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PSYCHOLOGICAL EFFECTS OF
EARLY AND DEFERRED DISCLOSURE OF ADOPTION

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PSYCHOLOGICAL EFFECTS OF EARLY AND DEFERRED DISCLOSURE OF ADOPTION

By

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ABSTRACT

PSYCHOLOGICAL EFFECTS OF
EARLY AND DEFERRED DISCLOSURE OF ADOPTION

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The experiment attempted to test contentions that telling the young child about being adopted- as advised by many adoption specialists- makes the adoptee vulnerable to shame, dependency, and separation anxiety. The converse position was also tested: that deferring telling until Latency engenders feelings of inferiority. Fifty females and thirteen males, age eighteen and older, self-administered the experimental protocols and returned them by mail. Those Told Early and those who reported Deferred Telling did not differ significantly on the Korpi Shame Scale, the Interpersonal Dependency Inventory, nor on TAT measures of Separation Anxiety and Inferiority. Questionnaire data indicated that parents who deferred telling were perceived as less straightforward, approachable, and empathic concerning the adoption than were parents who told early. The results suggest that time of telling is less important than the investigation into and working through of the parents' and child's insecurities and ambivalences that surround the adoption.

ACKNOWLEDGEMENTS

During the course of working on this thesis I often-times found myself describing to others how well the members of my committee complemented each other in their areas of expertise, how reasonable they were to work with, and how I consider each to be a role model in my professional development.

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I would also like to express my appreciation to Dr. Terry Allen. During the past several years I've very much admired and envied Dr. Allen's understanding of statistics

and research methods as well as the skill and caring with which he is able to teach these difficult subjects. It has been my fantasy that I'll someday be able to enter so fine an understanding of these areas to become a competent researcher.

I am also grateful to Dr. Robert Caldwell who, in addition to suggesting several much-needed substantive changes in the thesis, caught my careless errors in many of the details that are so important to professional work. I, along with the other graduate students who have worked with him, regard Dr. Caldwell as an exemplary role model in his diligence and in the manner in which he relates to his students.

I would like to thank Kathy Long for the consideration she showed me in scoring the TAT stories in so short a time. This consideration was nothing new: Kathy has been there for me in those very difficult times when I have most needed friendship.

And, to Sandy, my never-ending love.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ABBREVIATIONS

AdptThme..... TAT theme concerning any aspect of adoption.

Aprchblty..... Approachability of the adoptive parents regarding the adoptee's concerns around adoption.

AttribHer..... Adoptive parent's attribution of undesirable aspects of the adoptee to the adoptee's heredity.

AtmptSrch..... Adoptee attempted search for birthparent(s).

Coercn..... TAT theme involving coerciveness of parent(s).

ConsdrSrch..... Adoptee considered searching for birthparent(s).

Empthy..... Parents' empathies for the adoptee's feelings about being adopted.

Fantsy..... TAT theme indicating propensity for engaging in fantasy.

IAUT..... Interpersonal Dependency Inventory: Assertion of Autonomy Scale.

IDI..... Interpersonal Dependency Inventory.

IEMREL..... Interpersonal Dependency Inventory: Emotional Reliance on Another Scale.

ILSOCO..... Interpersonal Dependency Inventory: Lack of Social Self-Confidence Scale.

Incong..... TAT theme involving incongruence of parents' perceived benevolence with the actual needs of the person.

Inf..... TAT theme indicating feelings of inadequacy or inferiority.

KGS..... Korpi Guilt Scale.

KSS..... Korpi Shame Scale.

LrningDis. ..... Adoptee's report that he or she has experienced difficulties in learning (Learning Disorder).

NtBlng..... Adoptee's report of having had feelings that he or she did not belong in the adoptive family.

Nadpted Sibs..... Number of siblings in the adoptive family who were the parents' biological (non-adopted) children.

Sep..... TAT theme indicating anxiety around separation.

Strtfwd..... Adoptee's report regarding whether the adoptive parents were straightforward in discussing the adoption.

INTRODUCTION

Telling a child of his or her adoption is often a difficult ordeal for both parent and child. Adoption specialists have long recognized the difficulties as well as the importance of this task and have responded with a wealth of instructive literature. Though little of this literature has been based on research, much of it appears to offer prudent, well-considered advice that is likely to be facilitative of the telling process. In recent years, however, several psychoanalysts have taken issue with the long-standing prescription to begin the telling process while the child is very young. They contend that early disclosure is traumatic and disruptive to the child's psychological development and have supported this contention with compelling clinical evidence. Nevertheless, this hypothesis has not been adequately tested and, therefore, a controversy exists. For the adoptive parent, knowledge of this controversy forces a difficult choice. Uncertainty regarding disclosure is increased.

The Early Disclosure Position

Since World War II, the standard advice of adoption

specialists has been that the child should be told about the adoption as early as possible (Lifton, 1979). A number of rationales have been offered for early telling. First, it has been assumed that early telling facilitates a naturalness to adoption for the child. Knight (1941) assured adoptive parents that the child told early "would very likely think little of it and forget it." (p.71). A second rationale is, perhaps, a contradiction of the first: early telling ensures that the child has adequate time to work through distress engendered by knowledge of adoption (Peller, 1961). A third reason that has been offered is based on the belief that between mother and child there exists a special understanding or sensitivity. In this view, early telling reveals to the child something which, on some level, is already known (Peller, 1963). Finally, the rationale offered most frequently has been that early telling makes it less likely that the child will first learn of the adoption from someone other than his or her parents (Kornitzer, 1968; Winnicott, 1957). The scenario typically described is that of a neighbor maliciously telling the naive adoptee of the adoptive status. The underlying premise is that in learning of the adoption from someone other than the adoptive parents, the child's trust in the adoptive parents is undermined (Klibanoff & Klibanoff, 1973; Knight, 1941).

Within the past ten to fifteen years, the press for "earliest possible" telling appears to have lightened and to

have been challenged by a less rigid approach. Most adoption specialists have moved in the direction of a more relaxed disclosure of adoption at an early age (two to four), with an ongoing process of discussion over a number of years, geared to the questions asked by the child and to the child's general maturity level (Sorosky, Baran, & Pannor, 1978). Within this new approach, parents are to be guided by the child's needs as to when to first tell. For example, a number of adoption specialists advise that parents respond to the child's questions about his or her origin and/or childbirth with disclosure about the adoption (Lifton, 1979). A general rule is that parents should introduce only as much detail about the adoption as the child can understand and is interested in (Bettelheim, 1970; Klibanoff & Klibanoff, 1973; McNamara, 1975; Rohr, 1971). It has also been suggested that, if by age five or six, the child has not inquired about his or her origin or of childbirth, parents might initiate the discussion about adoption (Lifton, 1979). Despite this shift in orientation, it is clear that adoption specialists still consider early telling to be the optimal practice.

The Deferred Disclosure Position

Reaction to the early telling position came from the field of psychoanalysis. Schecter (1960) was first to voice a concern. Revealing that 13.3 percent of his caseload were adoptees (a figure that he mistakenly believed to be one

hundred times- rather than ten times- the incidence of adoptees in the general population), Schecter asserted that adoption is fertile ground for the development of neurosis and psychosis. Implicated as a pathogenic factor was the practice of early telling. Schecter observed that patients who were told of their adoptions in early childhood tended to make poorly integrated identifications, regularly split objects into good and bad, and were deficient in their capacities for developing closeness with others. Schecter reasoned that the immature ego cannot cope with the knowledge of adoption: revelation of adoption is experienced by the child as a severe narcissistic injury. This injury, claimed Schecter, engenders character change and symptom formation. Schecter called for further investigation into the ramifications of early disclosure.

Unaware of Schecter's observations, Lili Peller (1961) took issue with the prevalent practice of adoption agencies of pressuring adoptive parents into early and repeated telling. Peller described the young child as existing in a world of fantasies wherein reasoning is dominated by wishes, irrational fears, and misunderstandings. The child believes, claimed Peller, that his or her wishes- good and evil- are the reason for anything that happens to him or her. She reasoned that, when a young child is told about the adoption without having asked about his or her origin, the information is either quickly repressed or becomes entangled in a web of archaic fantasies. Repeated telling,

in her view, only serves to push the child into clinging to these fantasies with an increasing intensity. Peller warned that prescriptions for what and when to tell about adoption do more harm than good. She believed that, in general, adoption should be revealed when the child's ability to reason is sufficiently developed so that confrontation with this emotionally-charged situation can occur without threat to the developing ego.

Schecter (1967), reporting on the proceedings of the Panel on Adoption at a 1966 meeting of the American Psychoanalytic Association, cited support for his contentions in a presentation by Miriam Williams. Williams presented a number of vignettes about the lives of adopted children which suggested that the age at which the child is told of the adoption is important to the adoptee's feelings of security. She asserted that latency is the earliest stage in which the child is capable of a realistic understanding of adoption and that, therefore, disclosure during latency would do least to undermine the child's feelings of security.

The most recent and most compelling case against early telling has been made by Wieder (1977a, 1977b, 1978). In three case studies, Wieder (1977a) examined the consequences of early disclosure and concluded that disclosure about adoption is traumatic for the preschool-age child and is likely to result in chronic damage to the adoptee's self-esteem. The patients he discussed- ages 15, 27, and 9-

had been living with their adoptive parents from the first postnatal week and had learned of their adoptions by age three. According to Wieder, their developments and relationships to their adoptive mothers were clinically indistinguishable from blood-kin children up to the time they were told of their adoptions. Wieder claimed that, after disclosure, each child's behavior, thought contents, and relationships showed dramatic changes that could differentiate them from blood-kin children. Wieder observed that each child experienced the disclosure as a mortifying, shaming rejection by the adoptive mother. He stated that this felt rejection engendered fearful fantasies of abandonment, overwhelming separation anxiety, and a tenacious dependency on the adoptive mother. For each of the adoptees, the adoptive mother became ambivalently and confusedly viewed as a powerful person who could either save the vulnerable child or get rid of the bad child.

The effects of the early tellings did not appear to be transient. Wieder (1977a) observed persistent, deleterious effects in the adoptees' developmental processes, object relationships, cognitive functioning, and fantasy lives. Exaggerated dependence and passivity persisted throughout all phases of their developments. Marked feelings of shame and worthlessness became persistent attitudes that contributed to chronic feelings of loneliness and unhappiness. The feelings of worthlessness were regularly revealed in statements of anal self-abasement: the adoptees'

felt that they had been "gotten rid of" as are feces.

Several deleterious effects in cognitive functioning were also noted (Wieder, 1977a). Wieder stated that because adoptees reacted to reminders of their adoptions with shame, fear, and hatred, they developed a tendency to defend against disclosure with denial and isolation. When these defenses were applied to areas of their lives other than the adoption story, a more general disturbance developed. Aloofness from relationships and from learning situations became enduring aspects of these defenses.

Cognitive disturbances were also seen in a tendency toward illogic and a belief in the "probability" of fantasies. Insofar as family romances had some bases in reality, the sense of fantasy as being real was accentuated (Wieder, 1977b). Because fantasies seemed real, they became stimulants that furthered anxiety: their palliative function was impaired (Wieder, 1977a).

Another of the chronic problems in psychological adjustment that Wieder considered to have stemmed from traumatic early disclosure was a conflict in identification. Wieder (1977a) discerned two distinct influences on the development of the adoptees' egos and superegos. The first was the normal incorporation of and identification with the nurturing or adoptive parents. The second, an artifact of learning of adoption, was an identification derived from fantasies about the biological parents. The biological parents were fantasied as being hateful, impulse-ridden

persons. Having identified with these fantasied images, the adoptees felt hateful, bad, and dangerous. Wieder (1977a) observed that when the adoptees experienced sexual and aggressive impulses, they believed that these impulses were the result of the evil genetic inheritance from the biological parents.

After presenting this clinical data as evidence for his contentions that early disclosure is traumatic for and is damaging to the personality of the adopted person, Wieder (1978) turned to developmental psychology (Balint, 1969; Bloss, 1966; Kris, 1956; Mahler, 1968) to develop an explanation as to why disclosure would be predictably traumatic to toddlers. Wieder's explanation is briefly summarized as follows.

