

LORI TAYLOR PITTS

Transition to Parenthood in Adoptive and Biological Families
(Under the Direction of CHARLOTTE WALLINGA)

Differences among adoptive and biological parents during the transition to parenthood were investigated in this exploratory study. Subjects were 61 adoptive and 63 biological couples. Household division of labor, childcare division of labor, joint leisure, self-esteem, and marital satisfaction scales were utilized in order to better understand how infertile adoptive parents navigate the transition to parenthood in comparison to biological parents. Some significant differences were found between adoptive and biological fathers on the childcare division of labor scale and on the DAS subscales of Dyadic Consensus and Affectional Statement. Adoptive and biological mothers differed significantly on the household division of labor scale. Although, some differences were noted, this study suggests that adoptive families are not more “at risk” upon the transition to parenthood, but actually report better functioning on some measures of marital satisfaction than do their biological counterparts.

INDEX WORDS: Adoptive parenthood, Transition to parenthood, Marital Satisfaction,
Self-esteem, Household division of labor, Childcare division of labor,
Joint leisure

TRANSITION TO PARENTHOOD IN
ADOPTIVE AND BIOLOGICAL FAMILIES

by

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B.S.F.C.S., The University of Georgia, 1998

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial
Fulfillment of the Requirements for the Degree

MASTER OF SCIENCE

ATHENS, GEORGIA

2001

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ACKNOWLEDGEMENTS

I am grateful for the opportunity to acknowledge those who assisted in the completion of this project. I would first like to thank my Major Professor, Charlotte Wallinga, for her unyielding support and endless advice during graduate school. I would also like to thank my committee members, Mick Coleman and William Quinn, for their knowledgeable insight and helpful suggestions.

Additionally, I would like to thank Danny Stevens, for all of his help and involvement in this study, and Doug Flor, for his statistical expertise.

I am grateful to the staffs of the McPhaul Center in Athens, GA and the Birmingham Early Learning Center in Birmingham, AL for their assistance in locating families for this study. I also could not have completed this project without the help of many family and friends who helped find participants for the study.

A special thanks goes to my family and friends who provided emotional support during the duration of this project: Tricia Winkler and Tracey Daniels Hickey for their support and friendship throughout graduate school; the Hardy, O'Quinn, Pitts, and Taylor families for simply "being there for me"; my best friends, Deborah Hardy and Marci Taylor, for reminding me to laugh and enjoy myself; and my brother, Chris Taylor, for always being by my side and holding my hand throughout life.

I would also like to thank my husband, Wes, for loving me and supporting me throughout this endless project. I could not have succeeded in completing this task without his patience and understanding. Finally, I would like to dedicate this thesis in

loving memory of my mom who taught me to always strive to be my best. Her love and support early in life laid the foundation for all that I am able to achieve.

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CHAPTER 1

INTRODUCTION

Parenthood is a highly anticipated event for many married couples. Most couples view parenthood as a fulfillment of their life-long dreams to create and parent a being biologically similar to themselves. In addition, parenthood is often described as "the ultimate source of the sense of meaning" in life (Brooks, 1999, p. xxi). Thus, parenthood is generally assessed positively by society, and couples who choose not to reproduce are often viewed less favorably (Lampman & Dowling-Guyer, 1995).

The transition to parenthood is a widely studied event as, historically, most couples choose to enter into parenthood. The transition to parenthood was viewed as a crisis event in the earliest studies (Dyer, 1963; Hill, 1949; LeMasters, 1957), but is today viewed as a stressful, yet normative, event that may temporarily affect new parents adversely (Belsky & Rovine, 1990; Crohan, 1996; Gloger-Tippelt & Huerkamp, 1998; Hackel & Ruble, 1992; Levy-Shiff, 1994).

The addition of a child into the family also has many implications for the new parents. Many new parents assume traditional roles upon the transition to parenthood (Belsky & Pensky, 1988; McHale & Huston, 1985; White, Booth, & Edwards, 1986). This change in role structuring has been found to mainly impact women, as they assume many new responsibilities regarding the baby without relinquishing previous responsibilities (Lewis & Cooper, 1988). As a result, the change to traditional roles has

been found to greatly impact the functioning of the marital relationship (Sutor, 1991; White et al., 1986).

Specifically, much of the research on the transition to parenthood has confirmed that the transition to parenthood may result in a decrease in marital satisfaction for the new parents (Ahmad & Najam, 1998; Belsky, Lang, & Rovine, 1985; Belsky & Pensky, 1988; Belsky & Rovine, 1990; Belsky, Spanier, & Rovine, 1983; Cowan & Cowan, 1992; Crohan, 1996; Levy-Shiff, 1994). In general, studies have demonstrated that new parents experience changes in affection (Belsky & Pensky, 1988; Hackel & Ruble, 1992; Terry, McHugh, & Noller, 1991), marital conflict (Crohan, 1996), communication (Belsky & Rovine, 1990), and joint leisure time (Belsky et al., 1983; Levy-Shiff, 1994).

Nonetheless, some scholars claim that the transition to parenthood may have some positive attributes as well. Children may serve as a stabilizing force for the marriage (Glenn & McLanahan, 1982). Furthermore, the transition to parenthood has been found to actually improve the parents' marital relationship, rather than disrupt it (Belsky & Rovine, 1990). As many studies concerning the transition to parenthood have shown, the marital dyad is affected by the addition of a child into the family, whether it is impacted positively or negatively.

Many couples view parenthood as a matter of choice. Unfortunately, couples are not always able to conceive a child as they would like. Infertility affects many couples each year. Stephen and Chandra (1998) report that roughly 6.2 million women of childbearing age experienced infertility in 1995. Reports of infertility continue to rise as couples seek medical attention for infertility (Waldrop, 1991), baby boomers late in their reproductive years try to conceive (Stephen & Chandra, 1998), and sexually transmitted

diseases impede younger women's conception (Diamond, Kezur, Meyers, Scharf, & Weinschel, 1999).

Infertility can create problems for the couple and their marriage (Andrews, Abbey, & Halman, 1991; Deveraux & Hammerman, 1998; Downey & McKinney, 1992; Whiteford & Gonzalez, 1995). Couples who experience infertility are often confronted by social pressures to have children (Whiteford & Gonzalez, 1995), yet receive little support from others as they attempt to become parents (Miall, 1986). Infertility may result in psychological problems for both men and women as they seek evaluation and treatment (Daniluk, 1988; Rosenthal, 1997). In addition, infertility may negatively impact the sexual relationship (Seibel & Taymor, 1982) and the overall quality of the marriage (Andrews et al., 1991; Pepe & Byrne, 1991). Unfortunately, some couples who are diagnosed as infertile may never achieve the conception of a baby. An estimated 50% of all couples who seek medical intervention to resolve infertility are unsuccessful in their attempts to conceive (Daniluk, 1996). As a result of continued infertility, some couples choose to adopt in order to achieve parenthood.

Adoption is often viewed as a means to provide infertile parents with children to raise. It is estimated that between 104,000 and 119,000 adoptions occur per year in the United States (Flango & Flango, 1993; National Committee for Adoption, 1989). Although adoption may be more acceptable today than in times past (Dunn, Ryan, & O'Brien, 1988), the stigma of adoption is still manifested in societal attitudes (Kressierer & Bryant, 1996; Miall, 1987). In the literature, it is suggested that differences may exist between the transition to parenthood for adoptive parents as compared to biological parents (Daly, 1988). Such differences are magnified by the lack of pregnancy and

additional physical signs of an impending child. Additional tasks for adoptive parents include resolving issues of infertility (Brinich, 1990; Daly, 1988; Gilman, 1992), establishing an identity with their new child (Reitz & Watson, 1992), and developing a sense of entitlement to the child as the new parents (Miall, 1987; Smith, 1997). Although adoptive parents have additional tasks to achieve and barriers to overcome as they enter into adoptive parenthood, their experiences upon the transition to parenthood may not be as troubling as once thought (Brodzinsky & Huffman, 1988; Levy-Shiff, Goldschmidt, & Har-Even, 1991).

According to several empirical studies, adoptive couples experience fewer short-term, adverse effects upon the transition to parenthood as compared to biological couples (Groze, 1996; Levy-Shiff, Bar, & Har-Even, 1990; Levy-Shiff et al., 1991). Although the above authors support the claim that only slight differences exist among the two groups, research on the transition to adoptive parenthood as compared to biological parenthood is relatively scarce (Brodzinsky & Huffman, 1988). Likewise, much is known about adoption in general, but few studies examine the transition to parenthood for adoptive parents (Levy-Shiff et al., 1991). Due to the increase of infertility and the number of couples seeking to adopt children, more research on the experiences of adoptive parents is needed.

Purpose

The purpose of this study was to examine the differences that may exist among infertile, adoptive parents and biological parents upon the transition to parenthood. Household division of labor, childcare division of labor, joint leisure, self-esteem, and

marital satisfaction were examined in order to better understand how infertile adoptive parents navigate the transition to parenthood as compared to their biological counterparts.

CHAPTER 2

REVIEW OF LITERATURE

Research in the area of the transition to parenthood has, for the most part, focused on the experiences of biological parents. Therefore, the literature concerning the transition to parenthood for adoptive couples is limited. This study focuses on the transition to parenthood with an emphasis on marital satisfaction for infertile adoptive parents. The literature review is presented under the following major headings: (a) the transition to parenthood, (b) infertility, and (c) adoption. The literature review is followed by the hypothesis section.

The Transition to Parenthood

For many people, becoming a parent is the culmination of a life-long dream to bring children into the world and serve as their teacher and protector; however, parents are often surprised by the changes that occur when their child is born. Parenthood may bring about change in the parents' psychological sense of self, relationships with their family-of-origin, relationship as a couple, relationship developed with the baby, and the balance between life stress and social support within the new family (Cowan & Cowan, 1988b; Cowan & Cowan, 1995). Nonetheless, many couples continue to bear and raise children of their own. In this section, the transition to parenthood will be discussed in relation to theory, parenthood as normative transition, traditionalization of roles, and marital satisfaction.

Theoretical Explanation

Parenthood has long been considered a social institution in which children are born into a family as a product of socialization (Belsky, Lerner, & Spanier, 1984; LaRossa & LaRossa, 1981; LaRossa, 1986). Several scholars explain the transition to parenthood using a life course or life-span perspective (Belsky et al., 1984; Goldberg, 1988). Although this perspective focuses on the importance of transitions and emphasizes the importance of context, process, time, and meaning on family life (Bengston & Allen, 1993), two theories that are more pervasive in the explanation of the challenges that new parents face are the Double ABCX Model (McCubbin & Patterson, 1982; McCubbin & Patterson, 1983) and Role Strain Theory (Goode, 1970).

The Double ABCX Model proposed by McCubbin and Patterson (1982, 1983) is a variation of Hill's (1949) ABCX Model which describes how families deal with crisis. McCubbin and Patterson revised Hill's model in an attempt to explain the family's adaptation to normative transitions within the family. The stressor (Factor a) interacts with the family resources (Factor b) and the family's perception of the stressor (Factor c) to determine whether the family is able to deal with the stressor. If the family is not able to deal with the stressor, they might define their situation as a crisis (Factor x).

Adaptation (Factor xX) of McCubbin and Patterson's model refers to how the family handles the demands and stresses on the individual, the marriage, and the family.

Adaptation is affected by three factors: (1) pile-up (Factor aA) which involves all other stresses or hardships that occur in addition to the original stressor, (2) family adaptive resources (Factor bB) which includes personal resources of family members, and (3)

family perception (Factor cC) which involves the interpretations that family members make during the transition.

In the case of the transition to parenthood, the stressor (Factor a) would be the birth of the child, and pile-up (Factor aA) could be financial concerns, physical demands, work demands, and less time for activities with the spouse. Family resources (Factor bB) could be social support from family and friends or money to pay for the services of a baby-sitter. The perception (Factor cC) could be that the stress caused by the baby is a transient event that will subside over time. Adaptation (Factor xX) occurs as the family integrates its resources in order to alter its perception of the stressor and adapt accordingly. As Worthington and Buston (1987) assert, "The Double ABCX Model of the normative crisis is an excellent theoretical framework for conceptualizing research on all family transitions" (p. 454).

