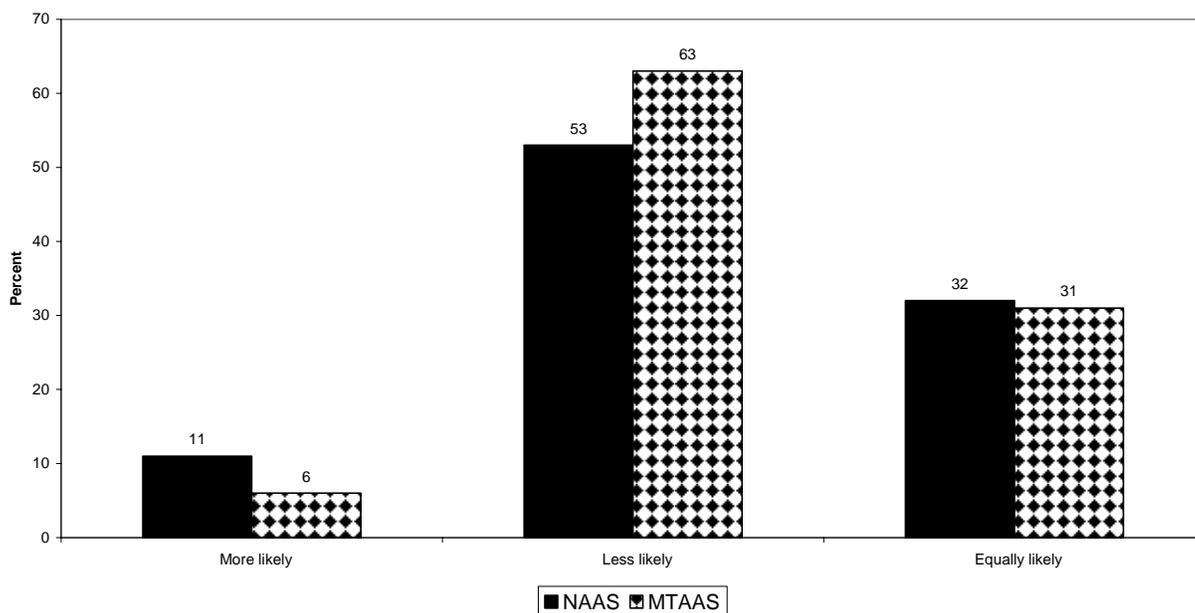
Child Adopted out of Foster Care: Be Happy



Adopted Children in General: Be Self-Confident



Children Adopted out of Foster Care: Be Self-Confident



APPENDIX D: DEMOGRAPHIC CHARACTERISTICS OF SAMPLE, BY SEX

		Male	Female
Age		19.5 [†] (4.3)	19.5 (4.8)
Race	White, Caucasian	95.2	94.1
	Asian or Pacific Islander	1.8	.8
	Hispanic or Latino	1.2	1.7
	American Indian	1.2	2.1
	Other	.6	1.3
Year in School	Freshman	49.1	44.1
	Sophomore	25.8	25.6
	Junior	9.8	20.2
	Senior	14.7	8.8
Marital Status	Single	83.6	79.4
	Married	5.5	9.7
	Divorced	.6	1.7
	Separated	0	1.3
	Co-habiting (not married)	10.3	8.0
Mother's Highest Level of Education	Less than high school	.6	6.3
	High school degree/GED	18.8	30.7
	Associate/Junior College	7.9	6.7
	Some College	23.0	17.2
	Bachelors Degree	35.2	27.3
	Graduate or Professional Degree	11.3	11.3
	Don't Know	1.2	.4
Father Highest Level of Education	Less than high school	1.2	5.9
	High school degree/GED	18.9	25.7
	Associate/Junior College	7.3	6.8
	Some College	14.0	17.7
	Bachelors Degree	30.5	25.3
	Graduate or Professional Degree	26.2	15.6
	Don't Know	1.8	2.9
Mother's Occupation	Professional and technical	31.5	23.8
	Higher administrator	2.5	4.3
	Clerical	22.2	21.3
	Sales	1.9	9.4
	Service	9.9	7.2
	Skilled Worker	1.2	2.1
	Semi-skilled	2.5	2.6
	Unskilled	1.2	3.0
	Farm	0	1.3

	Homemaker	19.1	21.7
Father's Occupation	Professional and technical	29.3	22.1
	Higher administrator	15.2	8.5
	Clerical	4.3	2.6
	Sales	7.9	11.5
	Service	8.5	6.4
	Skilled Worker	18.3	27.2
	Semi-skilled	1.8	5.5
	Unskilled	.6	1.7
	Farm	4.9	7.7
	Homemaker	1.2	0
Do you have any children?	Yes	3.7	11.0
	No	96.3	89.0
Biological children adopted by Step-parent?	Yes	.6 (1 ^{†††})	1.3 (3)
	No	99.4	98.7
Are you and adoptive parent?	Yes	.6 (1)	.4 (1)
	No	98.2	97.5
Are you adopted?	Yes	1.9 (3)	6.0 (14)
	No	98.1	94.0