Through the first half-year of life, "mother" is represented in sounds, feelings, and sensory impressions that are associated with cycles of tensions and satisfactions. If this representation could be verbalized, it might be: "mother is me, I am mother, we are one." As internal and external reality become differentiated the representation of mother changes: "mother is she, I am me; we are two but belong to each other." When a blood-kin child learns intellectually of its biological mutuality to mother, the feeling of belonging to each other that was initiated through nurturance is reinforced. Unconsciously, the child determines that "blood ties" physically perpetuate the bond of mother and child.

When the two or three year old child is told of his or her adoption, he or she is receiving this information at the height of the separation-individuation phase and during the anal stage of development. This information, no matter how kindly given, is understood in the context of this developmental experience and is incorporated into fantasies. In essence, the message received may be: "mother is not me, I am not mother; I am not part of her; the one who made me gave me away as if I were stool. I don't belong." These impressions would be reinforced with the parents' repetitions of the adoption story.

Early disclosure about adoption, then, interferes with the inner experience of mother as nurturer; the conceptualization of nurturing mother is contradicted by the disclosure of another mother. This confusion of who is mother undermines basic trust and produces mistrust of the stability and permanence of the relationship to the nurturing parent. A toddler, then, does not need to know that he is adopted but needs to know that he belongs to the people he experiences as parents.

Wieder (1977a) acknowledged that disclosure is not the only traumatic influence but that it is a mutable one in the young child's life. Recognizing that not all adoptees encounter the same difficulties or suffer them to the same extent, he claimed that trauma eventuates from early exposure and that there appears to be no escape from the damage to self-esteem subsequently incurred. Wieder (1978)

would offer no "best" time for disclosure: he cautioned that precise pinpointing of when structure, phase conflicts, and cognitive development are optimal is difficult to generalize. He stated that it appears that the longer the communication of adoption can be put off the better for the mental health of the child. Wieder (1977a) also pointed to the need for clinical studies to assess the consequences of deferred disclosure.

The Dilemma for Adoptive Parents

Contention of the early telling position appears to have added to the uncertainty adoptive parents experience in the telling ordeal. Lifton (1979) recounted the reactions of adoptive parents to a presentation made by Wieder at Hofstra University in 1977. She wrote:

> Adoptive parents felt deceived on hearing the "tell later" view. There were moments when their anger resembled a lynch mob. .... A father, reflecting the underlying despair of the group said, "Most of us feel we're floundering. Can't we develop a philosophy to follow through on?" (p.189).

Subsequently, several parents backed the panel, describing detrimental effects that early disclosure appeared to have for their children.

Lifton (1979) proposed that many adoptive parents have a need to see the age at which they "told" as the source of

their children's problems. She suggested that the issue of time of first telling has been overplayed and should be defused. Although it is likely that some adoptive parents displace responsiblity or overvalue expert advice, these do not negate the fact that the experts have presented these parents a dilemma. Receiving contradicting advice on a matter the experts claim to be of important developmental significance, adoptive parents are left with a dubious choice.

Research Findings Relevant to the Controversy

Elucidation of the effects of early telling might be furthered by a review of adoption research. Schecter's (1960) claim that the percentage of adoptees seen for psychiatric help far outnumbers the proportion of adoptees in the general population gave impetus to psychological research concerning adoption. Schecter's claim has found support. Research has indicated that child and adolescent adoptees are referred for psychiatric treatment two to five times more often than are their nonadopted peers (Brinich, 1980); although there is a one percent incidence of nonrelative adoptees in the general population (U.S. Children's Bureau; 1964), mental health agencies have reported two to fifteen percent incidences of adoptees in their populations (Borgatta & Fanshel, 1965; Goodman, Silberstein, & Mandell, 1963; Humphery & Ounsted, 1963; Reece & Levin, 1968; Schecter, Carlson, Simmons, & Work,

1964; Sweeny, Gasbarro, & Gluck, 1963; Toussieng,1962; Work & Anderson, 1971).

Clinical studies have also revealed consistent trends in the symptomatology of adopted children and adolescents. Referral problems have regularly fallen into two categories: acting out behaviors such as stealing, impulsivity, aggression, and sexual acting out (Eiduson & Livermore, 1953; Goodman & Magro-Nora, 1975; Jackson, 1968; Kirk, Jonassohn, & Fish; 1966; Lindholm & Touliatos, 1980; Menlove, 1965; Offord, Aponte, & Cross, 1969; Reece & Levin, 1968; Schecter et al., 1964; Simon & Senturia, 1966) and learning disorders or underachievement in school (Elonen & Schwartz, 1969; Goodman et al., 1963; Kirk et al., 1966).

Only a few adoption studies have direct relevance to the time of telling controversy. Elonen and Schwartz (1969), Kornitzer (1968), and Eldred et al. (1976) have investigated adoptees' reactions to initial disclosure. These studies may be seen as relevant to the hypothesis that early telling is inherently traumatic for the child. Eldred et al. (1976) also attempted to test the hypothesis that early telling fosters chronic, deleterious changes in the adoptee's psychological adjustment.

Elonen and Schwartz (1969) reported on a longitudinal study of adoptive families. In 1942, a research plan had been devised that undertook a periodic check on adopted children and their families through the children's sixth birthdays. A follow-up investigation, scheduled for after

the children's sixteenth birthdays included assessments of emotional adjustment, physical condition, and collection of data concerning major events in the adoptees' lives. Forty-three families participated in the follow-up study. At the time of the final assessments, subjects ranged in age from 16 to 22 years.

One of the major events for which data was collected was initial disclosure about adoption. Elonen and Schwartz did not investigate reaction to disclosure by age told. They stated that adoption agencies had recommended that the children be told at an early age and that most of the parents had done so. The data recorded were the parents' accounts of the children's reactions to initial disclosures about adoption.

In 64 percent of the 43 families, parents reported that the child accepted the disclosure about adoption without overt reaction. In eight percent of the cases, parents felt that the child never accepted the fact of his adoption. Traumatic reaction to initial disclosure was revealed in only one case and it was reported that this child overcame the reaction within six months. No reports were available for the remaining children.

Elonen and Schwartz did not offer an interpretation of these findings. It appears that they regarded them as support for their general conclusion that being adopted is not a causative factor per se in the emotional problems of adopted children.

The most comprehensive study on adoption has been the work of Kornitzer (1968). Kornitzer interviewed and/or corresponded with individuals from 503 adoptive situations in the London area. The individuals surveyed included biological parents, adoptive parents, and 664 child, adolescent, and adult adoptees. Information was sought regarding many facets of the adoption experience. Considerable attention was devoted to the telling process.

The aspect of this investigation most relevant to the time of telling issue is the data on reactions to initial disclosures. Kornitzer did not discuss reactions to disclosure of children under age five other than to say that in the survey group, there were some children well under age five who were upset when told. Instead, she concentrated on reactions to initial disclosure of children over age five. British adoption agencies considered disclosure after age five to be of potential detriment to the psychological adjustment of adoptees. By analyzing reactions to initial disclosures where these occured after age five, Kornitzer attempted to determine the validity of this assumption.

Of the 233 adoptees that constituted the relevant survey group, Kornitzer reported that 63 (27 percent) were first told of their adoptions after age five or were told by persons other than their parents. About half of these were told at seven to nine years of age. All had learned of their adoptions by age eighteen. As in Elonen and Schwartz (1969), the data recorded were parents' accounts of their

children's reactions to initial disclosures.

The results indicated that 17 of the 63 children showed no reaction; 16 were said to be "interested." Six were reported to be briefly or slightly disturbed whereas seven, though showing little or no disturbance at the time of first telling, later had reactions that seemed linked to the time of telling. Eight children were immediately disturbed but showed no apparent problems later. Seven showed strong immediate disturbance and persisting problems with behavior difficulties or tension regarding the adoption. Two of the children showed strong disturbance with recurrent major psychological problems. Kornitzer cautioned that the reports of the parents were sometimes biased by sympathetic observation: some parents reported details that suggested considerable disturbance but said that the child showed no reaction.

After discussing details of a number of the parents' reports, Kornitzer concluded that age at which disclosure is first made is not, by itself, important to the emotional adjustment of adoptees. She proposed that it is the ability of the adoptive parent to disclose in a straightforward, sympathetic way that effects a healthy adaptation to knowledge of adoption. This manner of disclosure engenders an openness about adoption that allows the child to seek further information and reassurance from the adoptive parents. Problematic adjustment, according to Kornitzer, is effected by an evasive first telling that restricts the

degree and quality of information the child is able to receive from the adoptive parents.

Eldred et al. (1976) is the only study to have directly addressed the time of telling controversy. As part of an investigation into conflicting assumptions about adoption practices, Eldred et al. attempted to test Schecter's (1960) contention that the increased susceptibility of adoptees to psychological difficulties is influenced by early disclosure about adoption. To test this hypothesis, Eldred et al. studied adoptees' reports of their reactions to initial disclosures and analyzed psychological adjustment of the adoptees by age they reported to have first been told.

The data were collected as part of a study of the etiology of schizophrenia. Samples of adoptees were selected from the Danish adoption register to constitute three groups: adoptees having biological parents diagnosed as schizophrenic or as manic-depressive, adoptees having adoptive parents diagnosed as schizophrenic or as manic-depressive, and adoptees having biological parents with no histories of psychosis and with psychiatric histories of adoptive parents free to vary. Two hundred sixteen adult adoptees were seen in psychiatric interviews; none was a psychiatric patient. The subjects were not aware that their adoptive status was the reason for their selection.

To assess psychological adjustment, two outcome measures were constructed: a rating of the quality of the

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parent-child relationship and a psychopathology score. The measures were derived from information in the psychiatric interviews. Information for each subject was sorted into a forced-normal distribution with scores ranging from one to twenty (a higher score indicated a poorer parent-child relationship or greater psychopathology). Three judges scored the protocols for the parent-child relationship scores. They achieved interrater reliabilities of .83, .85, and .87. Two judges sorted for the psychopathology variable achieving a reliability coefficient of .94. For the 87 percent of the sample that knew of their adoptions, neither age at which they learned of it- whether at less than five, between five and twelve, or over twelve- nor the source of the information- parent or other- proved to be related to either outcome score.

Eldred et al. also reported that those adoptees who recalled positive or indifferent reactions to initial disclosures more often learned about their adoptions earlier than did those who reported negative reactions. Eldred et al. described the effect of age at first telling upon quality of reaction as a linear function: negative reactions were increasingly reported as reported age at first telling increased. Given these findings, Eldred et al. suggested that negative reactions to disclosure might be reduced if children are told about their adoptions early in life by their adoptive parents.

Review of the relevant adoption studies indicates that,

currently, there there is little research evidence to support the case against early telling. Whereas the observation that adoptees are vulnerable to psychological difficulties has been substantiated, it is not at all clear that early disclosure plays a pathological role. The findings of Elonen and Schwartz (1969) regarding reported reactions to what were predominantly early disclosures do not appear to differ substantially from the reports of reactions to initial disclosures made after age five that were recorded by Kornitzer (1968). In both studies, the majority of parents reported having observed little disturbance in their children's reactions to initial disclosures. The findings of Eldred et al.(1976) also failed to offer support for the deferred telling position. No differences were found between groups by age at first telling when compared on two measures of psychological adjustment; early disclosure was associated with fewer self-reports of negative reaction.

Despite the direction of these findings, dismissal of the case against early telling seems unwarranted. Examination of these studies reveals a number of potential confounds that might serve to undermine the interpretability of their results.

The findings that majorities of parents reported having observed positive or indifferent reactions to initial disclosures (Elonen & Schwartz, 1969; Kornitzer, 1968) must be interpreted with caution. As indicators of the

children's experiences regarding initial disclosures, the parents' reports are probably misleading. Adoption research suggests that adoptive parents tend to minimize or to deny their distress about adoption. In follow-up studies of adoption agency placements, Biskind (1966) and Ripple (1968) observed that adoptive parents were reluctant to acknowledge perplexities and problems concerning adoption. Lifton (1979) explained the tendency of parents to downplay issues about adoption as being part of a denial that pervades the adoption experience. She labeled this denial "the Adoption Game." According to Lifton, the fundamental rule of this game is that everyone- biological parents, the legal system, adoptive parents, siblings, adoptees- act "as if" the adoptee were a biological offspring. It seems likely then, that the reports of parents in these studies (Elonen & Schwartz, 1969; Kornitzer, 1968) were biased by a reluctance to acknowledge problems concerning adoption and by a tendency toward denial insofar as the topic of disclosure may have given emphasis to the adoptive status.