Another theory that seeks to explain changes during the transition to parenthood is Role Strain Theory (Goode, 1970). Role Strain Theory identifies time as a commodity that must be divided among all roles. Transitions, in particular, create role strain, which must result in the couple reorganizing time and role responsibility in order to cope. Much of the literature on the transition to parenthood supports Role Strain Theory. Many studies focus on the change in roles and the stress that results as couples become parents (Lane & Wilcoxon, 1989; Levy-Shiff, 1994; Sanchez & Thomson, 1997; Schuchts & Witkin, 1989; Terry et al., 1991). Role Strain appears to affect more new mothers than fathers (Cowan & Cowan, 1988a; Hackel & Ruble, 1992; Hock, Schirtzinger, Lutz, & Widaman, 1995; Lewis & Cooper, 1988; MacDermid, Huston, & McHale, 1990). Furthermore, some studies have found that new parents simply believe they do not have

enough time to complete all of their various roles (LaRossa & LaRossa, 1981). Role Strain is an important theory to use when investigating the transition to parenthood.

Parenthood as Normative Transition

Interest in the transition to parenthood's impact on the marital relationship was first introduced when Hill (1949) suggested that the arrival of the first child could precipitate a "crisis" for married couples. Hill's suggestion stimulated LeMasters' (1957) study in which he discovered that 83% of his sample reported an "extensive or severe crisis" event upon the transition to parenthood. Further investigations throughout the decades of the sixties and seventies deemed the transition to parenthood as a detracting force in relation to marital happiness, yet researchers did not continue to qualify the event as a crisis (Dyer, 1963; Hicks & Platt, 1970; Hobbs, 1965; Hobbs, 1968; Hobbs & Cole, 1976; Hobbs & Wimbish, 1977; Spanier & Lewis, 1980).

Today, most scholars agree that the transition to parenthood is a normative transition that results in unfavorable changes, some only temporary, to the marital dyad (Belsky & Rovine, 1990; Crohan, 1996; Gloger-Tippelt & Huerkamp, 1998; Hackel & Ruble, 1992; Levy-Shiff, 1994). Recent researchers, however, are no longer trying to decipher whether or not parenthood has a negative effect on the marriage, but are identifying the variables that contribute to the decrease in marital satisfaction (Belsky & Rovine, 1990; Kluwer, Heesink, & Van De Vliert, 1997; Lane & Wilcoxon, 1989; Lewis, 1988; Worthington & Buston, 1987), the groups that are "at risk" for such changes (Crohan, 1996; Splonskowski & Twiss, 1995), and are assisting practitioners in better preparing couples for the transition to parenthood (Cowan & Cowan, 1992, 1995).

Traditionalization of Roles

A major effect of the transition to parenthood is the traditionalization of roles that occurs after the birth of the first child. In the past, women were held responsible for household and childcare tasks while men busied themselves in the workplace. Even today, researchers report that many couples adopt traditional roles upon the transition to parenthood, and that women are most affected by the change in the household and childcare division of labor (Belsky & Pensky, 1988; Belsky et al., 1983; McHale & Huston, 1985; Palkovitz & Copes, 1988; White et al., 1986).

The addition of a child into the family unit alters the structure and function of the family as a whole. Some scholars report that after the birth of a baby, couples experienced a disruption in their relationship as they are more focused on instrumental functions such as childcare and household tasks (Belsky et al., 1985; Schuchts & Witkin, 1989). Other scholars have compared new parents to couples without children and have found that parents, especially mothers, are more involved in childcare and household tasks than leisure activities with their spouses (MacDermid et al., 1990). While wives' experience an increase in household tasks and childcare over time after the birth of a baby, husbands' housework and childcare activities gradually decrease (McHale & Huston, 1985; Schuchts & Witkin, 1989). More specifically, Belsky and Kelly (1994) observed 250 couples and discovered that new mothers performed roughly 275% more childcare labor than that of fathers one month after the birth of their child. After 9 months, mothers were still doing 100% more basic baby care than fathers.

Sanchez and Thomson (1997) examined the effect of the transition to parenthood on the division of labor among 337 married couples and noted that parenthood largely

reshapes the mother's routine by substantially increasing housework duties, while decreasing gainful employment. In addition, these researchers suggested that wives' initial economic dependency on the husband as well as already established traditional gender attitudes may be mediating factors that contribute to the increase in housework for the new mother.

The change to more traditional roles for the majority of married couples during the transition to parenthood has been substantiated by many research studies (Belsky & Pensky, 1988; Belsky et al., 1983; Lewis & Cooper, 1988; McHale & Huston, 1985; Palkovitz & Copes, 1988; Sanchez & Thomson, 1997; White et al., 1986.) Perhaps more important than the change to traditional roles is the reason for the change. The change in the division of labor does not occur according to the wives' expectations. Hackel and Ruble (1992) reported that wives' expectations about the division of labor generated during the pregnancy were not confirmed after the birth of the baby. The new mothers reported that they were doing considerably more housework and childcare than they had expected. Instead, much of the literature supports the notion that sex-role attitudes before birth, especially those of the father, are most important in determining how the division of labor will be divided. As Johnson and Huston (1998) found in their study of 69 couples, husbands' preferences after marriage about the division of labor of childcare tasks predict change in wives' preferences about the division of childcare upon transition to parenthood. That is, wives adapt their own preferences concerning division of childcare upon the transition to parenthood to meet the already existing preferences of their husbands.

Nonetheless, MacDermid et al. (1990) discovered that in spite of many wives' discontent with the division of labor, changes toward more traditional domestic roles were welcomed among many new mothers and fathers, especially those who held sex-role attitudes congruent with those changes. Therefore, personal and couple traditionalism may be a crucial variable in dealing with the traditionalization of roles.

Marital Satisfaction

Scholars define the impact of parenthood on the marital relationship in such terms as marital satisfaction (e.g., Belsky & Pensky, 1988; Glenn & McLanahan, 1982; Hackel & Ruble, 1992), marital quality (e.g., Belsky et al., 1984; Belsky & Rovine, 1990; Crohan, 1996), marital happiness (e.g., White et al., 1986), marital stability (e.g., Belsky et al., 1984), marital competence (e.g., Lewis, 1988), and marital adjustment (e.g., Ahmad & Najam, 1998; Cowan & Cowan, 1988a; Lane & Wilcoxon, 1989; Splonskowski & Twiss, 1995). The term "marital satisfaction" will be used to encompass the impact of the transition to parenthood on the marital relationship for the purposes of this paper unless otherwise specified.

The functioning of the marital dyad influences many other aspects of the family, including parenting satisfaction (Rogers & White, 1998), parents' attachment to their children (Gloger-Tippelt & Huerkamp, 1998), and the parent-child relationship (Cox, Paley, Payne, & Burchinal, 1999). Mediating factors that affect adjustment to parenthood are socioeconomic background, impulse control, and personality traits (Levy-Shiff, 1994), as well as time allocation, conflict, and functioning of the couple prior to the transition (Worthington & Buston, 1987). Negative and positive effects of the transition

to parenthood on marital satisfaction will be discussed in greater detail in the following sections.

Negative effects on marital satisfaction. Many researchers have reported that the transition to parenthood results in a decrease in marital satisfaction (Ahmad & Najam, 1998; Belsky et al., 1985; Belsky & Pensky, 1988; Belsky & Rovine, 1990; Belsky et al., 1983; Cowan & Cowan, 1992; Cox, 1985; Cox et al., 1999; Crohan, 1996; Dyer, 1963; Gloger-Tippelt & Huerkamp, 1998; Hackel & Ruble, 1992; Hobbs, 1965; Hobbs, 1968; Hobbs & Cole, 1976; LeMasters, 1957; Levy-Shiff, 1994; Waldron & Routh, 1981; White & Booth, 1985; White et al., 1986). Glenn and McLanahan (1982) found that the negative effects of children on marital satisfaction do not pertain to only one subgroup of the United States population, but exist among spouses of both genders and of all races, educational levels, employment status, and major religious practices. Therefore, the negative effects of parenthood on marital satisfaction appear to be pervasive among the United States population.

One aspect of the marital relationship that is affected by the addition of children is affection between spouses. In 1975, Humphrey found that childless couples scored higher on affection measures than did couples who made the transition to parenthood. Follow-up studies found that couples with children did indeed experience a decline in displays of affection to one another and feelings of love (Belsky et al., 1985; Belsky & Pensky, 1988; Belsky & Rovine, 1990; Belsky et al., 1983; Hackel & Ruble, 1992; McHale & Huston, 1985). Terry et al. (1991) discovered that many of the 59 couples in their study experienced a decline in affectional expression after the birth of a child as assessed by the Dyadic Adjustment Scale. Likewise, in a recent study, Gloger-Tippelt

and Huerkamp (1998) documented that couples reported significantly less tenderness and affection toward one another from the period of pregnancy to one year after the birth of their child. In association with affection and love, other studies have found that sexual intimacy between the couple declined after the birth of a baby (Gloger-Tippelt & Huerkamp, 1998; Hackel & Ruble, 1992).

In addition to a decrease in affection for one another, many couples report an increase in conflict after the birth of the first child (Belsky et al., 1985; Belsky & Pensky, 1988; Gloger-Tippelt & Huerkamp, 1998; Waldron & Routh, 1981; White & Booth, 1985). Crohan (1996) implemented a longitudinal study of the effects of the transition to parenthood using African American and Caucasian couples who were transitioning into parenthood and African American and Caucasian childless couples. All couples reported more marital tension and conflict after making the transition to parenthood than did childless couples.

Another aspect of the marital relationship that is affected during the transition to parenthood is the amount and content of leisure time. Several researchers have discovered that the introduction of a child into the relationship resulted in less frequent leisure activities among the couple and a significant negative effect on the marital dyad (Belsky & Pensky, 1988; Belsky et al., 1983; Levy-Shiff, 1994). In a more extensive study of the impact of the transition to parenthood on marital leisure, Crawford and Huston (1993) found that leisure activity of the couple may not necessarily decline, but the content of the leisure does. That is, the joint activities in which the couple participates after the birth of a child appear to center around the wife's preferences.

Therefore, several studies indicate that joint leisure among first time parents is greatly affected by the addition of a child into the family.

The shift to the traditionalization of roles among new parents, as discussed in the previous section, also has many implications for the couples', especially the wives', marital satisfaction. White et al. (1986) noted that an increase in traditional division of labor decreased the wife's marital happiness while increasing the husband's marital happiness. Suitor (1991) found that wives reported higher satisfaction with the division of household labor in the pre- and post-parental years. Suitor also concluded that satisfaction with the division of labor was more consistently related to conflict and marital happiness for both sexes than were educational attainment, age, and the number of hours of the wives' employment each week.

Positive effects on marital satisfaction. Although studies on the negative effects of parenthood far outnumber those disclosing positive effects, some scholars do report that the addition of a child into the family unit has a positive effect on the parents and their relationship. Scholars have reported that parents experience gratification and rewards upon the transition to parenthood (Russell, 1974), while others believe that a child benefits the family as a "social unit" that is integrated into the community and neighborhoods via organizations that are child and family related (Fawcett, 1988). Still other scholars cite individual personality improvements upon the birth of a baby. For example, Palkovitz and Copes (1988) report that mothers experience enhanced self-esteem and femininity upon becoming a mother while fathers increase in self-esteem and traits considered both masculine and feminine.

In addition, the introduction of children into the marital dyad appears to help stabilize the marriage and deter divorce. Glenn and McLanahan (1982) assert that children tend to prevent or delay divorce, as divorce would provide extra emotional and financial costs due to the presence of children within the family. These scholars believe that the high level of marital dissatisfaction within marriages with children can be explained by the reluctance of couples with children to divorce in comparison to childless couples. White et al. (1986) offer further evidence that children provide a "braking effect" on divorce as a higher percentage of childless couples divorce than do couples with young children. New parents are significantly less likely to divorce over a three year period than those couples who remained childless, even when there is no difference in marital quality between the two groups (White & Booth, 1985).