† Median Age, standard deviation in parentheses

†† Percentile

††† Number of respondents

APPENDIX E: EPA RATINGS AND RELIABILITY ANALYSIS

(Concept) (Male EPA Ratings) (Female EPA Ratings)**Identities**

Adoptive_Parent -0.75 -0.61 -0.79 -1.56 -1.29 -1.27

Birth_Mother -0.47 -0.27 -0.48 -1.29 -1.40 -1.23

Adoptee -0.61 -0.36 -0.54 -0.34 -0.44 -0.33

Adopted_Child -0.33 -0.19 -0.26 -0.92 -0.63 -0.59

Modifiers

Adoptive -0.31 -0.13 0.18 -1.09 -0.95 0.67

Adopted -0.38 -0.27 -0.20 -1.11 -0.75 -0.94

Infertile -0.34 0.62 -0.34 -0.47 0.57 -0.03

Foster -0.48 -0.03 -0.41 -0.21 0.27 -0.06

Settings

Adoption 0.84 -0.26 0.60 1.14 -0.38 0.68

Family 0.70 -0.17 -0.36 1.24 -0.03 -0.65

Concept	Scales		Alpha		n	
			Male	Female	Male	Female
Adoption	E	Bad-good Selfish-Unselfish Hopeful-Hopeless	.867	.913	166	238
	P	Powerless-Powerful Constrained-Free Usual-Unusual	.47	.593	166	238
	A	Slow-Fast Passive-Active Impulsive-Deliberate	.729	.714	166	238
Adoptive Parent	E	Selfish-Unselfish Good-Bad Kind-Cruel Caring-Uncaring	.959	.964	34	64
	P	Powerless-Powerful Strong-Weak Brave-Cowardly	.874	.825	34	64
	A	Inactive-Active Emotional-Unemotional (Young-Old)	.933	.877	34	64
Birth Mother	E	Selfish-Unselfish Good-Bad Kind-Cruel Caring-Uncaring	.940	.919	46	62
	P	Powerless-Powerful Strong-Weak Brave-Cowardly	.818	.881	46	62
	A	Inactive-Active Emotional-Unemotional (Young-Old)	.843	.743	46	62
Adoptee	E	Selfish-Unselfish Good-Bad Kind-Cruel Caring-Uncaring	.891	.901	45	50
	P	Strong-Weak Brave-Cowardly (Powerless-Powerful)	.737	.735	45	50
	A	Young-Old Emotional-Unemotional (Inactive-Active)	.687	.700	45	50
Adoptive	E	Bad-Good	.881	.837	46	62

		Nice-Awful Sociable-Unsociable				
	P	Powerless-Powerful Complete-Incomplete Strong-Weak	.796	.866	46	62
	A	Inactive-Active Complex-Simple (Young-Old)	.739	.696	46	62
Adopted	E	Loved-Unloved Bad-Good Unwanted-Wanted Complete-Incomplete	.811	.887	46	61
	P	Powerless-Powerful Tough-Fragile Strong-Weak	.726	.758	46	62
	A	Complex-Simple Active-Inactive Emotional-Unemotional	.692	.797	46	61
Infertile	E	Bad-Good Important-Unimportant Meaningful-Meaningless	.857	.858	45	50
	P	Constrained-Free Large-Small (Masculine-Feminine)	.430	.613	45	50
	A	Emotional-Unemotional Intentional- Unintentional Complex-Simple	.855	.923	45	50
Adopted Child	E	Bad-Good Wanted-Unwanted Nice-Awful	.742	.877	34	64
	P	Many-Few Hard-Soft (Powerless-Powerful)	.621	.511	34	64
	A	Known-Unknown Young-Old Active-Inactive	.485	.473	34	64
Child	E	Bad-Good Nice-Awful (Selfish-Unselfish)	.749	.831	40	62
	P	Hard-Soft Powerless-Powerful (Many-Few)	.618	.481	40	62

	A	Active-Inactive Young-Old (Known-Unknown)	.856	.881	40	62
Family	E	Bad-Good Important-Unimportant Meaningful-Meaningless	.842	.927	46	62
	P	Constrained-Free Large-Small Masculine-Feminine	.283	.200	46	61
	A	Emotional-Unemotional Intentional- Unintentional Complex-Simple	.684	.683	46	62
Foster	E	Bad-Good Hopeful-Hopeless Selfish-Unselfish	.826	.887	44	50
	P	Constrained-Free Powerless-Powerful Usual-Unusual	.333	.430	44	50
	A	Impulsive-Deliberate Passive-Active (Slow-Fast)	.580	.698	45	50

* () Dropped from the scale but measured in the survey

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