Caution must also be exercised when interpreting the finding of Eldred et al. (1976) that the number of negative reactions reported by the adoptees increased as a function of reported age at first telling. Although this finding was interpreted by Eldred et al. as support for the early telling position, it cannot be determined from these data that early telling did not have a detrimental impact. Recall that Peller (1961) considered early, repeated telling

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to be detrimental insofar as it enhanced and prolonged the child's frightening, archaic fantasies. Eldred et al.'s subjects, adult adoptees, may have been unable to link childhood disturbances to learning of adoption and/or had repressed much of these fantasies. Given the more mature ego, disclosure after age five is likely to arouse overt reactions that are linked in conscious experience to knowledge of adoption. Therefore, the finding that negative reactions were a linear function of reported age at first telling might have been an artifact of ego maturity at time of initial disclosure and of memory.

A third finding that harbors a danger of misinterpretation is Eldred et al.'s (1976) finding that groups of adult adoptees did not differ by source of nor reported age at first telling on the ratings of parent-child relationship and psychopathology. From these results, Eldred et al. concluded that the circumstances surrounding disclosure of adoption may not be pathogenic on a long-term basis.

This finding is, however, the product of an inappropriate test of the deferred telling position. Eldred et al. assumed that, were the deferred telling position correct, those adoptees who recalled early telling would be more likely to rate lower on diffuse measures of psychological adjustment than those adoptees who recalled initial disclosures at ages five and over. A more appropriate test of the latency hypothesis would have been

to compare the groups on problems in adjustment that are specific to early development. This would have been congruent with the position taken by advocates of deferred telling that early telling is inherently traumatic and makes the adoptee vulnerable in those aspects of psychological adjustment that are rooted in early development.

PURPOSES AND HYPOTHESES

In light of the shortcomings of the relevant studies, it appears that the time of disclosure controversy has yet to receive adequate evaluation. The purpose of this study was threefold. First, it attempted to evaluate the validity of the contention that early disclosure has a deleterious impact on aspects of the adoptee's psychological adjustment that are rooted in early development. Second, it attempted to determine whether initial disclosure during the latency period makes the adoptee vulnerable to certain difficulties in psychological adjustment suggested by proponents of early telling. Third, it gathered information about various aspects of adoptees' experiences in an attempt to gain further insight into some of the psychological issues surrounding adoption.

The Deferred Telling Position

Wieder (1977a; 1978) described problems in psychological adjustment that stemmed from the trauma of early disclosure. Of these problems, he cited shame, dependence, and separation anxiety as being endemic to the

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personalities of those patients who were told early. Shame, dependency needs, and separation anxiety are considered to be rooted in the first three years of life (Erikson, 1959; Fenichel, 1945; Jacobson, 1964; Kaufman, 1980; Wursmer, 1981). Therefore, to evaluate the deferred telling position it was hypothesized that, if early telling makes the adoptee vulnerable in aspects of early development, then:

1. adoptees who were told early would, as adults, score higher on a measure of shame than would those for whom first telling was deferred;
2. adoptees who were told early would, as adults, score higher on a measure of dependency needs than would those for whom first telling was deferred;
3. adoptees who were told early would, as adults, score higher on a measure of separation anxiety than would those for whom first telling was deferred.

The Early Telling Position

Advocates of early telling have described a host of difficulties engendered by delayed telling. One of their most grave remonstrations has been that delay in telling may lead to chronic feelings of inadequacy or of inferiority. The development of these feelings has been described as occurring in several ways. First, the adoptee may reason that the delay in telling implies that there is something wrong with being adopted (Wishard & Wishard, 1979). Second, because the adoptee has not had time to work through

feelings about being adopted, he or she may be especially vulnerable to comments and taunts of peers (Doss & Doss, 1957). Third, the school-age adoptee may be very sensitive to the stigma of illegitimacy (Kornitzer, 1967). Possession of inferiority feelings during the latency stage has been linked to deficits in the individual's capacity for industry. Erikson (1959) contended that a sense of inferiority- the feeling that one is inherently not as good as others- hinders the child's development of perseverence and abilities to work and to share with others.

In evaluation of the early telling position it was hypothesized that, if initial telling during latency makes the adoptee vulnerable to feelings of inferiority, then:

4. adoptees who were first told during latency would, as adults, score higher on a measure of inferiority feelings than would those who were told early.

A summary of the hypotheses is presented in Table 1.

Exploratory Variables

Whereas the primary purpose of this study was to evaluate positions in the time of telling controversy, information was also gathered for exploratory purposes. Areas of inquiry included learning disorder, psychological ramifications of having non-adopted siblings, patterns in adoptive parenting, ways in which adoptive parents dealt with disclosure about adoption, and attitudes concerning the search for birth parents. Discussion of the questions

Table 1

Summary of Hypotheses

Position	Hypothesis
Deferred Disclosure	Early telling makes the adoptee vulnerable in aspects of early development, therefore, adoptees who were told early will, as adults:
	1) score higher on a measure of shame (Korpi Shame Scale) than will those for whom telling was deferred;
	2) score higher on a measure of dependency needs (Interpersonal Dependency Inventory) than will those for whom telling was deferred;
	3) score higher on a measure of separation anxiety (TAT Scale for Separation Anxiety) than will those for whom telling was deferred.
Early Disclosure	When initial telling is deferred until the latency period, the adoptee is made vulnerable to feelings of inferiority, therefore, adoptees who were first told during latency will, as adults:
	4) score higher on a measure of inferiority feelings (TAT Scale for Inferiority) than will those who were told early.

which addressed these issues and their rationales has been deferred to the Method section.

METHOD

Subjects

Subjects were recruited via classified advertisements in The Detroit Free Press, The Detroit News, The Grand Rapids Press, The Lansing State Journal, and The State News. Request was made of persons who had been adopted early in life, ages 18 and over, for participation in psychological research. Volunteers were asked, in a phone conversation, a series of questions to screen them for three criteria: adoption in the first eighteen months of life, race same as that of adoptive parents, and knowledge as to when adoption was first disclosed.

Experimental protocols and postage-paid return envelopes were mailed to 107 volunteers. A drawing for a $30 award was offered as an incentive for participation. Seventy-two persons returned the protocols; sixty-three fulfilled the criteria for eligibility. Characteristics of the subjects- by age at first disclosure of adoption and for the entire sample- are listed in Table 2.

Whereas the groups were quite similar in regard to education, sex, and age at adoption, those for whom telling

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Table 2

Characteristics of Participants

Group	Disclosure Age		Age		Sex		Educ		Age Adopted	
	M	SD	M	SD	M	F	M	SD	M	SD
Told Early n=29	*	*	31.7	11.1	5	24	13.9	2.1	4.3	5.8
Told Ages 4–6 n=11	4.9	.9	30.0	13.0	2	9	14.0	2.3	3.8	4.3
Telling Deferred n=23	11.9	6.4	39.9	15.3	6	17	13.1	2.4	4.7	5.0
Latency Told (A subset of Telling Deferred) n=17	9.1	1.8	40.4	16.1	4	13	12.9	2.2	5.6	5.5
Entire Sample n=63	6.6	5.6	34.4	13.5	13	50	13.7	2.3	4.4	5.2

Note: Age at first disclosure is in years, Age, and Education are in years; Age at adoption is in months.

* Average age at first disclosure cannot be calculated for Told Early as members of this group most often reported that they "always knew" of their adoptions or "were raised with this knowledge."

had been deferred were, on the average, older than those for whom first telling had been early ($p<.05$). Males comprised only 24% of the sample. In adoptee groups, it is common knowledge that men tend to be reluctant to acknowledge feelings about being adopted and/or to discuss adoption as being an important issue in their lives. Insofar as the sample was attained by advertisement, the participants seemed predisposed to acknowledge feelings about adoption; they were especially communicative of their attitudes and experiences concerning the search for birth parents.

Definitions

Adoptive status was defined as the subject's report that he or she had been adopted. Insofar as monetary remuneration was to be given only one subject, it was unlikely that anyone misrepresented himself or herself to gain entry into the study. The stipulations that subjects be adopted in the first year of life by parents of the adoptee's race were made to facilitate cogent interpretation of the data.

Time of telling was defined as the subject's report of his or her knowledge as to when it was first stated that he or she had been adopted. This method of determining age at first telling was hardly ideal but it avoided the difficulties that surround the enlistment of parents' participation.

Initial disclosure was considered to have been early

where it was reported to have occurred prior to age four. This demarcation was artificial. Most adoptees who were told early do not know at what age they were told and, therefore, the majority of those told early reported that they had always known about their adoptions and/or that they were raised with this knowledge.

Telling was defined as delayed or deferred where it was reported to have first occurred after the adoptee's seventh birthday. Seven year olds are generally considered to be in the latency stage; the advocates of deferred telling suggest that, in general, telling should be deferred at least until latency. Accordingly, subjects in the telling deferred group were first told at age seven or at any age thereafter.

Initial telling was defined as having occurred during the latency period where it was reported to have first taken place from ages seven through twelve. Although age at puberty is quite variable, twelve years of age seems to be a conservative estimate in terms of inclusiveness. The latency told group was not sampled separately but was a subset of the telling deferred group.

None of the hypotheses addressed initial telling that occurred from ages four through six. These subjects were, therefore, not grouped for the purpose of testing hypotheses. Their data were, however, used in the analyses pertaining to the exploratory variables.

Instruments

Propensity for shame was measured by the Shame Scale of the Korpi Shame-Guilt Scale. Dependency needs were measured by the Interpersonal Dependency Inventory. Separation anxiety was measured by number of separation themes in stories told to three cards of the Thematic Apperception Test. Inferiority feelings were assessed by number of themes involving inferiority feelings told in response to the same three Thematic Apperception Test cards.

Korpi Shame-Guilt Test

Shame has received little attention from psychological researchers and, therefore, few measures of shame exist. Mirman (1984), in a study which investigated factors influencing proneness to shame and proneness to guilt, cited the Korpi Shame Scale (KSS) as being superior to other measures of shame in its combination of face validity, brevity, and the capacity to differentiate shame and guilt. In the present study, length of the experimental protocol was of concern, so, the Korpi was selected for use.

The Korpi Shame-Guilt test (Appendix E) is a revision of the Beall Shame-Guilt test (Beall, 1972), a Likert format test that presents 103 situations and requires the respondent to evaluate, on a one through five scale, how upsetting each would be for him or her. Beall established construct validity by having several clinicians rate each item of an item pool as either shame- or guilt-inducing;

items that could not be classified as either were dropped.

Korpi (1977) reduced the length of Beall's test. His final form was a 36-item test that had a Cronbach-alpha of .76 (cited in Mirman, 1984).

In a post hoc examination of the Korpi Shame Scale, Mirman (1984) listed several categories of shame activators that the items appeared to be examples of and asked four persons well-acquainted with the concept of shame to indicate which of these labels described each of the 17 shame items. Those labels which were scored for a particular item by three or more of the raters were then used as a category into which that item was placed. This resulted in the identification of five subscales by which subjects were found, in a correlational analysis, to respond differentially. The subscales were: (a) lack of competence at work or in a task of some sort; (b) social incongruity or inappropriateness; (c) shame about aspects of one's own body; (d) interpersonal incompetence or failure, or shame-producing relationship needs, interests, attitudes or activities; and (e) shame about one's experience or expression of feelings.

No normative data have been published for the Korpi Shame-Guilt test. Mirman (1984) classified 107 introductory psychology students by level of shame experienced- High, Medium, and Low- via a composite measure of shame that was arrived at by standardizing and then summing the scores from Cattell's Susceptibility to Embarassment Scale, the revised

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Stanford Shyness Survey, and a TAT scale for shame. Mirman's (1984) mean Korpi Shame scores by level of shame experienced were used in this experiment for purposes of comparison and these are listed in the Results section.

Interpersonal Dependency Inventory

The Interpersonal Dependency Inventory (IDI, Appendix F) is a 46-item self-report measure which assesses interpersonal dependency needs in adults. Hirschfeld et al. (1977) defined interpersonal dependency as a complex of thoughts, beliefs, feelings, and behaviors that revolve around the need to associate closely with, interact with, and rely on valued other people. The scale was constructed to encompass three approaches to the concept of interpersonal dependency: the psychoanalytic theory of object relations, social learning theories of dependency, and the ethological theory of attachment.