Other scholars refute the negative effects of the transition to parenthood on the marital dyad. MacDermid et al. (1990) surveyed 98 couples in their early years of marriage and reported that parents even one year after the transition to parenthood did not differ from couples without children in their general feelings of marital satisfaction or love although the authors do admit that the birth of a baby does change the daily activities of the couple. Likewise, McHale and Huston (1985) discovered no differences between parents of children younger than age 3 years and childless couples in satisfaction with their sexual relationship. The impact of the birth of a child upon the marital relationship does not necessarily have to be negative. As Belsky and Rovine (1990) discovered, some couples' marital quality did not deteriorate, but actually improved. Others assert that a child brings a feeling of closeness between the two parents (Schuchts & Witkin, 1989).

Therefore, individual differences in the transition to parenthood among couples must be taken into account.

Another positive finding in relation to marital satisfaction concerns father participation in household and childcare division of labor. Levy-Shiff (1994) found that the most powerful and predicting determinant of marital adjustment in the transition to parenthood was the fathers' involvement with the baby, especially in caregiving. Those couples whose husbands were involved in the caregiving of the baby were less likely to experience a decline in marital satisfaction. Likewise, Terry et al. (1991) found that women's perceptions that their husbands are contributing fairly to household tasks is associated with an increase in females' levels of marital quality. Cowan and Cowan (1988a) report that men who participate actively in the care of their children show greater adaptation at six months after birth and their wives show greater long-term adaptation. Therefore, although many couples do experience a turn to traditional division of labor upon the birth of the baby, fair paternal participation in household and childcare activities appears to lessen the decline in marital quality upon the transition to parenthood.

The transition to parenthood is an important issue in the study of families due to the proliferation of married couples who desire children. However, many couples' desire for children may be impeded by their inability to conceive a child. In the next section, the issue of infertility will be discussed in terms of its salience in the United States and its impact upon the emotional and psychological well being of the individual, as well as the marital dyad.

Infertility

Many couples presume that becoming parents is simply a matter of choice; however, the anticipated event of parenthood can be compromised as couples experience difficulty conceiving. Infertility is defined as the inability of a couple to achieve a successful pregnancy after a year or more of sexual relations without contraception or the inability to carry a pregnancy to live birth (Speroff, Glass, & Kase, 1994). A couple can experience either primary or secondary infertility. Primary infertility occurs in people who have no previous history of pregnancy and are unable to conceive. Secondary infertility is the inability for a person either to conceive or to achieve a live birth after already bearing one or more children (Jones & Toner, 1993).

The number of couples reporting infertility has risen in recent years. An examination of the 1995 National Survey of Family Growth Study found that the overall percentage of infertile women between the ages of 15 and 44 years in the United States increased from 8.4% in 1982 and 1988 to 10.2% in 1995 (Stephen & Chandra, 1998). While an estimated 6.2 million women reported infertility in 1995, experts expect up to 7.7 million women to report infertility in the year 2025 (Stephen & Chandra, 1998).

The recent growth of infertility among couples in the United States has been attributed to several factors. First, couples are more likely to report infertility today as they have become more likely in recent years to achieve a diagnosis of infertility and seek medical solutions rather than deal with infertility in secrecy (Waldrop, 1991). Second, baby boomers that are late in their reproductive years, yet trying to conceive, may contribute to the large number of infertility reports (Diamond, et al., 1999; Stephen

& Chandra, 1998). Third, an increase in sexually transmitted diseases among younger women may result in difficulty of conceiving (Diamond, et al., 1999).

Couples must cope with the many aspects of infertility as they move from the anticipated event of parenthood to the unanticipated and unwanted status of infertility and childlessness. The impact of infertility, as related to social pressures, psychological and emotional functioning, marital impact, sexual relationship, gender issues, lack of social support, and positive effects will be examined in the this section.

Social Pressures

Parenthood has long been valued as an institution in the United States. Historically, women who could not conceive and reproduce were considered useless and of little value (Berk & Shapiro, 1984). Religious, cultural, and social values that are taught further augment a couple's decision to become parents (Cooper-Hilbert, 1998). These pro-parenting values have been found to promote guilt and feelings of failure when a couple experiences infertility (Cooper-Hilbert, 1998; Robinson & Stewart, 1995; Whiteford & Gonzalez, 1995). The social pressure to reproduce presents issues of identity for those who are unable to conceive and may result in the stigmatization of many infertile couples.

Many couples experience identity confusion as they deal with infertility. As Matthews and Matthews (1986) assert, infertility compromises the social function of marriage. Most couples enter marriage and expect to reproduce and begin a family. Without children, the couple must redefine the relationship, that of a married couple without children. Ireland (1993) states that the social identity of the infertile woman is influenced by society, as maternity is the culmination of mature adult identity for women.

As Sandelowski (1990) has found, women feel compelled to enter the "female world" via pregnancy and subsequent parenthood. Infertility thwarts this effort and results in women feeling a sense of incompleteness, being neither completely female nor male. This inability to achieve the social status of "mother" or "father" may lead to stigmatization by others in society.

Whiteford and Gonzalez (1995) conducted a study with 25 women who sought medical treatment for their infertility. The researchers documented that most of these women felt stigmatized and alienated from others due to their inability to have children. Similar findings of stigmatization were reported by Miall (1986). This feeling of stigmatization appears to be supported by Lampman and Dowling-Guyer (1995) who surveyed 215 undergraduate students to assess their attitudes toward childlessness. The researchers confirmed that childlessness as a whole can be discrediting for both couples who choose to remain childless and for couples who are infertile. Also, women were rated as more emotionally healthy if they had children. Infertile couples were viewed more favorably than voluntary childless couples, but as the researchers pointed out, many in society do not know why couples are childless, just that they are. Therefore, unless individuals know that a couple is childless due to infertility, the couple will be viewed as negatively as a couple who remains voluntarily childless.

Psychological and Emotional Effects

The experience of infertility has been found to produce psychological distress among many couples. Many stressors, such as medical treatment (Becker & Nachtigall, 1991; Robinson & Stewart, 1995), financial concerns (Deveraux & Hammerman, 1998; Mahlstedt, 1985), and feelings of loss (Mahlstedt, 1985) combine to greatly impact both

men and women. Medical treatment is a source of stress as it creates anxiety and fear about surgery, blood tests, anesthesia, and pain (Mahlstedt, 1985). Likewise the cost of infertility treatment (Gleicher, 1998; Van Voorhis, Stovall, Allen, & Syrop, 1998) contributes to the stress of infertile couples. Feelings of loss for the biological child that may never be born also produces stress among infertile couples (Mahlstedt, 1985). Also, the longer that the infertility lasts, the greater the magnitude of psychological stress (Edelmann & Connolly, 1986; Ireland, 1993). The stress that infertile couples experience affects their psychological and emotional states in many ways.

It has been suggested that couples experience infertility as a crisis (Bresnick, 1981) and follow a mourning process upon a diagnosis of infertility (Batterman, 1985). That is, the couple will progress through denial, anger, grief, and guilt before accepting the diagnosis of infertility (Shapiro, 1982). Throughout this process, the infertile couple may exhibit psychological and emotional distress. Several scholars have found that infertility produces feelings of shame (Whiteford & Gonzalez, 1995), inadequacy (Robinson & Stewart, 1995; Whiteford & Gonzalez, 1995), defectiveness (Whiteford & Gonzalez, 1995), failure (Robinson & Stewart, 1995; Whiteford & Gonzalez, 1995), humiliation (Valentine, 1986), sadness (Rosenthal, 1997; Valentine, 1986), disappointment (Burns, 1990; Valentine, 1986), and frustration (Lasker & Borg, 1994; Phipps, 1998).

In a study of 20 infertile families and 10 families experiencing no reproductive problems, it was found that 85% of infertile individuals rated infertility as a negative experience that had caused some disruption in their lives (Burns, 1990). These individuals described themselves as feeling depressed, angry, overwhelmed, hopeless,

frustrated, anxious, and disappointed as a result of the infertility experience. Daniluk (1988) also discovered that depression was reported by many infertile couples as a common reaction to infertility, with women having higher levels of depression than men. In addition, a study involving 51 infertile men documented that 84% of the men reported some degree of stress related to infertility, and found this stress to be associated with a greater risk for psychopathology, particularly depression (Band, Edelman, Avery, & Brinsden, 1998). Studies have also confirmed that the degree of depression experienced can be influenced by the type of infertility experienced (e.g., medically explained versus unexplained) (Kipper & Zadik, 1996), and gender (Abbey, Andrews, & Halman, 1992).

Couples also appear to experience a decrease in self-esteem as they experience infertility (Batterman, 1985; Bresnick, 1981; Mahlstedt, 1985; Robinson & Stewart, 1995; Rosenthal, 1997). Downey and McKinney (1992) studied 118 women undergoing fertility evaluation and treatment and found that 39 of the subjects reported a decrease in self-esteem. After surveying 185 married, infertile couples, Abbey et al. (1992) concluded that the higher the stress due to infertility, the lower the husbands' and wives' self-esteem. The researchers found that the stress had negative effects on the couples' life quality as individuals, with global well-being affected the most. This finding is important in that the stress of infertility on well-being was partially mediated by self-esteem. Therefore, a decrease in self-esteem due to infertility may be predicative of decreased well-being.

Moreover, many couples feel unable to control important aspects of their lives as they cope with infertility and seek medical help in order to conceive. They have difficulty in planning long-term goals or may pass up an advancement in their career as

they are unsure whether or not they will soon enter parenthood (Higgins, 1990).

Vacations are often postponed, employment and educational opportunities rejected, and business trips scheduled in order to plan around ovulation and medical appointments (Abbey et al., 1992; Mahlstedt, 1985; Shapiro, 1982). The loss of control in individuals' lives can impact their decision to continue or terminate treatment. In a study of 37 women who abandoned their efforts to bear a child, many responded that they felt a sense of relief at "taking back their lives" (Daniluk, 1996). The lack of control that couples must endure should not be trivialized, as the issue is salient in the realm of infertility and its subsequent treatment.

Marital Impact

In addition to individual psychological effects, the stress created by infertility can greatly impact the marital dyad. Many couples report that the marital relationship becomes an additional source of stress as the couple deals with infertility (Valentine, 1986). As discussed in the following paragraphs, couples experience changes in marital satisfaction, conflict, and communication as they cope with the reality of infertility.

Marital satisfaction appears to be greatly impacted during the period of time in which infertile couples seek medical treatment. Pepe and Byrne (1991) conducted a study with 40 women experiencing infertility and identified several variables related to marital satisfaction. The women reported that their marital satisfaction was significantly lowered during the time of treatment for infertility. However, once treatment was concluded, the marital satisfaction typically returned to levels experienced before treatment.

Marital conflict has also been identified as a consequence of infertility for many couples. Andrews et al. (1991) discovered that the stress of infertility had direct effects that increased marital conflict for many of the 157 couples they studied. Likewise, Burns (1990) documented that 76% of respondents in his study reported marital conflict due to infertility. Many husbands and wives experiencing infertility report that they feel frustrated with one another as they are unable to meet the emotional and physical needs of their spouse (Deveraux & Hammerman, 1998; Greil, Leitko, & Porter, 1988).

In addition, scholars have noted a decrease in communication between the two spouses (Deveraux & Hammerman, 1998; Greil et al., 1988). This lack of communication may be a result of frustration (Deveraux & Hammerman, 1998), anger towards the spouse who is infertile (Robinson & Stewart, 1995), or a desire to protect the other spouse from negative feelings associated with infertility (Diamond et al., 1999). Whatever the reason, a lack of communication, coupled with frustration and conflict, appear to contribute to a decrease in marital satisfaction for many infertile couples.

Sexual Relationship

Perhaps the greatest impact of infertility on the marital dyad involves the couple's sexual relationship. Scholars report that many infertile patients experience negative effects in sexual function, desirability, and physical attractiveness (Mazor, 1984). Furthermore, some researchers report that the sexual relationship may become strained by a diagnosis of infertility (Cooper-Hilbert, 1998; Rosenthal, 1997). As a couple copes with infertility and begins treatments to conceive a child, their sexual relationship comes under scrutiny by medical professionals as well as themselves. The sexual relationship is no longer considered a "private" domain of the couple's relationship. Instead, couples are

given advice on the best times to have sex, the best position for sex, and how often to have sex. Furthermore, couples are expected to be able to talk openly about their sexual relations with others (Deveraux & Hammerman, 1998).

In a study of 40 women undergoing medical treatment for infertility, couples' sexual relationships were found to undergo serious difficulties (Pepe & Byrne, 1991). After the infertility treatment was concluded, the sexual relationships of the couples improved, but did not return to the level experienced before treatment began. Other studies also cite the negative impact of infertility on the sexual relationship of the infertile couple (Andrews et al., 1991; Batterman, 1985; Deveraux & Hammerman, 1998; Mahlstedt, 1985). In addition, couples may begin to avoid sexual activity except during "fertile times" as it reminds them of their failure to conceive (Mahlstedt, 1985; Shapiro, 1982).

In a study by Daniluk (1988), 43 infertile couples' sexual satisfaction was examined in relation to the diagnosis of infertility. Couples who received a neutral diagnosis of unexplained fertility expressed higher levels of sexual satisfaction than those couples who received a diagnosis of treatable infertility or untreatable infertility. This is an important finding in that it suggests that attributing a cause of infertility may actually be more detrimental to the sexual relationship than an unexplained diagnosis. Clearly, the experience of infertility affects the sexual relationships of couples who continue to pursue conception.

Gender Issues

The way in which an individual perceives and confronts infertility is heavily influenced by gender. Differences exist even before a diagnosis of infertility, as women

attribute the inability to conceive to themselves rather than their spouse (Abbey et al., 1992; Becker & Nachtigall, 1991). Men seldom question their fertility before the medical evaluation. Abbey and Halman (1995) studied 113 childless couples and found gender differences among the infertile. Men attributed more responsibility to their spouse. As a result, women tend to believe that they have more control over the solution to infertility than do men.

Women respond to infertility much differently than men. Greil et al. (1988) reported that women take the initiative to begin the treatment process regardless of who has the infertility problem. Women continually focus on the problem and vow to overcome infertility, whereas men more readily accept infertility (Greil, 1997; Greil et al., 1988). Women view infertility as a life-altering problem, while men view it as a "disconcerting event," but not a tragedy (Greil et al., 1988). Women also report wanting to spend more time talking with their spouse about the infertility experience, yet men explain that they do not want to talk about the infertility as it creates more stress for them (Deveraux & Hammerman, 1998; Valentine, 1986). This gender difference may be a result of socialization that discourages men from expressing feelings of distress, sadness, or weakness (Zoldbrod, 1993).

The fact that women accept most of the responsibility for infertility and actively seek to resolve infertility has negative consequences for infertile women. Infertile women reported that they experienced more stress and disruption due to infertility than did infertile men (Abbey et al., 1992). Women have been found to have lower self-esteem, be more depressed, report lower life satisfaction, and blame themselves more for infertility as compared to infertile men (Greil, 1997). The intensified negative effects of

infertility on women may be attributed to the fact that women are more invested in childbearing and child-rearing as female fertility is more time sensitive (Burns, 1990).

Lack of Support

The diagnosis of infertility for a couple is often followed by a period of secrecy in which the couple avoids divulging information concerning their diagnosis or medical treatment (Whiteford & Gonzalez, 1995). Furthermore, couples may isolate themselves in order to protect themselves from insensitive attitudes, discomfort, or feelings of differentness (Phipps, 1998). Miall (1986) found that 50% of infertile individuals in his study hesitated telling others of the infertility, while over 30% admitted to giving inaccurate information regarding their infertility. As Zoldbrod (1993) explains, many people may not respond well to infertile couples, as they do not understand the feelings associated with infertility and are puzzled by the variety of emotions that may be exhibited.

Infertile couples tend to withdraw from social settings in an attempt to avoid answering awkward questions and to avoid interaction with those who are pregnant or have children (Deveraux & Hammerman, 1998). They may feel envious of other couples and avoid friends and family members who have children (Diamond, et al., 1999; Robinson & Stewart, 1995). At the same time that the couple may be withdrawing from friends and family, couples may feel abandoned by those who are fearful of saying the wrong thing regarding infertility (Deveraux & Hammerman, 1998). Women appear to be most affected as they withdraw from the "fertile world," as they feel isolated by women with children (Abbey et al., 1992; Greil et al., 1988; Sandelowski, 1990).

Besides a lack of social support among family and friends, many infertile couples report a lack of social support among medical professionals (Whiteford & Gonzalez, 1995). Many couples feel alienated by medical professionals and have feelings of confusion and frustration as they relinquish much of the responsibility to conceive to these professionals (Abbey & Halman, 1995; Becker & Nachtigall, 1991).

Positive Effects

Although infertility has been reported to have many negative effects on individuals and couples, some positive effects of infertility have been found. In a qualitative study of African Americans' experiences with infertility, the experience of infertility led to marital bonding for many of the subjects (Phipps, 1998). In response to infertility, the couples invested in their marital relationship by improving communication, engaging in caring behaviors, and affirming one another. Also, Berk and Shapiro (1984) reported that infertility can lead to a stronger marriage as couples learn to support one another and express feelings to one another throughout the crisis situation.

Likewise, in a study of 61 couples awaiting in-vitro fertilization, Daniels (1989) found the same phenomenon of marital bonding. Sixty percent of the participants indicated that the experience of infertility had brought them closer to their spouse. Only 7% reported negative effects on their relationship, while the remainder of the sample noted no effect. Also, the experience of infertility did not result in a change of negative attitudes toward one another. Sixty-three percent of the participants noticed no difference in their partner's attitude or response to them, while 29% of participants noticed an increase in support and protection. As Ireland (1993) suggests, relationships that appear to possess the ability to counteract the negative effects of infertility are those that showed

a capacity for role flexibility. That is, couples who are able to shift from traditional gender expectations, and focus on augmenting other relationships, such as the marital relationship, are more likely to avoid negative effects of infertility. As this and previous studies suggest, the experience of infertility can provide an outlet in which couples grow together in an adverse situation.

The experience of infertility is a challenge for many couples who desire to conceive a child. However, when efforts fail, and the couple is unable to conceive a biological child, many couples turn to adoption. In the next section, adoption will be examined as a viable choice that transforms couples from the reality of infertility into the world of parenthood.

Adoption

Adoption is defined as "the permanent legal transfer of parenting rights and responsibilities from one family to another" (Smith, 1997, p.1). Although adoption is often viewed as a stigmatizing institution that results in psychological problems for many adopted individuals and their families (Brodzinsky, Singer, & Braff, 1984; Kadushin, 1966; Roth & Finley, 1998), it continues to flourish as couples desire to parent children. In the following sections, the history of adoption, estimates of numbers of adoptions, infertility resolution, entitlement issues, the transition to adoptive parenthood, and marital effects will be discussed as it pertains to a greater understanding of adoption.

History

Historically, adoption has existed since ancient times. Ancient Egyptian, Indian, Chinese, Roman, and Greek cultures all practiced some form of adoption (Brodzinsky, Smith, & Brodzinsky, 1998). In addition, the Bible frequently mentions adoption and

recounts the adoption of Moses by the Pharaoh's daughter (Babb, 1999). These earliest informal adoptions were primarily enacted in the interests of the adults involved, as opposed to children. Children were adopted in order to: (a) achieve inheritance lines and continue family heritage, (b) strengthen allies between tribes or sects, (c) continue religious practices, (d) ensure public office, and (e) maintain adults in old age (Babb, 1999; Brodzinsky et al., 1998; Cole & Donley, 1990). The oldest set of written adoption laws are found in the Code of Hammurabi (1700 B.C.), which was a Babylonian law that proclaimed that biological mothers and fathers could not claim or demand that their child be returned to them after the child was adopted. The child, however, could be returned to the biological parents if the child was found to be offensive to the adoptive parents (Babb, 1999; Cole & Donley, 1990).

The adoption practice in the United States throughout most of the 19th century was primarily informal or accomplished through indentured servitude as children born to unwed mothers were apprenticed to tradesmen (Bender, Leone, & Harnack, 1995; Samuels, 1990). The first United States adoption law was implemented in 1851 in Massachusetts. Part of this statute required biological parents to consent to the adoption, the adoption to be approved by the judicial system, and all legal rights to the child be transferred from the biological parents to the adoptive parents (Brodzinsky et al., 1998; Holbrook, 1990).

In 1891, an adoption law in Michigan declared that judges must investigate adoptive placements before the issuance of the final adoption decree (Bender et al., 1995; Samuels, 1990). Minnesota enacted a law in 1917 that required a state welfare agency or department to make a written recommendation to the court before allowing the adoption.

Additionally, the law made provisions to seal all original birth certificates while issuing new birth certificates to the adoptive parents (Bender et al., 1995). By 1929, all states had developed some sort of judicial supervision of the adoption process (Brodzinsky et al., 1998). As a result of these early adoption laws, adoption became a socially recognized practice in the United States and set the stage for the continued interest in the protection of rights of adoptive parents and their children.

Estimates of Numbers of Adoptions

Adoption is difficult to explain, at least in statistical terms. As a result of sporadic data collection by the federal government and independent agencies, only rough estimates of the number of adoptions per year can be reported (Samuels, 1990). The National Committee for Adoption (1989) reported a yearly estimate of 104,000 domestic adoptions in 1986. Using various sources of public and private adoption domains, Flango and Flango (1993) estimated that 118,779 adoptions occurred in 1990. Of these adoptions 50.9% were adoptions by relatives while 48.1% were adoptions by unrelated individuals (National Committee for Adoption, 1989). Furthermore, others submit that roughly 2% of all Americans are adopted (Smith & Howard, 1999).

Many sources do agree that the number of adoptions per year has decreased over the past twenty years (Bender et al., 1995; Bonham, 1977; National Committee for Adoption, 1989). Bonham (1977) first reported a decrease in the number of adoptions as adoption peaked in 1970 with a reported 175,000 adoptions, but fell to 149,000 adoptions in 1974. Since that time, adoption has continued to decline in number (National Committee for Adoption, 1989).

The decline in adoptions has been attributed to a reduction in the number of healthy infants available for adoption (Brodzinsky & Huffman, 1988), a direct result of the decrease in social stigma for out-of-wedlock childbearing and receipt of welfare, the legalization of abortion, and the availability of contraceptives (Bender et al., 1995; Brodzinsky & Huffman, 1988; Brodzinsky et al., 1998; Samuels, 1990). In addition, the decline in adoption may be attributed to the increase in medical technology available to infertile couples, such as artificial insemination and in-vitro fertilization (Holbrook, 1990).

Due to the relative decrease in adoption of healthy infants that has occurred throughout the years, many more couples are adopting older children, minority children, special needs children, and international children (Bender et al., 1995; Brodzinsky & Huffman, 1988). The National Committee for Adoption (1989) confirmed that in 1986, 26% of all adoptions occurring among unrelated individuals were adoptions of older and special needs children. In addition, another 16% of unrelated adoptions were international adoptions.

Infertility Resolution

Issues of infertility are inherent in the adoptive parents' decision to adopt as their inability to conceive motivates them to acquire a child from outside sources. Scholars in the field of adoption believe that it is imperative for the infertile couple to resolve their issues with infertility before adopting a child (Brinich, 1990; Daly, 1988; Hoksbergen, 1997) and realize that adoption is not a solution for infertility, but for childlessness (Gilman, 1992; Reitz & Watson, 1992). The resolution of infertility is an important

factor in assessing "adoption readiness" and for predicting successful adoption outcomes (Daly, 1990).