Each of the 46 items makes a first-person statement professing an attitude or describing a characteristic behavior. The subject is requested to rate each statement, on a four-point scale, as to whether it is: very characteristic of me, quite characteristic of me, somewhat characteristic of me, or not characteristic of me.

Hirschfeld et al. (1977) factored three dimensions from the 46 items: emotional reliance on another person, lack of social self-confidence, and assertion of autonomy.

These scales were described as follows:

(a) Emotional Reliance on Another Person (IEMREL) assesses the degree and intensity of a relationship to a single other person. It is a scale that measures "a wish for contact with and emotional support from specific other persons... (the) dread of loss of that person, (and a) general wish for approval and attention from others" (Hirschfeld et al., 1977); (b) Lack of Social Self-Confidence (ILSOCO) addresses the relationship to people in general. It is a scale that measures "a wish for help in decision-making, in social situations, and in taking initiative" (Hirschfeld et al., 1977); (c) Assertion of Autonomy (IAUT) addresses the degree to which an individual is indifferent to or independent of the evaluations of others and is, therefore, scored in the opposite direction of the other two scales. It is a scale that measures "preferences for being alone and for independent behavior," and expresses the conviction that one's "self-esteem does not depend on the approval of others" (Hirschfeld et al., 1977).

To obtain evidence on the validity of the measure, Hirschfeld et al. (1977) administered the inventory to samples of Normals (n=121) and Psychiatric Outpatients (n=66). It was assumed that psychiatric patients have greater dependency needs than normals. The Normals were obtained in a mailout inquiry to residents of several small communities in California. There were 64 males and 57 females in this group, with ages ranging from 16 to 85

(M=41); 64% had one or more years of college education. The Patient sample included 19 males and 47 females, with an average age of 31 (range 18-65); 42% had some college education. Psychiatric patients scored significantly higher ($p<.01$) on the scales for Emotional Reliance on Another Person and Lack of Social Self Confidence, but were insignificantly different on Assertion of Autonomy. Split-half reliabilities on the three scales for the Normal sample were .86, .76, and .84 respectively; and, for the Patient sample they were .85, .84, and .91. Means and standard deviations on the three scales for these cross-validating samples were used in this experiment for purposes of comparison and these data are given in Table 9.

Thematic Apperception Test

The Thematic Apperception Test or TAT (Murray, 1943) consists of twenty pictures (with alternatives by sex and age for several cards) to which the subject is asked to tell stories. The pictures are varied in content and in degree of structure for the purpose of eliciting fantasies about important areas of the subject's life.

Each subject was presented three TAT cards (male subjects received the BM cards and female subjects received the GF cards):

Card 1- A boy is gazing at a violin.

Card 6BM- An elderly woman stands with her back turned to a young man. The latter looks perplexed.

Card 6GF- A young woman sitting on a sofa looks back at an older man who seems to be addressing her.

Card 7BM- An older man is looking at a younger man who is staring into space.

Card 7GF- An older woman is sitting beside a girl, speaking or reading to her. The girl holds a doll and looks away.

Card one usually elicits fantasies about childhood as it really was (Karon, 1981); therefore, it was regarded as being sensitive to feelings of inferiority and of separation anxiety. Cards six and seven tend to elicit fantasies about the relationship with mother and with father (Karon, 1981). These were included to investigate parenting issues in adoption.

The TAT stories were scored for eight themes. The scoring criteria for Separation Anxiety and Inferiority were created prior to the experiment. The other six dimensions and their criteria were created for exploratory purposes and were developed after reading the subjects' stories. The themes and their scoring criteria are described in the rater training manuals in Appendix H. The scales which were used to test the hypotheses were as follows:

Theme 1: Separation Anxiety

Hero anticipates, reminisces about, fears, or is separated from another person by death or any other cause: Score 2.

Hero has received or another person has received bad news or is troubled- sad, depressed, despondent, not confused, perturbed, etc.- but the details of the news or troubling matter are not specified: Score 1.

Theme 2: Inferiority

Hero expresses feelings of futility, inadequacy, or doubt regarding self or an activity: Score 2.

Where hero ALSO expresses a recognition of the possibility of achieving adequacy or adequate performance in this or in another pursuit: Score 1.

After examination of the TAT stories, six additional themes were identified. These themes were derived empirically: a theme was identified if it appeared frequently or was especially salient. The themes might be grouped into three categories: parenting themes, adjustment themes, and themes relevant to adoption issues.

Due to their seemingly high frequency, two parenting themes- Coercion and Incongruence- were identified. Coercion was indicated where a parent or caretaker imposed something upon the hero against the hero's will. Incongruence involved a parent's or caretaker's belief that he or she was acting out of benevolence for the hero where there was also indication that the hero's needs were not being met.

There were two adjustment themes: Acquiescence and Paranoia. Acquiescence was identified where the hero deferred to the parent's or caretaker's coerciveness. On the basis of a small number of salient stories, the Paranoia theme was created to identify themes in which the hero perceived him or herself as being in danger of harm.

Another salient theme that was present in a relatively small number of stories involved an indication that the hero or participant had a high propensity for fantasy. This Fantasy theme was included as an adoption issue in consideration of Lifton's (1979) claim that adoptees are sometimes vulnerable to obsessive fantasying. Finally, themes that focused on some aspect of adoption were identified as Adoption themes. This dimension was included as a gauge for determining which of the subjects used the TAT stories to specifically relate sentiments about adoption.

TAT Ratings

Two graduate students in clinical psychology independently scored the 189 stories- three stories by each of 63 subjects- for each of the eight themes. The raters were trained separately in one hour sessions according to the guidelines listed in the TAT Scoring Manual (Appendix H). The stories were assigned to the raters in three segments (by TAT card). The raters were blind to group membership of subjects. The subject's score for each theme

was the sum of the raters' scores for that theme over the subject's three stories.

Questionnaire

A 20-item questionnaire was constructed to gather information relevant to the hypotheses tested and for exploratory purposes. The questionnaire is included in Appendix C within the experimental protocol. Nine items requested information necessary for testing the hypotheses, or, were more generally relevant to the time of telling controversy. These items addressed: age at adoption, concordance of race with that of adoptive parents, age, education, occupation, number of siblings, age at first telling, how adoption was first disclosed, and reaction to initial disclosure.

The content of the remaining items might be sorted into two categories: patterns in adoptive parenting and issues surrounding the adoption experience. Questions concerning adoptive parenting inquired about the subject's assessments of: the approachability of the adoptive parents in response to the subject's concerns regarding adoption; whether the parents were straightforward or evasive in the manner in which they dealt with the subject's adoption; the parents' empathies for the subject's feelings about being adopted; whether the parents ever attributed to the subject's heredity, aspects of his or her person or behavior that were perceived as undesirable; and, the amount of information the

adoptive parents provided the subject about his or her birth parent(s).

The items concerning approachability and straightforwardness were included to investigate Kornitzer's (1968) contention that these are requisites of healthy adjustment to knowledge of adoption and to gauge parents' insecurities and/or ambivalence about the adoption. The empathy item was included to determine whether perceived empathy was related to Korniter's dimensions and was also considered to be a measure of the subject's regard for the parents in their handling of the adoption experience. Indications of destructive parenting and/or of ambivalence about the adoption were sought by the item concerning attribution to heredity. The item which addressed the amount of information given about birth parents was included to examine the amount and type of information that adoptive parents are willing and capable of providing their children about their histories.

Six of the questions addressed a range of adoption issues. Adopted children are over-represented among those identified as suffering learning disorders; with the hope of gaining insight into this area of concern, the participant was asked if he or she had ever experienced problems in learning. Insofar as alienation from the adoptive family is a concern of both adoptees and adoptive parents, the participant was asked if he or she had ever felt that he or she did not belong to the adoptive family; data from this

question were to be analyzed in relation to the other data.

At present, searching for birth parents has received a great deal of media attention and is the topic of a major movement among adopted people. In an attempt to gain some general information regarding this important issue, participants were asked if they had ever considered and/or attempted a search for birthparents and what their opinions were about searching.

Procedure

Each subject self-administered the experimental protocol and returned it in the stamped, addressed envelope provided. After a cover letter (Appendix A) which explained the purpose of the study and a form which described consent to participate (Appendix B), was the 20-item questionnaire, the three TAT cards, the Korpi Shame-Guilt Test, and the Interpersonal Dependency Inventory. The order was the same for all subjects. The subject was instructed to telephone the experimenter should he or she have any questions or concerns about the items, protocol, and/or the nature of the study. No calls were received.

Instructions for each section are listed in the protocol (Appendices A-G). Instructions for the TAT were most likely to have an impact on responses. They were as follows:

In the next several pages is a set of three pictures. In the spaces provided, please write a brief story

about each individual picture. You might write about what's going on, what the characters might be feeling and thinking, what led up to it, what the outcome might be. Don't take much time to plan the story: simply write what comes to mind. Please don't be concerned that your story isn't good enough or about crossing out mistakes. None of us can write a truly good story in the few minutes that we would like you to spend on these stories.

The final page of the protocol contained forms for the request of a summary of the results and for participation in the $30 drawing (Appendix G). These were detached from the completed protocols upon their receipt by the experimenter. This was done so that subjects' identities could not be linked to their responses. The experimenter selected the name of the recipient of the award by a blind draw from the subjects' completed forms. On November 30, 1984, a $30 money order was mailed to this person.

RESULTS

Statistics describing the groups' performances on the measures and *t*-values for the hypothesis tests are given in Table 3. No significant differences were found between the groups on any of the measures.

Correlations of the dependent and independent variables with characteristics of the participants are presented in Table 4. Although age of the subjects was related to age at first disclosure (r=.25, p<.05), there was no statistically significant correlation between age at initial disclosure and any of the measures when the variance contributed by age was partialed out (Table 5).

There was also a relationship between male sex and the measure of separation anxiety (r=.36, p<.01). After partialing out the variance contributed by sex, early disclosure came close to being significantly related to higher separation anxiety (r= -.22, p<.10).

Reliabilities

Reliability scores for the Korpi Shame Scale (KSS) and

Table 3

Descriptive Statistics and Summary of Hypothesis Tests

Measure Group	n	M	SD	Pooled Var. t-value	DF	2-Tailed Prob.
Korpi Shame Scale (KSS)						
Told Early	29	54.6	10.85	-.47	50	.637
Telling Deferred	23	56.0	11.04			
Emotional Reliance on Another (IEMREL)						
Told Early	29	41.9	10.97	-.87	50	.388
Telling Deferred	23	44.6	11.07			
Lack of Social Confidence (ILSOCO)						
Told Early	29	30.3	7.01	.52	50	.608
Telling Deferred	23	29.5	4.45			
Assertion of Autonomy (IAUT)						
Told Early	29	28.9	1.14	1.46	50	.154
Telling Deferred	23	26.3	6.48			
TAT Scale: Separation Anxiety						
Told Early	29	1.86	2.37	.18	50	.857
Telling Deferred	23	1.74	2.51			
TAT Scale: Inferiority						
Told Early	29	1.45	1.64	-.04	44	.966
Latency Told	17	1.47	1.64			

Table 4

Correlations Between Dependent and Independent Variables and Characteristics of the Participants

	DiscAge	KSS	IEMREL	ILSOCO	IAUT	SEP	INF
Disclosure Age	-	.00	.02	-.03	.16	-.11	-.10
Age	.25*	-.07	-.17	.02	.03	-.09	-.05
Sex	.05	.04	.01	.04	-.15	.36**	-.09
Education	-.03	-.08	-.18	.00	.08	.19	.07
Age at Adoption	-.04	-.12	-.06	.04	-.06	.02	.11
N of Sibs	-.11	.16	.09	.01	.05	.10	-.02
Non-adoptive Sibs (N of)	.03	.06	.17	.05	-.01	-.10	-.13

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

Table 5

Correlations Between Measures and Independent Variables
With Variance Due to Age Partialed Out

	KSS	IEMREL	ILSOCO	IAUT	SEP	INF
Disclosure Age	.02	.06	-.04	.16	-.09	-.04

the Interpersonal Dependency Inventory (IDI) are listed in Table 6. Cronbach alpha, an estimate of reliability based on the average correlation among items (the internal consistency) and the number of items, was computed for the Korpi Shame Scale and the scales of the Interpersonal Dependency Inventory. Reliabilities were satisfactory: they ranged from .73 to .88.