The resolution of infertility is thought to be completed in stages. First, the couple must define the attainment of biological parenthood as problematic and let go of the concept of biological parenthood for themselves (Daly, 1992). It is imperative that the couple ends all medical treatments in order to progress to the next stage (Diamond, et al., 1999). Next, the couple must mourn over the loss of their biological children and their inability to become biological parents (Diamond, et al., 1999). In essence, the couple must deal with their sense of futility and powerlessness in the realm of reproduction. In the final stage of infertility resolution, the couple must refocus on their need to parent and decide to stay childless or adopt (Daly, 1992; Diamond, et al., 1999). In a study by Daly (1990), 65% of the 74 infertile couples agreed that they must reach an endpoint with infertility in a sequential manner before being ready for adoptive parenthood. Although some degree of resolution of infertility is recommended before adopting a child, several scholars believe that infertility does not truly go away, but is dealt with in cycles throughout the couple's life (Canape, 1986; Pavao, 1998).

Unresolved issues of infertility are identifiable as many couples experience prolonged denial and feelings of disappointment, resentment of pregnant women, anxiety about discussing adoption, fantasies about the biological parents, feelings of being cheated, and resentment of the adoption agencies' influence in their lives (Smith, 1997). These unresolved issues with infertility may impede acceptance and integration of the adopted child into the family (Reitz & Watson, 1992), result in a lack of ease in discussing the adoption with the child (Samuels, 1990), and create an atmosphere in

which the child is not allowed to acknowledge his feelings of loss and sadness. Consequently, this may negatively impact the parent-child relationship (Canape, 1986) and have negative consequences for family functioning (Smith, 1997). Many scholars claim that a couple's failure to resolve infertility issues negatively impacts the adoptive parent's ability to establish a sense of entitlement to their newly adopted child (Baumann, 1997; Brodzinsky et al., 1998; Miall, 1987; Reitz & Watson, 1992).

Entitlement

Entitlement, as defined by many scholars, is the adoptive parents' sense that they have legal and emotional rights to be the parents of their child (Johnston, 1992; Reitz & Watson, 1992; Smith, 1997). Most scholars describe adoptive parents' attainment of entitlement to their child as an essential task in order for the family to develop appropriately (Baumann, 1997). Entitlement legally occurs as the parents are granted legal guardianship via the judicial system; however, emotional entitlement comes through the parents' increasing comfort with their role (Reitz & Watson, 1992) and their belief in their ability to act appropriately on behalf of their child (Smith & Howard, 1999).

Barriers to the adoptive parents' establishment of entitlement include the lack of psychological adjustment to infertility (Cohen, Coyne, & Duvall, 1996; Miall, 1987), fear of "real" parents returning to claim the child (Daly, 1992; Sandelowski, Harris, & Holditch-Davis, 1993), fear of the child's rejection upon learning of the adoption (Daly, 1992), and feelings of guilt for taking someone else's child (Hartman & Laird, 1990). A major obstacle that impedes the adoptive parents' sense of entitlement to their child is social stigma surrounding adoption. Some examples of social stigma relating to adoption are the beliefs that: (a) the adoptive parents and child are defective (Smith, Surrey, &

Watkins, 1998); (b) adoptive parents are not "real" parents (Miall, 1987); (c) blood ties are necessary in order to establish love and bonding (Bartholet, 1993; Miall, 1987; Smith et al., 1998); and (d) adopted children are second best to biological children (Bachrach, London, & Maza, 1991; Miall, 1987). Furthermore, the adoptive relationship is thought to lack social legitimacy and be of lesser value and acceptance within the community (Kressierer & Bryant, 1996). Miall (1987) conducted a study of 71 involuntarily, childless women, who had adopted or were in the process of adopting a child and documented that 50% of the sample felt that others viewed adoptive parenthood as "different" or inferior to biological parenthood.

Other scholars suggest that problems with entitlement are not unique to adoptive families, but exist within biological families as well (Cohen et al., 1996). Nonetheless, the establishment of entitlement is important in any domain as it implies that attachment has occurred (Smith, 1997) and can provide the child and parents with a sense of belonging (Samuels, 1990). Studies have shown that a poor sense of entitlement can result in the following: (a) problems disciplining the child (Cohen et al., 1996; Johnston, 1992; Samuels, 1990; Smith, 1997); (b) poor communication with the child (Johnston, 1992; Samuels, 1990); (c) problems allowing child individuation and independence apart from parents (Samuels, 1990; Smith, 1997); (d) over-permissiveness regarding the child (Johnston, 1992); (e) the need to be a "perfect" parent (Mann, 1998); (f) difficulties discussing the adoption (Cohen et al., 1996; Smith, 1997); and (g) a sense that the child is not a part of the family (Cohen et al., 1996). All of the above factors combined may contribute to negative parent-child interactions among adoptive families as a result of the difficulties in achieving a sense of entitlement.

Transition to Adoptive Parenthood

The transition to adoptive parenthood would seem to be problematic as adoptive parents must deal with many additional stresses in comparison to biological parents. Adoptive parents may be hesitant to adopt as they face many uncertainties regarding the adoptive child and the adoption process (Daly, 1988; Daly, 1992). Specifically, adoptive parents must prepare for parenthood without experiencing many of the physical signs of impending parenthood, such as pregnancy. Therefore, adoptive parents must prepare for adoptive parenthood by actively adapting roles, rules, and boundaries within the family system to allow for the child's integration into the family (Triseliotis, Shireman, & Hundleby, 1997).

Very few scholars empirically address the experiences of adoptive parents upon the transition to parenthood. As Brodzinsky and Huffman (1988) assert, research on the transition to parenthood for adoptive parents as compared to biological parenthood is relatively scarce. Existing research, however, supports the contention that the transition to parenthood does differ among adoptive and biological parents; however, the adoptive parents' experiences appear to be more positive in spite of the additional stress (Brodzinsky & Huffman, 1988; Levy-Shiff et al., 1990; Levy-Shiff et al., 1991).

Levy-Shiff et al. (1990) conducted a study with a sample of 52 couples who were first-time adoptive parents-to-be and 52 couples who were first-time biological parents-to-be. These scholars documented that adoptive-parents-to-be expressed more marital satisfaction than biological parents-to-be as determined by the Dyadic Adjustment Scale. Moreover, adoptive fathers-to-be scored higher on the dyadic consensus, affectional expression, satisfaction, and cohesion subscales as compared to biological fathers-to-be.

Adoptive mothers-to-be scored higher on all subscales except affectional expression as compared to biological mothers-to-be. In addition, the biological mothers-to-be in this sample were significantly more depressed than the adoptive mothers-to-be. They also scored lower on familial and moral self-dimensions than did adoptive mothers-to-be. Adoptive parents-to-be also expressed more satisfaction from friend and community support than did the future biological parents.

Levy-Shiff et al. (1991) examined the same adoptive and biological parents as in the above study four months after the transition to parenthood. They confirmed that adoptive parents expressed more positive prenatal expectations and reported more satisfaction with their parental role and better coping with physical demands. Furthermore, adoptive parents expected and reported more outside social activities than did biological parents. The above two studies confirm that both adoptive parents-to-be and adoptive parents report positive experiences in spite of additional stresses related to adoption.

Brodzinsky and Huffman (1988) identified protective factors that may contribute to such positive findings. The greater age of adoptive parents, longer lengths of marriage, better financial stability, successful resolution of infertility, and long-term deprivation of a child may attribute to more positive experiences of adoptive parents. Indeed, a study comparing attitudes among adoptive and foster parents-to-be found that adoptive parents-to-be are more motivated and have more positive attitudes toward parenting (Gillis-Arnold, Crase, Stockdale, & Shelley, 1998).

Other studies also support the positive findings among adoptive parents at the transition to parenthood (Groze, 1996; Hoopes, 1982). Hoopes' (1982) study documents

better family functioning among adoptive families in the early years of parenthood as compared to biological families. Although, the transition to adoptive parenthood does not appear to be laden with negative experiences in the short-term, several scholars warn that adverse effects may occur among adoptive families in later years (Brodzinsky, 1987; Grotevant & McRoy, 1990; Hibbs, 1991). As Grotevant and McRoy (1990) assert, more longitudinal studies coupled with better documentation are necessary in order to determine the outcome of adoptive families as they progress from adoption placement to adolescence.

Marital Effects

The placement of an adopted child into the family can greatly impact the marital dyad. The addition of a child into any family may necessitate changes in familial and social roles among parents, which in turn may negatively affect marital satisfaction among the new parents (Suitor, 1991; White et al., 1986). Smith and Howard (1999) discovered that 24% of 331 adoptive families involved in post-adoption preservation services reported marital problems. Many of these adoptive couples experienced marital tension as a result of increased frustration due to differing perceptions and evaluations of the adopted child. Nonetheless, adoptive couples have been found to experience positive marital effects as a result of adoption. In a study of 169 adoptive families, approximately 96% of adoptive parents reported that adoption positively impacted the marital relationship (Groothues, Beckett, & O'Connor, 1998). Other studies have found that adoptive parents not only experience an increase in marital satisfaction after the adoption of a child, but that they fare better than biological parents (Brodzinsky & Huffman, 1988; Glidden, 1989; Humphrey & Kirkwood, 1982; Smith & Sherwin, 1988).

Levy-Shiff et al. (1990) found that adoptive parents-to-be expressed more marital satisfaction than biological parents-to-be. Other studies confirm that after experiencing the transition to parenthood, adoptive parents experience an increase in marital satisfaction as compared to biological parents (Glidden, 1989; Humphrey & Kirkwood, 1982; Smith & Sherwin, 1988). Glidden (1989) noted that 56% of wives in 42 families adopting or fostering a child with mental retardation felt closer to their husbands. The majority of the respondents (86%) did not indicate any deterioration in the sexual relationship. Likewise, the majority of first-time adoptive parents reported no change in marital conflict or arguments. As Brodzinsky and Huffman (1988) note, adoptive parents are, on average, six or seven years older than biological parents and have been married much longer than their biological counterparts. Furthermore, the experience of infertility among adoptive couples may foster greater sensitivity among the spouses which leads to increased marital satisfaction (Levy-Shiff et al., 1990).

A study by Hoopes (1982), which consisted of 260 adoptive families and 68 biological families, also revealed that adoptive parents were rated more positively on marital satisfaction than biological parents. However, the researcher documented that such favorable ratings of adoptive parents fade over time. For example, adoptive parents experience less marital conflict in their children's infancy and preschool years as compared with biological parents, but no differences in marital adjustment among the two groups were documented as the children entered elementary school. Other scholars suggest that new adoptive parents may, in fact, experience a decline in the marital relationship, but view it more positively due to their intense desire to parent a child (Humphrey & Kirkwood, 1982). The above studies have found that most adoptive

couples do not experience a decline in marital satisfaction upon the transition to parenthood; however, a more in-depth investigation of adoptive parenthood is needed to further explore and substantiate this phenomenon.

Hypotheses

Based on the literature and research discussed, this exploratory study will examine the differences between the transition to parenthood of infertile adoptive parents and a sample of biological parents on household division of labor, childcare division of labor, joint leisure activities, self-esteem, and marital satisfaction. For the remainder of this study, infertile adoptive parents will be referred to as adoptive parents. The following hypotheses are presented:

1. There is no significant difference in self-esteem scores as measured by the Rosenberg Self-Esteem Scale between adoptive mothers and biological mothers and between adoptive fathers and biological fathers.
2. There is no significant difference in household division of labor as measured by the Household Division of Labor Scale between adoptive mothers and biological mothers and between adoptive fathers and biological fathers.
3. There is no significant difference in child care division of labor as measured by the Child Care Division of Labor Scale between adoptive mothers and biological mothers and between adoptive fathers and biological fathers.
4. There is no significant difference in joint leisure as measured by the Joint Leisure Scale between adoptive mothers and biological mothers and between adoptive fathers and biological fathers.

5. There are no significant differences in mean vectors of marital satisfaction as measured by the subscales scores of the Dyadic Adjustment Scale between adoptive parents and biological parents.

CHAPTER 3

METHOD

The major purpose of this study was to examine any differences that may exist between adoptive and biological families upon the transition to parenthood. In this method section, the procedure used to acquire the sample, a discussion of the study's sample, instruments, and data analysis are explained.

Procedure

During Wave 1 of the data collection by Stevens (1995), names of adoptive couples were obtained from referrals from private physicians, attorneys, adoption agencies, adoption support groups, and private sources. Names of biological couples were obtained from referrals from private sources. During Wave 2 of data collection, names of adoptive and biological couples were received from referrals by child care centers and private sources. All participants resided in the geographical location of Georgia or Alabama. Children were matched closely according to age and gender, while couples were matched as closely as possible on all characteristics including age and number of years married.

Participants (both mothers and fathers) were each sent a letter of consent approved by the Institutional Review Board for Human Subjects concerning the purpose of the study (Appendix A). Additionally, each parent was sent the Transition to Parenthood packet (Appendix B) that included the following six instruments: Demographic Questionnaire, Household Division of Labor Scale, Child Care Division of

Labor Scale, Joint Leisure Scale, Self-Esteem Scale, and the Dyadic Adjustment Scale. A set of instructions accompanied each packet, along with a stamped, self-addressed envelope. Seven days after the packet was mailed, participants were sent a reminder postcard (Appendix C) to thank the respondents who completed the questionnaire and to encourage completion by those who did not. A second reminder postcard (Appendix D) was sent seven days later. This postcard thanked those families who had responded and, once again, reminded those who had not to respond.

Sample

As previously mentioned, data for this study was collected in two waves. Data collected by the current author (Wave 2) was collected in the year 2000-2001 and was combined with Stevens' data (Wave 1) collected in 1994-1995. A total of 182 couples (92 adoptive and 90 biological) were sent the Transition to Parenthood Questionnaire packet that contained one questionnaire for each parent, during both waves of data collection. The original return rate for Wave 1 was 73% (104 couples responded). After the initial research was completed, however, 17 additional couples (9 adoptive couples and 8 biological couples) returned their questionnaires increasing the return rate of Wave 1 to 85% (121 couples responded). Although the late questionnaires were not included in the initial study by Stevens (1995), they were included in the current study. The return rate was 85% for Wave 2 (34 couples responded). Of the total 155 couples that responded, 124 of the couples met the inclusion criteria. As in Wave 1, parents included in Wave 2 of this study were white, married, and had only one child. The child had to be 5 years of age or younger and have no "special needs". The remaining 31 couples were excluded for a variety of reasons (see Table 1).

Table 1

Exclusion Reasons for Returned Questionnaire Packets*

	Adoptive	Biological
Exclusion Reason	<u>n</u>	<u>n</u>
Only one parent responded	7	7
More than one child	5	0
Ethnicity	2	5
Special needs	1	0
Missing data	0	3
Not married	0	1

*Total Number Excluded = 31

The sample was composed of 124 white married couples (61 adoptive and 63 biological). Couples included in the study had one child between the ages of 1 and 69 months. The sample of adopted children was composed of 35 males (57.4%) and 26 females (42.6%). The sample of biological children was composed of 29 males (46.0%) and 34 females (54.0%). The mean age of the adopted children was 28.0 months ($SD = 18.0$), while the mean age of the biological children was 25.4 months ($SD = 14.6$). The mean age of the adopted child at placement was 4.6 months ($SD = 8.0$). The majority of the adopted children were white (75.4%) and all of the biological children were white.

Years married ranged from 1 to 24, with the mean for the adoptive couples being 10.8 years ($SD = 5.0$), while for biological couples it was 6.5 years ($SD = 3.4$). The mean years married when the adopted child was placed in the home was 8.9 ($SD = 4.6$). The mean years married when the child was born to the biological couples was 4.4 ($SD = 3.2$).

Annual family income ranged from less than \$20,000 to over \$100,000. See Table 2 for information regarding family income. Descriptive information regarding mothers' and fathers' education, employment status, religious preference, and religious involvement is summarized in Tables 3 and 4.

A high percentage of the adoptive participants (94.3%) cited medical/infertility reasons as their decision to adopt. The reason with the highest percentage for both mothers (45.0%) and fathers (49.2%) was the infertility attributed to mothers. The remaining adoptive mothers reported that the infertility was due to their "spouse," "both spouses," or an "undetermined reason" (11.7%, 20.0%, and 23.3%, respectively). The

Table 2

Family Income of Adoptive and Biological Couples

Annual Income	Total		Adoptive		Biological	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
0 - \$20,000	4	3.2	0	0.0	4	6.3
\$20,001 - \$40,000	25	20.2	10	16.4	15	23.8
\$40,001 - \$60,000	48	38.7	24	39.3	24	38.1
\$60,001 - \$80,000	26	21.0	17	27.9	9	14.3
\$80,001 - \$100,000	13	10.5	6	9.8	7	11.1
Over \$100,000	8	6.5	4	6.6	4	6.3

Table 3

Frequencies and Percents of Demographic Variables of Adoptive and Biological Mothers

Variable	Total		Adoptive		Biological	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Education						
HS/GED	9	7.3	5	8.2	4	6.3
Technical	6	4.8	4	6.6	2	3.2
Some college	14	11.3	10	16.4	4	6.3
College	49	39.5	25	41.0	24	38.1
Some graduate	6	4.8	1	1.6	5	7.9
Graduate	37	29.8	15	24.6	22	34.9
Other	3	2.4	1	1.6	2	3.2
Employment						
Full-time	63	50.8	26	42.6	37	58.7
Part-time	34	27.4	19	31.1	15	23.8
Not employed	27	21.8	16	26.2	11	17.5
Religious preference						
Catholic	14	11.3	8	13.3	6	9.5
Protestant	90	72.6	42	70.0	48	76.2
Jewish	3	2.4	3	5.0	0	0.0
Other	8	6.5	6	10.0	2	3.2
No preference	8	6.5	1	1.7	7	11.1
Religious involvement						
Weekly	84	67.7	44	72.1	40	63.5
Monthly	7	5.6	2	3.3	5	7.9
Occasionally	17	13.7	13	21.3	4	6.3
Rarely	10	8.1	1	1.6	9	14.3
Never	6	4.8	1	1.6	5	7.9

Table 4

Frequencies and Percents of Demographic Variables of Adoptive and Biological Fathers

Variable	Total		Adoptive		Biological	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Education						
HS/GED	7	5.6	5	8.3	2	3.2
Technical	5	4.0	2	3.3	3	4.8
Some college	24	19.4	10	16.7	14	22.2
College	35	28.2	17	28.3	18	28.6
Some graduate	6	4.8	4	6.7	2	3.2
Graduate	44	35.5	21	35.0	23	36.5
Other	2	1.6	1	1.7	1	1.6
Employment						
Full-time	114	91.9	57	93.4	57	90.5
Part-time	3	2.4	2	3.3	1	1.6
Not employed	7	5.6	2	3.3	5	7.9
Religious preference						
Catholic	15	12.1	9	14.8	6	9.5
Protestant	86	69.4	39	63.9	47	74.6
Jewish	4	3.2	3	4.9	1	1.6
Other	9	7.3	8	13.1	1	1.6
No preference	10	8.1	2	3.3	8	12.7
Religious involvement						
Weekly	74	59.7	39	63.9	35	55.6
Monthly	11	8.9	6	9.8	5	7.9
Occasionally	16	12.9	11	18.0	5	7.9
Rarely	14	11.3	5	8.2	9	14.3
Never	9	7.3	0	0.0	9	14.3

remaining adoptive fathers cited that the infertility was due to “themselves,” “both spouses,” or an “undetermined reason” (3.4%, 25.4%, and 22.0%, respectively). Five adoptive fathers and one adoptive mother cited other reasons for their decision to adopt, while one adoptive mother reported social reasons.

Measures

Demographic Questionnaire

Background and demographic information was obtained from the participants by using a Demographic Questionnaire (Appendix B). Questions were asked regarding the participants’ age, gender, marital status, years married, number of children in home, age and gender of children, ethnicity, education, employment status, family income, religious preference, and religious involvement. Another section of the questionnaire contained a question concerning whether or not the child was adopted. If the child was adopted, six additional questions concerning the age of child at placement, ethnicity of child, reasons for adoption, infertility status, and maintenance of hope for a birth child were asked.

Household Division of Labor Scale

Household division of labor was assessed using the Household Division of Labor Scale (Appendix B) developed by Belsky et al. (1983). The measure consists of questions regarding who was responsible for four separate household tasks: (1) cooking the dinner, (2) doing the laundry, (3) grocery shopping, and (4) cleaning house. Responses range across a five-point scale from “almost always the husband” that was scored as a one (1) to “almost always the wife” that was scored as a five (5), with “both equally” (3) defining the midpoint. Responses were then summed across all items,

resulting in a total score with a range from 4 to 20. In this study, internal consistency was estimated as .63 for fathers and .70 for mothers.

Child Care Division of Labor Scale

Child care division of labor was assessed using the Child Care Division of Labor Scale (Appendix B) that was modified from a questionnaire developed by Belsky et al. (1983). Couples were asked who was primarily responsible for eight child care tasks: (1) diapering the baby, (2) bathing the child, (3) getting up with the child at night, (4) staying home when the child is sick, (5) getting the child ready for bed, (6) arranging child care, (7) getting the child ready for child care/school, and (8) taking the child to the doctor. Belsky et al. (1983) developed the first three questions, while Stevens (1995) added the last five questions. Responses across a five-point likert-type scale ranged from “almost always the husband” that was scored as a one (1) to “almost always the wife” that was scored as a five (5), with “both equally” being scored a three (3). Responses were then summed across all the items, resulting in a total score ranging from 8 to 40. In this study, internal consistency was estimated as .74 for fathers and .85 for mothers.

Joint Leisure Scale

The way in which couples spend their joint leisure time was assessed using the Joint Leisure Scale (Appendix B). The original questionnaire was developed by Belsky et al. (1983) and was modified by Stevens (1995). The measure contains all of the six original questions; however, Stevens (1995) modified the responses from a forced-choice six-point scale as developed by Belsky et al. (1983) to a forced-choice five-point scale. Couples were asked how often they regularly engage in six recreational activities together: (1) watching television, (2) taking a walk, (3) having an extended conversation,

(4) going out in the evening (to a movie, to dinner, or to a friend's house), (5) playing table games (chess, cards, scrabble, etc.), and (6) playing sports. Likert-type forced-choice responses ranged along a five-point scale from "once a month or less" that was score as a one (1) to "once per day or more" that was scored as a five (5). Responses were then summed across all items, resulting in a total score ranging from 5 to 30. In this study, internal consistency was estimated as .41 for fathers and .33 for mothers.

Self-Esteem Scale

The Self-Esteem Scale (Rosenberg, 1965; Rosenberg, 1979) was used to assess the participants' self-esteem (Appendix B). Gray-Little, Williams, and Hancock (1997) describe the Self-Esteem Scale as the most widely used self-report measure for assessing individual self-esteem. This instrument was originally designed as a ten-item Guttman scale answered on a four-point scale from "strongly agree" scored as a 4 to "strongly disagree" scored as a 1. Although, the Self-Esteem Scale was initially developed for use with adolescents, it has since been used in a variety of published studies with varying populations such as with cancer patients (Curbow & Somerfield, 1991), individuals with eating disorders (Davis, McVey, Heinmaa, Rockert, & Kennedy, 1999), parents of adolescents (Demo, Small, & Savin-Williams, 1987), and college students (Nell & Ashton, 1996).