Interrater reliabilities were determined for the TAT variables by correlating the raters' scores for each scale and then using the Spearman-Brown formula to estimate the increased reliability resulting from the use of the sum of two ratings. The interrater correlation coefficients for these variables were: Separation Anxiety, r=.86; Inferiority, r=.75. With the Spearman-Brown adjustments, the reliablity coefficients for these variables were: Separation Anxiety, r=.92; Inferiority, r=.86. These reliabilities were also satisfactory.

Correlation of the Measures

Correlations between the measures are presented in Table 7. Emotional Reliance on Another (IEMREL) correlated with the Korpi Shame Scale (KSS, r=.51, p<.001) and with Separation Anxiety (r=.25, p<.05). Insofar as each is rooted in early development the overlap was to be expected.

The validity of the Inferiority scale as being representative of later childhood as opposed to earlier developmental issues is suggested by its relationships with

Table 6

Reliability Coefficients for the KSS and IDI

Measure	N of Items	Cronbach Alpha
Korpi Shame Scale	18	.83
IDI: Emotional Reliance on Another	17	.88
IDI: Lack of Social Self-Confidence	15	.81
IDI: Assertion of Autonomy	14	.73

Table 7

Correlations Between the Measures

	KSS	IEMREL	ILSOCO	IAUT	SEP	INF
Korpi Shame Scale	-	.51***	.34**	-.22	.21	.15
IDI: Emotional Reliance on Another		-	.51***	-.07	.25*	.16
IDI: Lack of Social Self-confidence			-	.06	.17	.21
IDI: Assertion of Autonomy				-	-.12	-.06
TAT Scale: Separation Anxiety					-	.01
TAT Scale: Inferiority						-

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

***: $p<.001$, two-tailed.

the other measures. Whereas Inferiority did not significantly corrrelate with the measures most strongly influenced by early development- Separation Anxiety (r=.01), KSS (r=.15), and IEMREL (r=.16)- it tended to correlate slightly with the somewhat more diverse measure, Lack of Social Self-Confidence (ILSOCO r=.21, p<.10).

Time of Telling Controversy

The findings did not support the Early Telling position: the mean number of Inferiority themes told by the Latency Told group was nearly identical to that of the Told Early group (Table 3). The absence of differences between the groups could not be attributed to the reliability of the measure as it was satisfactory: r=.86.

None of the Deferred Telling hypotheses was supported by the results (Table 3). The groups differed little in their scores on the KSS and, the difference was in the direction opposite of what was predicted. The same was true of the outcome on the IEMREL. The groups were also strikingly similar in their scores on the ILSOCO.

There were, however, two trends in the data. Early Tolds demonstrated a slight tendency to score higher than the Deferred Telling group on the Assertion of Autonomy scale (p<.20). This trend was in the direction opposite of that predicted under the deferred telling position. The other trend was concordant with the prediction: after partialing out the variance contributed by Sex, Early Tolds

came close to telling significantly more separation themes than did those in the Deferred Telling group ($p<.10$).

The meaning of this trend on the Separation Anxiety Scale is quizzical, and, of course, may well represent chance. There really is no support in the study for the age of telling being a major variable- it is conceivable that other qualities of the parent-child relationship are far more important.

Comparative Data

A possible explanation for the lack of findings might be that the adoptees, as a group, scored relatively high on the KSS and the IDI and that, thereby, differences were lost due to a ceiling effect. Without a matched control group of non-adoptees to evaluate this explanation, it is necessary to compare these results with those of other studies.

No normative data have been published for the Korpi Shame-Guilt Test. As presented in the Method section, mean Korpi Shame scores for Mirman's (1984) High, Medium, and Low Shame groups were used for comparison. As indicated in Table 8, subjects in the Early and Deferred Telling groups scored, on the average, higher on the Korpi Shame Scale than did Mirman's Medium Shame group but lower than his High Shame group. Unfortunately, Mirman (1984) did not report the variances of the scores and, therefore, no tests for significance can be made for these differences.

Normative data for the Interpersonal Dependency

Inventory were also presented in the Method section. Means and standard deviations on the three scales for the cross-validating samples and groups by age of initial disclosure are presented in Table 9. Across the three scales, performance of those Told Early looked quite similar to that of Hirschfeld et al.'s (1977) Normal group. The Telling Deferred group scored higher than the Normals on the Emotional Reliance scale ($p<.01$) but lower than the Patients on the Lack of Social Self-confidence scale ($p<.05$). Whereas the causes of these inconsistencies in the direction of differences are unclear, it seems that ceiling effects were not responsible for the lack of findings in the study.

Exploratory Findings

Means, variances, interrater correlation coefficients, and corrected reliability coefficients for the scoring of the six TAT variables are presented in Table 10. Interrater reliability for the Incongruence scale was moderate; coefficients for the other measures seemed satisfactory. Of the IDI and Korpi Shame-Guilt scales, the Korpi Guilt Scale (KGS) was the least reliable (Cronbach Alpha, $r=.73$).

Parenting Variables

Correlations between the Parenting variables are listed in Table 11. Kornitzer's (1968) criteria for successful adaptation to knowledge of adoption- parental straightforwardness and approachability- correlated highly

Table 8

Korpi Shame Scale: Comparison of Mean Scores of Mirman's (1984) High, Medium, and Low Shame Subjects with Scores by Time of First Telling

Group	Mean Score on the KSS
Mirman	
High Shame	59.37
Medium Shame	51.91
Low Shame	44.26
Told Early	54.6
Telling Deferred	56.0

Table 9

Interpersonal Dependency Inventory: Descriptive Statistics for Cross-validating Samples and Groups by Age at First Disclosure

	Emotional reliance on another person		Lack of social self-confidence		Assertion of autonomy	
Sample	M	SD	M	SD	M	SD
Normals, cross-validating	39.6	9.4	29.1	7.2	28.1	7.0
Psychiatric patients, cross-validating	43.3a	11.4	33.5b	8.0	26.9	7.5
Told Early	41.9	11.0	30.3	7.0	28.9	1.1
Telling Deferred	44.6c	11.1	29.5d	4.4	26.3	6.5

a: Mean higher for Patients than Normals, $p<.05$, two-tailed.

b: Mean higher for Patients than Normals, $p<.01$, two-tailed.

c: Mean higher for Deferred Telling group than for Normals, $p<.01$, two-tailed.

d: Mean lower for Deferred Telling group than for Patients, $p<.05$, two-tailed.

Table 10

Exploratory TAT Scales: Means, Standard Deviations, Inter-rater Correlations and Reliability Coefficients

TAT Variable	M	SD	Correlation Coefficient	Spearman-Brown Coefficient
Coercion	1.46	1.25	.72	.84
Incongruence	.86	.93	.53	.69
Acquiescence	.89	.98	.60	.75
Paranoia	.98	1.29	.78	.88
Fantasy	.60	.96	.65	.79
Adoption Themes	1.43	2.19	.86	.92

Table 11
Correlations Between Parenting Variables

	Strtfwd	Aprchblty	Empthy	AtribHer	Coercn	Incong
Straight-forwardness	-	.75***	.74***	-.45***	-.13	-.01
Approach-ablity		-	.80***	-.38**	.06	-.02
Empathy			-	-.41***	-.03	-.09
Attribute to Heredity				-	.02	.03
Coercion					-	.03
Incongruence						-

**: $p < .01$, two-tailed.

***: $p < .001$, two-tailed.

with each other (r=.75, p<.001) and with parental empathy (r=.74 and r=.80, p<.001). Given this large overlap, these variables will be referred to as the "Parenting Triad." Thirty-nine participants reported that their parents discussed their adoptions in a straightforward manner, thirty-one reported that their parents were approachable in response to their concerns around adoption, thirty-six reported that their parents had empathy for their feelings about being adopted.

Substantial negative coefficients (r=-.38, p<.01; r=-.41 and r=-.45, p<.001) were manifested between the variables of the Triad and the measure of parental ambivalence: parent's attribution of undesirable characteristics to the adoptee's heredity (AttribHer). Eleven participants reported occurences of such attributions.

Several of the Characteristics of the Participants were associated with the Parenting variables (Table 12). Age at initial disclosure (p<.01) and Age (p<.05) correlated negatively with the Triad, that is, those told later and those who were older perceived their parents as being less approachable, straightforward, or empathic concerning the adoption. Disclosure Age and Age correlated positively with parents' attribution of negative characteristics to heredity (r=.43, p<.001; r=.32, p<.05) while Education was negatively correlated with AttribHer (r=-.32, p<.05).

Table 12

Correlations Between Parenting Variables and Characteristics of Participants

	Strtfwd	Aprchblty	Empthy	AtribHer	Coercn	Incong
Disclosure Age	-.44***	-.39**	-.36**	.43***	-.09	.03
Age	-.27*	-.26*	-.26*	.32*	-.23	-.03
Education	.15	.10	.01	-.32*	.13	-.08
Sex (1=F, 2=M)	.00	-.09	-.05	.05	-.06	-.22
Age at Adoption	-.06	.10	.10	-.16	-.09	-.21
N of Sibs	.12	-.11	.01	-.17	.09	.03
Non-adopted Sibs (N of)	.01	-.18	-.10	-.09	.05	.09

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

***: $p<.001$, two-tailed.

Measures of Adjustment

Correlation coefficients for the three exploratory Adjustment measures with all of the adjustment measures are given in Table 13. Correlations between the three Adjustment measures and Characteristics of the Participants are described in Table 14. Table 15 lists correlation coefficients for all of the Adjustment variables with the Parenting variables.

Two of the IDI scales- IEMREL and ISOCO- were significantly correlated with Coercion (r=.30, p<.05 and r=.35, p<.01). Only IEMREL, however, correlated significantly with Acquiescence (r=.31, p<.05).

Females tended to score higher than did males on the Korpi Guilt Scale (r=.33, p<.01). The Korpi scales were significantly intercorrelated (r=.30, p<.05). Both of these coefficients were concordant with those obtained by Mirman (1984).

Acquiescence scores correlated negatively with Age (r=-.28, p<.05), that is, the younger participants told more TAT themes involving acquiescence to a parent than did older participants. Due in large part to the overlap in in their scoring criteria- parental coercion always preceeded an acquiescent response- a large coefficient was manifested between Acquiescence and Coercion (r=.68, p<.001).

Small but statistically significant correlations existed between scores on the Paranoia scale and two other variables. Paranoia was positively correlated with

Table 13

Correlations Between Exploratory Adjustment Measures and All Adjustment Measures

	Korpi Guilt Scale	Acquiescence	Paranoia
KSS	.30*	.06	-.02
IEMREL	.09	.31*	.14
ISOCO	.12	.11	.23
IAUT	.10	.12	.21
Separation Anxiety	-.03	.07	.01
Inferiority	.04	.15	.08
KGS	-	.03	.06
Acquiescence		-	.10
Paranoia			-

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

Table 14

Correlations Between Exploratory Adjustment Measures and Characteristics of Participants

	Korpi Guilt Scale	Acquiescence	Paranoia
Disclosure Age	-.01	-.01	.05
Age	.08	-.28*	-.07
Sex	-.33**	-.10	-.27*
Education	.10	.13	.14
Age at Adoption	-.03	-.06	-.12
N of Sibs	.09	.09	.05
Non-adopted Sibs (N of)	.08	-.01	.09

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

Table 15

Correlations Between Parenting Variables and Adjustment Variables

	Strtfwd	Aprchblty	Empthy	AtribHer	Coercn	Incong
KSS	.10	.02	-.04	-.04	.10	.03
IEMREL	-.19	-.06	-.06	.07	.30*	-.04
ILSOCO	-.07	-.06	-.11	.05	.35**	-.07
IAUT	.06	-.01	-.04	.10	.01	.02
Separation Anxiety	.02	-.02	-.02	-.02	.03	-.01
Inferiority	-.06	.02	.02	.13	.02	-.08
KGS	.04	.06	-.01	-.08	.03	-.14
Acquiescence	-.12	.01	.03	.09	.68***	.07
Paranoia	-.11	-.19	-.16	.26*	.16	-.08

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

***: $p<.001$, two-tailed.

AttribHer (r=.26, p<.05), that is, those whose parents attributed some of their undesirable attributes or behavior to their heredity more often told Paranoia themes. On the average, females scored higher than did males on this scale (r=.27, p<.05).