The instrument consisted of positive and negative statements of global self-esteem (Rosenberg, 1965). In this study, "positive" and "negative" items were presented alternatively in order to reduce the effect of the respondent set. According to Rosenberg (1965), the original scale is divided into 7 scale items summed across the 10 items in various combinations resulting in a range of 0 to 6. However, this way of scoring the

scale has been described as “cumbersome” and having few advantages over simpler scoring methods (e.g. Likert) (Keith & Bracken, 1996). Many studies, therefore, use various scoring methods with this instrument, and oftentimes utilize the Likert form scoring (Culp & Beach, 1998; Davis et al., 1999; Demo, 1985; Feather, 1998; Goldsmith, 1986; Lewis, 1982; Lewis, 1989; McCurdy & Kelly, 1997; Nell & Ashton, 1996). These researchers generally use the Likert-type scales and create one summary score, after reversing either the positive or negative items (Curbow & Somerfield, 1991). Like many of the above studies, the present study reverse scored the positive items, resulting in a score of 10-40 with high scores indicating high self-esteem and low scores indicating low self-esteem.

Described as a “historical landmark in the field of self-concept instrumentation,” the Self-Esteem Scale has been the subject of many psychometric investigations (Keith & Bracken, 1996, p. 97). Rosenberg (1965) reported a reproducibility coefficient of .93 in his original sample. Culp and Beach (1998) found an overall alpha reliability of .85. This finding coincides with other reports of good reliability (Demo et al., 1987; Keith & Bracken, 1996; Lewis, 1982). Wylie (1989) reported a test-retest correlation of .85 over a two-week period and .63 over a seven-month period. Silber and Tippet (1965) found that the measure correlated from .56 to .83 with several other measures of self-esteem as well as with clinical assessment. Additionally, McCurdy and Kelly (1997) reported a correlation of .68 between the Rosenberg Self-Esteem Scale and the Coopersmith Self-Esteem Inventories. Rosenberg (1965) presents considerable data concerning the construct validity of the measure, while Blaskovich and Tomaka (1991) report on the acceptable ratings of convergent and discriminant validity.

Dyadic Adjustment Scale (DAS)

The Dyadic Adjustment Scale (DAS) (Spanier, 1976) was used to assess participants' marital satisfaction (Appendix B). The scale consists of 32 items that are divided among four subscales: (a) Dyadic Consensus (13 items with scores ranging from 0-65), (b) Dyadic Satisfaction (10 items with scores ranging from 0-50), (c) Dyadic Cohesion (5 items with scores ranging from 0-24), and (d) Affectional Statement (4 items with scores ranging from 0-12). Response anchors vary depending on the question.

The DAS has been described as the most commonly used self-report measure of marital adjustment (James & Hunsley, 1995) that works best when utilized as a global summary measure of marital adjustment (Spanier, 1988). Spanier (1976) reported a total score internal consistency reliability coefficient of .96. High scores of reliability ranging from .92 to .96 have also been reported by more recent studies (Bouchard, Sabourin, Lussier, Wright, & Richer, 1998; Carey, Spector, Lantinga, & Krauss, 1993; Heyman, Sayers, & Bellack, 1994; Hunsley, Pinsent, Lefebvre, James-Tanner, & Vito, 1995; Sharpley & Cross, 1982). Carey et al. (1993) reported internal consistency coefficient alphas for each subscale as follows: (a) Dyadic Consensus, .91; (b) Dyadic Satisfaction, .87; (c) Dyadic Cohesion, .83; and (d) Affectional Statement, .70. Also, these scholars reported 3-week test-retest correlations for the total DAS of .87. Stein, Girodo, and Dotzenroth (1982) reported test-retest correlations of .96 over an 11-week period.

Due to its use in hundreds of experimental and clinical studies, the validity and reliability of the DAS is well established. Spanier (1976) reported good content, criterion-related, and construct validity. More recent studies confirm Spanier's findings regarding the validity of the DAS (Cohen, 1985; Crane, Allgood, Larson, & Griffin,

1990; Harrison & Westhuis, 1989; Hetherington & Soeken, 1990; Heyman et al., 1994). Spanier (1988) reported that the DAS has been used in more than 1,000 scientific studies.

Data Analysis

Simple descriptive statistics were conducted on the demographic variables of the study. Means, modes, ranges, standard deviations, and frequencies were conducted on the entire sample and on each of the two groups. Because the literature review indicated that parental age at the transition to parenthood, length of time married, and length of time married before adopting or bearing children were significant factors in this type of research, these three variables were used as covariates in a series of univariate ANCOVAs with a single factor for group (Adoptive or Biological Parent).

When analyzing for differences between adoptive and biological couples on marital satisfaction scores, it was also determined that controlling for the same three variables listed above was necessary. Therefore, a multivariate ANCOVA was conducted with a single factor for group (Adoptive or Biological Parent).

Additional exploratory analyses were conducted using t-tests on difference scores between husbands and wives scores on the major variables of this study. The grouping variable was still adoptive and biological. The objective of this set of analyses was to examine the degree of similarity between husbands and wives.

CHAPTER 4

RESULTS

This exploratory study was conducted to discover any differences that may exist between adoptive families and biological families during the transition to parenthood. Measures of self-esteem, household division of labor, child care division of labor, joint leisure, and marital satisfaction were utilized in order to investigate any such differences.

Self-Esteem

The first hypothesis of the study stated that there would be no significant difference in self-esteem scores as measured by the Rosenberg Self-Esteem Scale between adoptive mothers and biological mothers and adoptive fathers and biological fathers.

The univariate analyses of covariance, using parental age at transition to parenthood, length of time married, and length of time married before adopting or bearing children as covariates, indicated no significant models were noted for either set of parent groups [$F(4, 119) = 0.94, p = .44$ for fathers and $F(4, 119) = 1.62, p = .17$ for mothers]. Means and standard deviations for this measure, as well as household division of labor, childcare division of labor, joint leisure, and the covariates, are presented in Table 5. The null hypothesis could not be rejected for either fathers or mothers on the measure of self-esteem.

Table 5

Means and Standard Deviations for Covariates and Dependent Variables by Adoptive and Biological Groups

	Adoptive		Biological	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Age				
Mothers	36.34	5.02	31.44	4.37
Fathers	37.95	5.98	33.84	5.78
Years Married				
	10.80	5.00	6.46	3.43
Years Married Prior to First Child				
	8.87	4.60	4.40	3.20
Self-esteem				
Mothers	34.13	4.02	34.81	3.93
Fathers	35.26	4.10	34.73	4.22
Household division of labor				
Mothers	18.82	3.00	18.08	2.54
Fathers	17.98	2.83	17.29	2.12
Child care division of labor				
Mothers	29.18	4.73	28.43	4.68
Fathers	28.29	4.08	27.00	4.18
Joint leisure				
Mothers	14.75	2.86	14.60	2.83
Fathers	14.97	3.36	14.48	2.71

Household Division of Labor

The second hypothesis of the study stated that there would be no significant difference in household division of labor scores as measured by the Household Division of Labor Scale between adoptive mothers and biological mothers and adoptive fathers and biological fathers.

The univariate analyses of covariance, using parental age at transition to parenthood, length of time married, and length of time married before adopting or bearing children as covariates, indicated no significant model for fathers [$F(1, 117) = 0.66, p = .62$], but a model was noted for mothers [$F(4, 116) = 2.69, p = .03$, adjusted $R^2 = .05$ for mothers].

While maternal age was a significant covariate [$F(1, 116) = 6.74, p = .01$], the effect for adoptive versus biological groups was also significant [$F(1, 116) = 3.52, p = .06$]. Specifically, even after controlling for maternal age, adoptive mothers (adjusted $M = 15.95$) had significantly higher scores for household labor than biological mothers (adjusted $M = 14.26$). Thus, the null hypothesis could not be rejected for fathers, but was for mothers.

Child Care Division of Labor

The third hypothesis of the study stated that there would be no significant difference in child care division of labor as measured by the Child Care Division of Labor Scale between adoptive mothers and biological mothers and adoptive fathers and biological fathers.

The univariate analyses of covariance, using parental age at transition to parenthood, length of time married, and length of time married before adopting or

bearing children as covariates, indicated significant models were noted for both fathers [$F(1, 119) = 2.58, p = .04, \text{adjusted } R^2 = .05$], and for mothers [$F(1, 116) = 3.76, p < .01, \text{adjusted } R^2 = .08$]. While parental age, length of time married, and length of time married before adopting or bearing children were all significant covariates in the mother model [$F(1, 119) = 5.67, p = .02$; $F(1, 119) = 11.93, p < .01$; $F(1, 119) = 8.44, p < .01$], the effect for adoptive versus biological groups was not significant [$F(1, 119) = 2.22, p = .14$].

While length of time married and length of time married before adopting or bearing children were significant covariates in the father model [$F(1, 119) = 6.40, p = .01$; $F(1, 119) = 6.24, p = .01$], the effect for adoptive versus biological groups was significant [$F(1, 119) = 4.80, p = .03$]. Specifically, even after controlling for length of time married and length of time married before adopting or bearing children, adoptive fathers (adjusted $M = 28.60$) had significantly higher scores for child care labor than biological fathers (adjusted $M = 26.71$) indicating that biological fathers reported more involvement in childcare tasks. Thus, the null hypothesis was rejected for fathers, but not for mothers.

Joint Leisure

The fourth hypothesis of the study stated that there would be no significant difference in joint leisure scores as measured by the Joint Leisure Scale between adoptive mothers and biological mothers and adoptive fathers and biological fathers.

The univariate analyses of covariance, using parental age at transition to parenthood, length of time married, and length of time married before adopting or bearing children as covariates, indicated significant models were noted for both fathers [F

(1, 119) = 2.96, $p = .02$, adjusted $R^2 = .06$], and for mothers [$F(1, 116) = 2.42$, $p = .05$, adjusted $R^2 = .04$].

While length of time married and length of time married before adopting or bearing children were significant covariates [$F(1, 119) = 6.40$, $p = .01$; $F(1, 119) = 4.62$, $p = .03$], the effect for adoptive versus biological groups was not significant for fathers [$F(1, 119) = 1.89$, $p = .17$].

While length of time married and length of time married before adopting or bearing children were significant covariates in the mother model [$F(1, 119) = 6.26$, $p = .01$; $F(1, 119) = 3.45$, $p < .07$], the effect for adoptive versus biological groups was not significant [$F(1, 119) = 0.86$, $p = .36$]. Thus, the null hypothesis could not be rejected for either fathers or mothers.

Marital Satisfaction

The fifth hypothesis of the study stated that there would be no significant difference in mean vector scores of marital satisfaction as measured by the subscales scores of the Dyadic Adjustment Scale between adoptive parents and biological parents.

The multivariate analyses of covariance, using parental age at transition to parenthood, length of time married, and length of time married before adopting or bearing children as covariates, indicated a significant model for fathers [Hotelling's Trace $F = 4.80$, $p < .01$, adjusted $R^2 = .14$, for Consensus, .06 for Satisfaction, .10 for Affectional Statement, and .04 for Cohesion], but not for mothers [Hotelling's Trace $F(4, 109) = 0.90$, $p = .47$]. While none of the covariates (parental age, length of time married, and length of time married before adopting or bearing children) were significant in the model, the univariate test results indicated significant differences between adoptive and

biological fathers for Consensus and Affectional Statement [$F(1, 111) = 15.18, p < .01$; $F(1, 111) = 6.71, p = .01$].

Specifically, even after controlling for parental age, length of time married and length of time married before adopting or bearing children, adoptive fathers had significantly higher scores for the Consensus and Affectional Statement subscales (adjusted $M = 52.06, 8.82$, respectively) than biological fathers (adjusted $M = 47.26, 7.55$, respectively). Even though the univariate test results were non-significant for the Satisfaction and Cohesion subscales, they evidenced a similar pattern for adoptive (adjusted $M = 37.61, 10.39$, respectively) and biological fathers (adjusted $M = 36.37, 10.14$, respectively) as that found for Consensus and Affectional Statement. Means and standard deviations of the DAS subscales are presented in Table 6. The null hypothesis could be rejected for fathers, but not for mothers for marital satisfaction.