Variables Involving Adoption Issues

Intercorrelation of the variables concerning Adoption Issues are presented in Table 16. Table 17 lists correlation coefficients for Adoption Issues with Characteristics of the Participants. Correlations between the Issues and Parenting variables are given in Table 18. Coefficients for Adoption Issues with Adjustment measures are listed in Table 19.

Eleven participants reported that they have or had experienced difficulties in learning (LrningDis). A statistically significant coefficient existed between Learning Disorder and TAT Adoption Themes (r=.37, p<.01) Other tendencies were associated with Learning Disorder: Education (r=-.24, p<.10), AttribHer (r=.20, p<.10), Inferiority (r=.20, p<.10), and Male Sex (r=.18, p<.20).

Over half of the participants (36) reported having felt that they did not belong to their adoptive families (NtBlng). Not Belonging was correlated with two of the Characteristics of the Participants: Number of Siblings (r=.26, p<.05) and Number of Non-adopted Siblings (r=.25, p<.05), and, tended to be correlated with Age at Initial

Disclosure. Not Belonging correlated significantly with all of the Parenting variables except Coercion: Straightforwardness (r=-.35, p<.01), Approachability (r=-.43, p<.001), Empathy (r=-.45, p<.001), AttribHer (r=.29, p<.05), and Incongruence (r=.28, p<.05).

Fifty-one of the participants claimed that they have considered searching for birth parent(s); thirty-five reported having attempted searches. Consider Search was positively correlated with AttribHer (r=.29, p<.05). Attempted Search correlated negatively with Parental Approachability (r=-.25, p<.05), Parental Empathy (r=-.31, p<.05), and Acquiescence (r=-.30, p<.05). Whereas AttribHer was correlated with Considered Search, AttribHer was not significantly correlated with Attempted Search (r=.16, p<.20).

Table 16

Correlations Between Adoption Issue Variables

	LrngDis	AdptThme	Fantsy	NtBlng	CnsdrSrch	AtmptSrch
Learning Disorder	-	.37**	.15	-.05	.13	.17
Adoption Themes (N of)		-	.12	.11	-.01	.14
Propensity for Fantasy			-	.03	.13	.12
Felt Did Not Belong to Adoptive Family				-	.10	.00
Consider Search for Birth Parent					-	.68***
Attempted Search for Birth Parent						-

**: $p<.01$, two-tailed.

***: $p<.001$, two-tailed.

Table 17

Correlations Between Adoption Issues and Characteristics of Participants

	LrngDis	AdptThme	Fantsy	NtBlng	CnsdrSrch	AtmptSrch
Disclosure Age	-.05	-.03	-.03	.20	-.05	-.08
Age	.08	.26*	-.17	-.17	-.18	.07
Sex (1=F, 2=M)	.18	-.12	-.20	-.06	.00	.05
Education	-.24	-.23	-.03	-.16	-.01	-.17
Age at Adoption	-.04	.04	-.11	-.13	-.22	-.19
N of Sibs	.10	.18	.09	.26*	.08	.02
Nonadopted Sibs (N of)	.02	.19	.08	.25*	.03	.04

*: $p<.05$, two-tailed.

Table 18

Correlations Between Adoption Issues and Parenting Variables

	LrngDis	AdptThme	Fantsy	NtBlng	CnsdrSrch	AtmptSrch
Straight-forwardness	.01	-.22	.05	-.35**	.06	-.22
Approach-ability-	.06	-.10	.00	-.43***	.03	-.25*
Empathy	.05	-.18	-.04	-.45***	-.02	-.31*
Attribute to Heredity	.20	.18	.03	.29*	.29*	.16
Coercion	.10	.07	.02	.01	-.01	-.14
Incongruence	-.02	-.07	.21	.28*	.07	.01

*: $p<.05$, two-tailed.

**: $p<.01$, two-tailed.

***: $p<.001$, two-tailed.

Table 19

Correlations Between Adoption Issues and Adjustment Variables

	LrngDis	AdptThme	Fantsy	NtBlng	CnsdrSrch	AtmptSrch
KSS	.15	.25*	.13	.15	.11	.01
IEMREL	.04	.24	.16	.21	.04	.06
ILSOCO	.05	.11	.12	.05	.02	.02
IAUT	-.08	.04	-.06	.06	.01	.07
Separation Anxiety	.07	.06	.06	.08	-.11	-.19
Inferiority	.20	.08	.08	-.06	-.08	-.11
KGS	.06	.36**	.14	.02	.13	.03
Acquiescence	-.16	.09	.11	.20	-.18	-.30*
Paranoia	-.03	-.09	.09	.16	-.06	-.06

*: $p < .05$, two-tailed.

**: $p < .01$, two-tailed.

DISCUSSION

Methodological Considerations

By using newspaper advertisements for recruitment, a diverse sample of seemingly good generality was obtained. It was apparent, however, that there were two dimensions along which the sample was not representative of adoptees: gender and attempted search for birth parents.

As discussed in the Method section, the low proportion of male participants (24% of the sample) might be attributable to the reluctance of male adoptees to accept and/or address feelings about being adopted. The reason for this reluctance might be as simple as the workings of cultural proscriptions which inhibit males from discussing their feelings. If, however, this reluctance and/or failure to volunteer participation were associated with deficits in aspects of early development, the sample bias would undermine the test of the Deferred Telling Position.

Although it is not known what percentage of adoptees search for birth parents, it is apparent that searchers were over-represented in the sample (55%). Psychological characteristics of searchers and non-searchers have yet to

be identified. There is uncertainty, therefore, as to whether failure to search was also associated with early developmental aspects of adjustment.

There are no established theoretical rationales to support the tenets that male adoptees or adoptees who do not search suffer greater shame, dependency, or separation anxiety than do female adoptees or searchers. In this sample, Attempted Search did not significantly correlate with the Korpi Shame Scale (KSS) nor with the Interpersonal Dependency Inventory (IDI). Attempted Search, however, tended to correlate negatively with Separation Themes ($r=-.19$, $p<.10$) and a significant correlation existed between Separation Themes and male gender ($r=.30$, $p<.05$). The magnitudes of these correlations are not sufficient to warrant a great deal of concern about the internal validity of the investigation. Discretion in interpretation of the findings is indicated.

Validities of the Measures

Under ideal circumstances, the validities and/or sensitivities of the measures selected to test the hypotheses would have been established or determined in advance of the investigation. Unfortunately, there are very few measures of shame, dependency, or inferiority. No measure could be found to assess separation anxiety. Although the KSS and the IDI appear to be the best brief measures of shame and of dependency, they were created

relatively recently and, therefore, their validities have not been sufficiently established. Insofar as they were created for this investigation, the scoring criteria for the TAT scales are likewise suspect. The pertinent question, then, is to what degree was the failure to find differences between the groups due to insufficient validities or sensitivities of the measures.

As discussed in the Results section, the pattern of correlations between the measures appears to support the validities of the measures. The KSS and IDI were significantly correlated and, the measure of Separation Anxiety tended to correlate with both. This convergence seems to indicate that each measure taps early developmental issues. It also appeared that the Inferiority measure was, as intended, not addressing aspects of early development as much as aspects of development of the latency period. The Inferiority measure was not correlated with the measures of early development- KSS and Separation Anxiety- but tended to be correlated with the Lack of Social Self-confidence scale (ILSOCO), a scale which seems likely to tap aspects of both early and latency development.

With several measures, including both projective and multiple-choice formats, the Deferred Telling position received a more adequate evaluation than did the Early Telling position. The consistency of the failure to find differences between the groups and the correlational evidence for the validities of the measures suggest that the

measures were adequate to test the hypotheses.

The Deferred Telling Position

The contention that early telling is traumatic and thereby makes the adoptee vulnerable in aspects of early development- shame, dependency, and separation anxiety- was not supported by the findings. The mean KSS and IDI scores of the Told Early group were very similar to those of the Deferred Telling group. As discussed above, there was but one trend in the direction predicted by a hypothesis: when the variance contributed by gender was partialed out, those told Early came close to telling significantly more TAT stories with themes involving separation than did those in the Telling Deferred group. This trend provides a little support for the Deferred Telling position, but the absence of predicted differences on the other measures should make us cautious about drawing conclusions.

Although shame and dependency were not related to age at first disclosure, it appears that they are significant issues for adoptees. On the KSS, both groups had mean scores between those of Mirman's (1984) High and Medium Shame groups (although the variances for these scores are not known); and, on the IDI, both tended to have mean scores in between those of Hirschfeld et al.'s (1977) Normal and Patient groups. Most notably, on the Emotional Reliance on Another scale (IEMREL), the Telling Deferred group had a higher mean score than did the Normal group ($p<.01$).

The investigation suggested some association of dependency with coerciveness in parenting. Small but statistically significant coefficients existed between Parental Coercion and IEMREL (r=.30, p<.05), and the Lack of Social Self-confidence scale- ILSOCO (r=.35, p<.01). This relationship was most clearly manifested in the cases of those who had extreme scores on both the KSS and the IDI. Seven of the participants (four Told Early and three Telling Deferred) scored at least one standard deviation above the mean on both the KSS and IEMREL or ILSOCO. Six of the seven told TAT stories that involved coerciveness of parents; none of the subjects told themes which were suggestive of trauma around knowledge of adoption. It appears, then, that elucidation of elevated dependency among adoptees might require investigation of pathogenic patterns in the parent-child relationship.

In conclusion, it might be said that Wieder's (1977), 1977a, 1978) remonstrations against early disclosure were over-stated. Whereas his adopted clients may have been traumatized by early disclosures about their adoptions, early told adoptees do not appear to suffer more shame, dependency, or separation anxiety than do those for whom telling had been deferred. It seems likely that patterns in the parent-child relationships made Wieder's clients vulnerable to distress around adoption and that identification of these patterns would have better served adoptive parents than did the proscription against early

telling.

The Early Telling Position

The results failed to support the Early Telling hypothesis: the Latency Told and Told Early groups did not differ as to mean number of Inferiority themes told. Likewise, age at initial disclosure was not related to other variables which are potentially influenced by inferiority-based deficits in industry: Education (r=-.03) and Learning Disorder (r=-.05).

Unfortunately, the investigation did not test other serious contentions made by advocates of early telling: that deferred telling engenders mistrust and/or denigrates the adoptee's regard for the adoptive parents. Regarding the latter contention, some insight might be garnered from the exploratory data. Parental Empathy- an indication of the adoptee's regard for the parents' sensitivities to and emotional support regarding the adoptee's feelings- correlated negatively with age at initial disclosure (r=-.36, p,.01); that is, those for whom telling had been deferred more often reported absence of parental empathy.

At first glance, it appears that this relationship suggests that deferred telling is damaging to the adoptee's regard for the parents. It seems more likely, however, that it is the parents' insecurities or ambivalence about the adoption that effect both delay in telling and the denigration of regard. As discussed in the Method section,

several Parenting variables were considered to be indicative of parents' insecurities or ambivalence about adoption. In the sample, these variables were associated with age at initial disclosure: parents who told late were less likely to be straightforward (r=-.39, p,.01) or approachable about adoption issues (r=-.39, p<.01); parents who deferred telling more often attributed undesired characteristics of the adoptee to his or her heredity (r=.43, p<.001). Perceived parental empathy was correlated with parents' straightforwardness (r=.74, p<.001) and empathy was more likely to be perceived as absent where parents attributed undesired characteristics to heredity (r=-.74, p<.001).

It is clear, then, that parents who deferred telling were less approachable than were parents who told early. It also seems likely that these parents had greater insecurities or ambivalence about adoption or, at least, were less able to effectively cope with these feelings than were parents who told early. One might speculate about the psychological impact of the ineffective coping. Contrary to some unapproachable parents' manifest desire to "protect" the adoptee from knowledge of adoption, the adoptee's need for support is sacrificed to the safeguarding of the parents' insecurities. Anger, fear regarding potential reasons for the avoidance of discussion, and damage to the adoptee's communication skills are likely to result. Research is needed to examine the nature of the ambivalence and insecurities of adoptive parents and to develop means to

help them resolve or better cope with them.

The Time of Telling Controversy

Neither early nor deferred telling was associated with stage-specific deficits in adjustment. The lack of findings lend support to Lifton's (1979) assertion that the time of telling controversy should be defused. In fact, family and adoptive situations are so variable as to preclude definitive rules about how and when to tell.

In light of the evidence that deferred telling was associated with perceived lack of parental empathy, it appears that the most popular advice- to tell early and according to the child's questions and needs- may be appropriate. Early disclosure might be advocated as being preventive of a situation that has the potential to fracture the parent-child relationship: that is, where the child learns about the adoption from someone outside the family. The content of an early disclosure must be guided by an awareness that the child lacks the cognitive development necessary to understand what it means to have been created inside of another mother. The parent, then, should not emphasize the adoption nor attempt to explain it in detail. For example, to the preoperational child, the chosen baby story is likely to imply subtle rejection. The adoption worker might assist the parents to make early disclosure in a manner that is congruent with the child's needs, curiosity, and the family's style of interaction.

Whether the worker suggests early or deferred telling, he or she might also emphasize that time of telling is not so important as are approachability and an active support regarding the child's adoption concerns. Much as is the case for sexuality, the parents' abilities to address these concerns are limited by the parent's insecurities and ambivalences about the child and adoption. Insofar as the parents' express concern about disclosing, the time of telling question might be used as an opportunity to foster acceptance for the parents' conflictual feelings and to then explore and help work through potential ambivalence insecurities. As the parents work through these feelings, the adoption worker might also teach the parents ways to engage the child in play that enable them to explore and to help the child work through fantasies about adoption, especially the fantasy that the child has been or may be gotten rid of. Investigation of patterns of successful parent-child interaction about adoption could also be of much benefit.

Such interventions must be carried out with a great deal of care. Unlike biological parents, parents who adopt through agencies are subject to a great deal of evaluation and intrusion. The worker, then, must actively make him or herself approachable by being sensitive to and emphasizing acceptance for the parents' feelings. This behavior might be viewed as a model for the parents' approachability to the child.

Exploratory Findings

As discussed in the Method section, there were a number of statistically significant correlations among the exploratory variables. Only a few of these relationships-those pertaining to Paranoia themes, feelings of alienation from the adoptive family, and the search for birth parents-were of enough interest to merit further consideration.

The Paranoia variable was created out of concern stemming from TAT stories of six participants in which the heroes were in danger of being physically harmed by an unknown other. Paranoia was also scored for 23 other participants who wrote stories in which the heroes experienced transient states of fright, startle, or panic. Unfortunately, as was the case with each of the adjustment measures, there was no nonadopted control group with which to compare for prevalence of the theme and, therefore, it could not be ascertained whether the adoptees told a disproportionate number of Paranoia themes. As might be expected, parental attribution of undesirable traits to the adoptee's heredity (AttribHer) was positively correlated with Paranoia themes (r=.26, p<.05). Unexpectedly, females told more Paranoia themes than did males (r=.27; p<.05). This difference might not be interpreted as implying any differential vulnerability by gender to paranoid feelings. Most of the Paranoia themes were told to card 6GF, the manifest content of which is more likely to be construed as

startle than that depicted by cards 6BM or 7BM. The male adoptee is, in this research, an enigma. Psychological research is needed to investigate concerns and adjustments of male adoptees.

As discussed above, alienation from the adoptive family (as indicated by the adoptee's report of having felt that he or she did not belong to the adoptive family) was correlated with each of the parenting variables except Coercion. Simply put, those who felt alienated rated their parents as less empathic, less approachable, less straightforward, and told more TAT stories involving Parental Incongruence than did those who did not report feelings of alienation. Number of siblings and number of siblings who were parents' biological offspring were also associated with feelings of alienation (r=.26, p<.05; r=.25, p<.05). It has been suggested that some adoptive parents react to their insecurities about the biological heritage of their adopted children and their anxieties around sexuality and/or toilet-training by splitting their adopted children as to "good and bad seed" (Lifton, 1979). The relationships between the parenting variables and feelings of alienation and between number of siblings and feelings of alienation may have been influenced by such splitting. Understanding the reasons for these relationships will require further investigation into patterns of relationship in adoptive families.

Whereas searching for birth parents has received a

great deal of media attention and is the topic of a rapidly growing movement among adoptees, little is known about the psychological motives for searching or of the characteristics of searchers. Opinions about motives and psychological characteristics have tended to be dogmatic as to advocacy for or oppositon to searching. In an article addressing difficulties engendered by the search for birth parents, Eda LeShan, a family therapist, compared the adoptee's "need" to search with an impulse to lie or to steal. The mature adoptee, she contended, has learned to control the impulse to search. Lifton (1979), on the other hand, claimed that the desire to search is always with the adoptee and that the commitment to search is arrived at as the self evolves into a striving for authenticity and self-autonomy.

Although Lifton's (1974) claim that all adoptees desire to search may be over-stated, it appears that the majority of adoptees- as indicated by 81% of this sample- give thought to searching. The contention that adoptees search as they become autonomous was not supported by the data: Attempted Search was not correlated with the IDI Assertion of Autonomy scale (r=.07). It appears, however, that lack of autonomy might inhibit searching. Those who told TAT themes involving acquiescence to parents were less likely to have reported having attempted searches than were those who did not tell acquiescent themes (r=-.33, p<.01). It also appears that those who search might be more dissatisified

with the emotional support they received from their adoptive parents than are those who do not search. This was evidenced by small but statistically significant negative correlations between Attempted Search and parent's Straightforwardness (r=-.32, p<.05), Approachability (r=-.25, p<.05), and Empathy (r=-.31, p<.05). Unfortunately, these findings fail to provide much insight into the motives for searching and do not address the psychological impact of the search. It is imperative that researchers investigate these issues while the search movement is yet young and before significant changes are made in laws pertaining to the openning of adoption records.

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APPENDICES

APPENDIX A

COVER LETTER

MICHIGAN STATE UNIVERSITY

DEPARTMENT OF PSYCHOLOGY
PSYCHOLOGY RESEARCH BUILDING

EAST LANSING · MICHIGAN · 48824-1117

The Adoption Disclosure Study

This study is being conducted by Gary Paape under the supervision of Bertram P. Karon, Ph.D. for the Department of Psychology at Michigan State University. The primary purpose of this study is to investigate the processes by which adoptees learn of their adoptions and the impact that these have on their personalities. The study is designed to test conflicting assumptions that adoption specialists have made about the telling process. A second purpose of the study is to gather some information for the planning of a study that would investigate issues surrounding the search for birth parents. As you may well know, these are areas of concern for adoptees and adoptive parents in which there has been some controversy. Your participation in this study will, hopefully, help to clarify some of these issues.

In this study, you will be asked to complete three tasks; this should require an hour or two of your time. First, you will be asked to complete a twenty-item questionnaire that is aimed at gathering information about you and your experience of being adopted. Second, you will be asked to make up three brief stories to three pictures. These pictures are part of an exercise that is frequently used in psychological research. Third, you will be asked to complete an 82-item questionnaire that asks you to respond to a variety of situations, attitudes, and actions. Although this may sound like a great deal to request of you, the whole process should take a little over an hour and you will have the satisfaction of having contributed to an investigation of issues that are of significant concern to fellow adoptees and adoptive parents.

If you choose to participate in the study, you are free to discontinue your participation at any time without penalty. Your participation does not guarantee any beneficial results to you. Results of the study will be treated with strict confidence annd your answers and identity will remain anonymous. Upon your request, you can receive additional explanation of the study and its outcome by providing your name and address on the last page of the protocol. These will be separated from the pages that contain your responses so that your identity will be in no way linked to your responses.

After you have completed the protocol, please return it by mail in the accompanying envelope as soon as possible. As an incentive to return your protocol promptly, a $30 award will be presented to one of you who return your protocol before November 15. The name of the winner will be drawn from the names and addresses that you may choose to provide on the last page of the protocol. Once again, your name will not be linked to your responses and will be used for no other purpose than to send the feedback sheet, if requested, or for the drawing.

Thanks so much for your consideration.

Gary Paape
Department of Psychology
Snyder Hall
Michigan State University
355-2159
484-3813

APPENDIX B

PARTICIPANT RESEARCH CONSENT FORM

MICHIGAN STATE UNIVERSITY

Department of Psychology

DEPARTMENTAL RESEARCH CONSENT FORM

1. I have freely consented to take part in a scientific study being conducted by Gary H. Paape under the supervision of Bertram P. Karon, Ph.D., Professor of Psychology.

2. I agree to take part in the study entitled The Adoption Disclosure Study. I understand that the study deals with the processes by which people learn about their adoptions and the effects these processes have upon the personalities of adoptees.

3. I understand that I am free to discontinue my participation in the study at any time without penalty.

4. I understand that the results of the study will be treated with strict confidence and that I will remain anonymous. Within these restrictions, results of the study will be made available to me at my request.

5. I understand that my participation in the study does not guarantee any beneficial results to me.

6. I understand that, at my request, I can receive additional explanation of the study after my participation is completed.

Return of the completed protocol will indicate your consent to participate.

APPENDIX C

QUESTIONNAIRE

Please answer the following questions. Write your response next to or beneath the question. if you run out of space, feel free to use the back of the page.

1. How old are you?

2. What is the highest grade in school that you have achieved?

3. Were you ever held back a year in school or were you ever considered to have difficulties in learning?

4. What is your occupation?

5. How many brothers and sisters do you have?

6. How many of your brothers and sisters were adopted?

7. Are you the same race as your adoptive parents?

8. How old were you when you were adopted?

9. About how old were you when you first found out that you were adopted, or, did you always know?

10. How did you first find out that you were adopted?

11. Do you feel that your parents spoke to you about your adoption in a straightforward way, or, do you feel feel that they were evasive?

12. Did you ever feel that you didn't really belong to your adoptive family? If so, at what age or ages?

13. Do you feel that your adoptive parents had empathy for or were understanding of your feelings about being adopted?

14. Can you remember how you felt when you first learned that you were adopted? If you can, please describe how you felt.

15. How much did your adoptive parents tell you about your birth parents? Circle as many as are appropriate: Nothing; Very little; Everything they knew; All that I wanted to know; Not as much as I wanted to know.

16. While growing up, how free did you feel to approach your parents for support regarding your concerns about being adopted?

17. Did your adoptive parents ever attribute your misbehavior or things about you that they didn't like to your heredity?

18. Have you ever seriously considered trying to find out the identity of your birth parent or parents, or, did you know this without having searched?

19. Have you ever actively tried to find out the identity of your birth parent or parents?

20. What are your opinions and feelings about adoptees searching for their birth parents?

APPENDIX D

TAT INSTRUCTIONS

In the next several pages there is a set of three pictures. In the spaces provided, please write a brief story about what's going on, what the characters might be feeling and thinking, what led up to it, what the outcome might be. Don't take much time to write or to plan the story: simply write what first comes to mind. Please don't be concerned that your story isn't good enough or about crossing out mistakes. None of us can write a truly good story in the few minutes that we would like you to spend on these stories.

APPENDIX E

THE KORPI SHAME-GUILT TEST

This is an 82-item questionnaire; it has three sections. Please read the instructions at the beginning of each section. Use the answer sheet to mark your answers. Feel free to detach the answer sheet if you like. Please don't spend much time on any of these questions. There are no right or wrong answers to any of these questions. Please respond to every single item as honestly as you can.

Below are a number of situations in which you might find yourself, or which you may have experienced. Please indicate how upset or uncomfortable you think you would feel in each of the situations described by thoroughly penciling in the space on the computer sheet provided that best corresponds to how you think you would feel. For each situation described rate how you would feel along a scale which ranges from "not at all upset" to "very upset".

1) Not at all upset.
2) Somewhat upset.
3) Fairly upset.
4) Pretty upset.
5) Very upset.

1. You don't report all of your income so your taxes won't be such a drain. (KG)

2. Your entire class has to read an article for a paper due the next day. You don't have time to read it in the library and the article cannot be checked out. You rip it out of the magazine and take it with you. (KG)

3. You work for a small company. One day you take a couple of folders and a box of paper clips from the office storeroom home with you because you were running out. (KG)

4. You are unbelievably awkward trying to play a new sport. Your friends are trying to teach you and feel as if you are all arms and legs. (KS)

5. You're paying the bill after a superb meal in one of the city's best French restaurants. The waiter in returning your change gives you too much. You keep it, acting as if you didn't notice. (KG)

6. You are caught unexpectedly by someone, talking to yourself. (KS)

7. A friend provokes you. In an angry moment you tell him a secret about his wife that he doesn't need to know and that you know will hurt him. (KG)

8. Your boss has planned a big meeting where your presentation is to be the highlight. You fail to live up to his expectations and your company loses the account. (KS)

9. You are finally involved intimately with someone you have seen as very attractive but uninterested in you. You find yourself suddenly unable to perform sexually. (KS)

10. You're telling a joke and suddenly realize you are the only one laughing. (KS)

11. You accidently let it slip in a conversation something that was told to you in strict confidence. (KG)

12. You have a mild case of epilepsy. You forget to take your pills and have a convulsion before friends who didn't know. (KS)

13. Everyone in your neighborhood takes pride in keeping the neighborhood clean. You're unwrapping a package and casually toss the wrapper on the street, hoping that no one will see you. (KG)

14. You and a friend are both looking at houses. He shows you a house he has in mind and it's exactly what you were looking for. He delays and you are afraid someone else will get it, so you take it. (KG)

15. A friend asks you to write a letter of reference and is really depending on your letter. You don't honestly feel you can recommend him highly, so you write a mediocre one, but don't tell him. (KG)

16. You are trying to park your car and smash into the car behind you, denting the fender. You see someone walking toward the car and drive off, figuring the damage was small. (KG)

17. You're usually very calm when discussing heated subjects. All of a sudden you hear your own voice and realize you're almost shouting. (KS)

18. You're reading your old diary and can't believe you wrote such nonsense. You feel ridiculous to have written down such things.

The following statements describe traits, feelings, or personal characteristics that might fit you. Please rate each statement according to how characteristic it is of you, from "not at all" like you to "very much" like you, by thoroughly penciling in the appropriate space on the computer sheet. Be sure to answer every question.

1) Not at all true of me
2) Rarely true of me
3) Somewhat true of me
4) Pretty true of me
5) Very true of me

19. I don't gossip about others. (KG)

20. I blush when someone notices something about me I wasn't aware of. (KS)

21. I like to think of myself as not caring about public opinion and am bothered when I find it isn't so. (KS)

22. I worry about making foolish mistakes and wonder what other people would think. (KS)

23. I feel nagged about little things around the house that I failed to do. (KG)

24. I can't stand to see others' feelings hurt. (KG)

25. I worry about giving myself away. (KS)

26. I sometimes worry about cheating or lying. (KG)

27. I have a tendency to make up excuses to avoid situations that would make me uncomfortable. (KS)

28. When someone else is accused of something, I sometimes worry I might have done something wrong. (KG)

29. When I have done something wrong I feel better if I talk about it to someone. (KG)

30. I hate to cry in front of anyone. (KS)

31. I feel bad even if I think bad thoughts about others. (KS)

32. I try to use kid gloves when saying something unkind. (KS)

33. I often deceive others into believing things about me that aren't so. (KS)

34. Sometimes I accuse someone else of something I did to cover my guilt. (KG)

35. I am very modest about my own body, especially about being seen naked. (KS)

36. I worry more about failing to live up to my obligations than failing to achieve my ambitions. (KG)

APPENDIX F

INTERPERSONAL DEPENDENCY INVENTORY

Below are a number of statements that describe traits, feelings, or personal characteristics that might fit you. Please rate each statement according to how characteristic it is of you, from "not at all" like you to "very much" like you, by throughly penciling in the appropriate space on the computer sheet. Be sure to answer every question.

1) Not characteristic of me
2) Somewhat characteristic of me
3) Quite characteristic of me
4) Very characteristic of me

37. I prefer to be by myself. (IAUT)

38. When I have a decision to make, I always ask for advice. (ILSOCO)

39. I do my best work when I know it will be appreciated. (IEMREL)

40. I can't stand being fussed over when I am sick. (IAUT)

41. I would rather be a follower than a leader. (ILSOCO)

42. I believe people could do a lot more for me if they wanted to. (IEMREL)

43. As a child, pleasing my parents was very important to me. (IEMREL)

44. I don't need other people to make me feel good. (IAUT)

45. Disapproval by someone I care about is very painful to me. (IEMREL)

46. I feel confident of my ability to deal with most of the personal problems I am likely to meet in life. (D) (ILSOCO)

47. I'm the only person I want to please. (IAUT)

48. The idea of losing a close friend is terrifying to me. (IEMREL)

49. I am quick to agree with the opinions expressed by others. (ILSOCO)

50. I rely only on myself. (IAUT)

51. I would be completely lost if I didn't have someone special. (IEMREL)

52. I get upset when someone discovers a mistake I've made. (IEMREL)

53. It is hard for me to ask someone for a favor. (ILSOCO)

54. I hate it when people offer me sympathy. (IAUT)

55. I easily get discouraged when I don't get what I need from others. (IEMREL)

56. In an argument, I give in easily. (ILSOCO)

57. I don't need much from people. (IAUT)

58. I must have one person very special to me. (IEMREL)

59. When I go to a party, I expect that the other people will like me. (D) (ILSOCO)

60. I'm never happier than when people say I've done a good job. (IEMREL)

61. When I am sick, I prefer that my friends leave me alone. (IAUT)

62. It is hard for me to make up my mind about a TV show or movie until I know what other people think. (ILSOCO)

63. I am willing to disregard other people's feelings in order to accomplish something that is important to me. (IAUT)

64. In social situations I tend to be very self-conscious. (ILSOCO)

65. I don't need anyone. (IAUT)

66. I have a lot of trouble making decisions by myself. (ILSOCO)

67. I need to have one person who puts me above all others. (IEMREL)

68. Even when things go wrong I can get along without asking for help from my friends. (IAUT)

69. I tend to imagine the worst if a loved one doesn't arrive when expected. (IEMREL)

70. I don't like to buy clothes by myself. (ILSOCO)

71. I tend to be a loner. (IAUT)

72. I tend to expect too much from others. (IEMREL)

73. When I meet new people, I'm afraid that I won't do the right things. (ILSOCO)

74. Even if most people turned against me, I could still go on if someone I love stood by me. (IEMREL)

75. I would rather stay free of involvements with others than to risk disappointments. (ILSOCO)

76. What people think of me doesn't affect how I feel. (IAUT)

77. I think that most people don't realize how easily they can hurt me. (IEMREL)

78. I am very confident about my own judgment. (D) (ILSOCO)

79. I have always had a terrible fear that I will lose the love and support of people I desperately need. (IEMREL)

80. I don't have what it takes to be a good leader.(ILSOCO)

81. I would feel helpless if deserted by someone I love. (IEMREL)

82. What other people say doesn't bother me. (IAUT)

APPENDIX G

REQUEST FOR SUMMARY OF RESULTS AND ENTRY FORM FOR DRAWING

If you would like a summary of the results of the experiment, please provide your name and address on the lines below:

_____

_____

_____

If you would like to be included in the drawing for the $30 award (remember that there will only be one winner and that you must return your protocol by November 15 to be eligible), please provide your name and address on the lines below:

_____

_____

_____

This sheet will be detached from the protocol so that your identity cannot be linked to your responses. Your name will be used for no other purpose than to send the feedback sheet or for entry in the drawing.

APPENDIX H

TAT SCORING MANUAL

Coding Instructions

1. Copy the story code on a coding sheet.

2. Write your initials on the coding sheet.

3. Read the protocol from beginning to end.

4. Rate each story for the seven themes according to the criteria that follow.

5. If you cannot decide how to rate a story, clip the incomplete coding sheet to the protocol and put it aside. Go through the easiest ones first, then make a second run through the pile of more difficult stories. Continue sorting in this manner until the difficult decisions become easier. For those that you find most difficult, note on the coding sheet the criteria that you based your score upon. Please don't write on the protocols as I might need them for further scoring.

Conversion of Protocol Code Numbers

In case you want to refer to the TAT card described in a protocol, look at the last two digits in the code number. They correspond to the cards as indicated below.

Code	TAT Card
01	1
16	6GF
17	7GF
26	6BM
27	7BM

1. A young boy is contemplating a violin which rests on a table in front of him.

6GF. A young woman sitting on the edge of a sofa looks back over her shoulder at an older man with a pipe in his mouth who seems tobe addressing her.

7GF. An older woman is sitting on a sofa close beside a girl, speaking or reading to her. The girl, who holds a doll in her lap, is looking away.

6BM. A short elderly woman stands with her back turned to a tall young man. The latter is looking downward with a perplexed expression.

7BM. A gray-haired man is looking at a younger man who is sullenly staring into space.

THEME 1: INDUSTRY-INFERIORITY

Hero expresses feelings of futility, inadequacy, or doubt regarding an activity: SCORE 2.

Where hero ALSO expresses a recognition of the possibility of achieving adequate performance: SCORE 1.

EXAMPLES

a) I don't think I'll ever be able to make this violin sound good. SCORE 2.

b) I don't think I'll ever be able to make this violin sound good. I'll keep trying, maybe I'll do okay. SCORE 1.

Hero expresses a desire to discontinue an activity AND expresses feelings of depression, helplessness, or expresses a desire to be doing something that does not require being active in environment (such as being alone): SCORE 2.

EXAMPLE

I sure hate playing this violin. Life is the pits and it always will be.

THEME 2: SEPARATION ANXIETY

Hero anticipates, fears, or is actually separated from a significant other by death or by any other cause (e.g. boarding school, giving up a child for adoption): SCORE 2.

Hero has received or a significant other has received bad news and is troubled (sad, depressed, fearful, despairing) but the details of the news or troubling matter are not specified: SCORE 1.

EXAMPLES

This is a picture of me at the Huntington Academy boarding school. Why do my parents send me away from them every year? SCORE 2.

The old woman is troubled by something and the young man is dreading what she might have to say. SCORE 1.

THEME 3: PARENTAL COERCION

Parent or authority figure compels hero to do something that is contrary to his or her wishes: SCORE 1.

EXAMPLES

a) Parent makes hero study or practice when she or he does not want to or where hero expresses ambivalence about doing so: SCORE 1.

b) Hero is losing interest in an activity (it is assumed that Card 1 reveals parent-child relations even if the parent isn't mentioned): SCORE 1.

THEME 4: ACQUIESCENCE

Hero gives into the wishes of a parent or an authority figure: SCORE 1.

EXAMPLE

Why does she insist on reading these boring stories to me every day? Oh well, she'll be disappointed if I don't listen, so, I'll pretend that I like it. SCORE 1.

THEME 5: PARENTAL INCONGRUENCE

It APPEARS that a parent, authority figure, or dominant person is acting or is attempting to act in behalf of a dependent hero, but the hero's needs are not being met: SCORE 1.

EXAMPLES

a) Mother reads to the hero but the hero does not enjoy this activity. SCORE 1.

b) A parent offers advice that is not congruent with the hero's feelings and perceived needs. SCORE 1.

c) A parent attempts to keep information from the hero for the purpose of protecting or helping the hero, and, this is perceived by the hero as not being in his or her best interests. SCORE 1.

d) A husband expresses a desire to do what is best for his wife (where she is hero) but the wife is ambivalent or is doubtful as to whether her needs are being met.

THEME 6: PARANOIA

Hero is assaulted or fears physical injury by an unknown other: SCORE 2.

Hero experiences a transient state of fright, startle, or panic that seems to be linked to a fear of being harmed: SCORE 1.

EXAMPLES

a) Hero is pursued by an unknown man and she is convinced that he is out to get her. She retreats to the safety of her apartment only to find that he has climbed in the window and is sneaking up on her. SCORE 2.

b) Hero is thinking about how angry her husband is with her and is startled to find that he has sneaked up on her. SCORE 1.

THEME 7: ADOPTION THEMES

Any mention of adoption in the content of a story: SCORE 1.

Theme that involves any of the facets of adoption: SCORE 1.

EXAMPLES

Themes involving: illegitimate child, abortion, court decision regarding custody, stressfulness of teenage mothering, stealthily searching for something (referent to the adoption papers), being approached by a stranger (possible birth parent), etc.: SCORE 1.

THEME 8: PROPENSITY FOR FANTASY

Indication that the hero or participant frequently escapes into fantasy or describes unusually detailed, developed fantasies.

EXAMPLE

Story describes hero who regularly lives in his own world, playing the role of the son of the king of China.