Additional Analyses

Additional exploratory analyses were conducted using t-tests on a series of difference scores created by subtracting wives' scores from husbands' scores for all the major variables of this study. The grouping variable was still adoptive and biological. The objective of this set of analyses was to examine the degree of similarity between husbands and wives. It was hypothesized that the process of going through the process of infertility and adoption might account for a higher degree of similarity for adoptive couples than biological parents.

Of the eight variables tested, a significant difference between groups was noted for Dyadic Consensus [$t(111) = 2.56, p = .01$]. Specifically, adoptive couples had

Table 6

Means and Standard Deviations for DAS Subscale Scores by Adoptive and Biological Groups

	Adoptive		Biological	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Dyadic adjustment				
Consensus				
Mothers	50.26	6.16	49.66	6.09
Fathers	51.20	5.61	47.97	5.63
Satisfaction				
Mothers	37.47	3.81	36.84	3.63
Fathers	37.03	4.37	36.89	3.70
Affectional Statement				
Mothers	8.85	2.10	8.41	2.11
Fathers	8.56	2.02	7.71	2.34
Cohesion				
Mothers	10.70	2.19	10.95	1.80
Fathers	10.28	2.03	10.30	2.14

significantly more similarity on the Consensus subscale of the DAS than biological couples.

CHAPTER 5

DISCUSSION

The present exploratory study is an empirical examination of the transition to parenthood for adoptive and biological couples as they first experience parenthood. A discussion of the results of this study will be presented as follows: (a) self-esteem, (b) division of household labor, (c) division of childcare labor, (d) joint leisure, (e) marital satisfaction, (f) limitations, (g) recommendations for future research, and (h) implications.

Self-Esteem

As indicated by the results, there were no significant differences in scores on the Rosenberg Self-Esteem Scale between adoptive mothers and biological mothers and adoptive fathers and biological fathers. Both mothers and fathers reported relatively high self-esteem. At first, this finding may seem surprising since many scholars have discovered a negative relationship between infertility and self-esteem (Abbey et al., 1992; Batterman, 1985; Bresnick, 1981; Daniluk, 1996; Downey & McKinney, 1992; Greil, 1997; Mahlstedt, 1985; Robinson & Stewart, 1995; Rosenthal, 1997).

As mentioned in the previous section, 94% of the adoptive sample reported infertility as the reason they adopted a child. One might expect that these couples experienced the same stresses as reported in the literature, such as medical treatment (Robinson & Stewart, 1995), financial concerns (Deveraux & Hammerman, 1998), and feelings of loss (Mahlstedt, 1985). Couples experiencing these stresses due to infertility

report feelings of depression (Daniluk, 1988), a decrease in self-esteem (Abbey et al., 1992), and a decrease in couples' satisfaction with their sexual relationships (Andrews et al., 1991; Pepe & Byrne, 1991). Downey and McKinney (1992) found that 39 of 118 women experiencing infertility in their study reported less self-esteem. Abbey et al. (1991) found that fertile couples had slightly higher self-esteem and significantly lower rates of depression than infertile couples.

With such clear indications of the impact of fertility on self-esteem, one might wonder why the findings in the present study revealed no such differences between the two groups. One difference in the present study as compared to other studies involves the samples. Many of the studies concerning infertility utilized a sample of women or couples with no children who are currently experiencing infertility or undergoing infertility treatment (Abbey et al., 1992; Burns, 1990; Daniluk, 1988; Downey & McKinney, 1992; Pepe & Byrne, 1991). The present study used a sample of couples who once experienced infertility, but resolved their childlessness by adopting a child.

Another mediating factor that may explain the lack of differences between the two groups is infertility resolution. Although the present study did not assess infertility resolution, couples may experience a return to previous levels of self-esteem upon infertility resolution and the adoption of a child. Infertility resolution is reported to be an important step in confronting one's infertility before adopting a child (Brinich, 1990; Daly 1988; Diamond et al., 1999; Hoksbergen, 1997). Sixty-five percent of couples in Daly's (1990) study felt that they could not adopt until they reached an endpoint with infertility. That is, they felt they must resolve many of the issues concerning their infertility before entering adoptive parenthood.

Differences in sample sizes and instruments may also account for disparity between the present study and other studies. Using a different measure of self-esteem in the present study may have yielded different results. No significant differences on self-esteem scores emerged between the adoptive and biological sample suggesting that any decreases in self-esteem that may have been experienced by the adoptive sample during infertility may not adversely affect the sample during the transition to parenthood.

Household Division of Labor

In comparing the household division of labor mean scores of the two groups, a significant difference was found between adoptive mothers and biological mothers, but not for the two groups of fathers. As expected, mothers from the adoptive and biological groups reported completing more household tasks than fathers. Additionally, maternal age was a significant covariate for division of household labor. The adoptive mothers were roughly five years older than biological mothers. Nonetheless, after statistically controlling for maternal age, adoptive mothers had significantly higher scores on household division of labor than biological mothers.

The finding that adoptive mothers had significantly higher household division of labor scores than biological mothers is somewhat surprising. One possible explanation for this difference may center around the mothers' employment. In the present study, 37 biological mothers were employed full-time as compared to 26 adoptive mothers, while 15 biological mothers worked part-time as compared to 19 adoptive mothers. Only 11 biological mothers were not gainfully employed as compared to 16 adoptive mothers. In this sample, adoptive mothers seemed to be spending less time in the workplace than

biological mothers and may have more time to devote to household tasks, thus, accounting for the difference.

It is not surprising that, in the present study, mothers as a whole were more involved than fathers in household chores. It is clear from the literature that the transition to parenthood usually results in the traditionalization of roles for most couples, with women doing more household chores than their spouses (Belsky & Pensky, 1988; Belsky et al., 1983; McHale & Huston, 1985; Palkovitz & Copes, 1988; White et al., 1986). Sanchez and Thomson (1997) examined the effect of the transition to parenthood on the division of labor among 337 married couples and found that parenthood largely reshapes the mothers' routines by substantially increasing housework duties while decreasing gainful employment. Hackel and Ruble (1992) also reported that wives were doing considerably more housework than their husbands were after the birth of a child. Furthermore, wives reported that their expectations about the division of labor generated during the pregnancy were not confirmed after the birth of the baby as they were involved in more tasks than expected. These researchers found that the father's sex-role attitudes before birth were most important in determining how the division of labor would be divided. Unlike the present study, many of these studies which measure household division of labor responsibilities only utilize biological samples (Belsky & Pensky, 1988; Belsky et al., 1983; Hackel & Ruble, 1992; McHale & Huston, 1985; Palkovitz & Copes, 1988; Sanchez & Thomson, 1997; White et al., 1986). The few studies that involve adoptive and biological couples (Hoopes, 1982; Levy-Shiff et al., 1990; Levy-Shiff et al., 1991) do not address the division of household chores between husbands and wives.

Child Care Division of Labor

In comparing the mean scores of the two groups on childcare division of labor, several differences emerged. As expected, both adoptive and biological mothers reported completing more childcare tasks than did fathers. Maternal age, length of time married, and length of time married before adopting or bearing children were all significant covariates for mothers, but no significant differences emerged between adoptive and biological groups of mothers. Length of time married and length of time married before adopting or bearing children were significant covariates for fathers, and a significant effect for adoptive versus biological groups was noted. Even after controlling for the covariates, adoptive fathers' scores for childcare division of labor were significantly higher than those of biological fathers.

Much of the literature suggests that the traditionalization of roles upon the transition to parenthood is not limited to the division of household labor, but the division of childcare labor as well (Belsky & Pensky, 1988; Belsky et al., 1983; MacDermid et al., 1990; McHale & Huston, 1985; Schuchts & Witkin, 1989). Belsky and Kelly (1994) observed 250 couples and found that new mothers performed 275% more childcare tasks than their spouses one month after the birth of the baby. After 9 months, mothers were still doing 100% more childcare labor than their husbands. Johnson and Huston (1998) sampled 69 couples and found that wives actually adapt their own preferences concerning childcare division of labor upon the transition to parenthood to meet the already existing preferences of their husbands. Although much of the literature supports the traditionalization of roles with respect to childcare division of labor among biological couples (Belsky & Kelly, 1994; Belsky & Pensky, 1988; Belsky et al., 1983; MacDermid

et al., 1990; McHale & Huston, 1985; Schuchts & Witkin, 1989), empirical studies comparing adoptive and biological families fail to examine the division of childcare labor between the two groups.

In the present study, a significant difference between adoptive and biological fathers was found as biological fathers performed more childcare tasks than adoptive fathers. This is surprising as one may expect adoptive fathers to be more involved with child care tasks as they have waited for a long time to experience parenthood. It must be noted, however, that although there is a statistical difference between the two groups of fathers on this measure, the two groups may not be qualitatively different. After all, both groups of fathers appear fairly androgynous with respect to childcare labor. Adoptive and biological fathers' mean response on the Likert scale fell between a 3 and a 4. This is important in that a 3 represents equal participation and 4 represents slightly more mothers' participation. Although the groups are similar in their responses, biological fathers appear to be participating in childcare tasks slightly more than adoptive fathers.

One possible explanation for this finding is the mothers' level of participation in the workplace. As previously mentioned more biological than adoptive mothers in this study work full-time. More adoptive mothers in this study work part-time or are not employed. The biological mothers' increased participation in the workplace may necessitate biological fathers' increased participation in childcare labor.

Joint Leisure

In this study, there were no significant differences between the two groups on joint leisure activities. Very little research exists concerning the impact of the transition to parenthood on joint leisure activities for married couples. It should be noted, however,

that the few studies that do exist report a decrease in leisure activities upon the transition to parenthood (Belsky & Pensky, 1988; Belsky et al., 1983; Levy-Shiff, 1994).

Crawford and Huston (1993) believe that joint leisure may not decline, but the content of the activities may change according to the preferences of the wives. This decrease and change in content in overall joint leisure activity is not surprising as many new parents are invested in more instrumental functions such as childcare and household division of labor tasks upon the transition to parenthood (Belsky et al., 1985; Schuchts & Witkin, 1989).

The lack of differences between the adoptive and biological groups in the present study is not surprising as both sets of new parents are probably experiencing a similar increase in household and childcare duties. The few studies that do exist concerning joint leisure during the transition to parenthood only examine biological couples (Belsky & Pensky, 1988; Belsky et al., 1983; Belsky et al., 1985; Crawford & Huston, 1993; Levy-Shiff, 1994; Schuchts & Witkin 1989). It should be noted, however, that Levy-Shiff et al. (1991) confirm that adoptive parents reported more outside social activities than did biological parents four months after the transition to parenthood. No further explanation of the social activities was given in the study.

One final explanation for the lack of differences between the groups on joint leisure scores may be a result of the instrument itself. The reliability for the Joint Leisure Scale (Belsky et al., 1983) for this study was relatively low. The internal consistency for the scale was reported as .41 for fathers and .33 for mothers. Therefore, one should be cautious in interpreting the results of the lack of differences between the two groups on the measure of joint leisure.

Marital Satisfaction

Differences in marital satisfaction were found between adoptive and biological parents. Specifically, adoptive fathers had significantly higher scores for the Consensus and Affectional Statement subscales than biological fathers. The Consensus subscale consists of 13 items that assess the extent of agreement on matters such as religion, friends, household tasks, money, recreation, and time spent together. The Affectional Expression subscale is composed of four items and measures satisfaction with the expression of sex and affection in the marital relationship (Spanier, 1989). Even though the univariate test results were non-significant for the Satisfaction and Cohesion subscales, they evidenced a similar directional pattern for adoptive and biological fathers as that found for Consensus and Affectional Statement subscales. No significant differences were found between the two groups of mothers on the DAS.

Normative data on the DAS are reported on a sample of 218 white, married persons and 94 divorced individuals (Spanier 1976). Spanier (1989) also reports no evidence in differences in responses to the DAS for men and women. The mean scores from the current sample are more similar to the mean scores of Spanier's married sample than the divorced sample. Therefore, the present sample appears similar to the normative data of the DAS.

It is clear from the literature that the marital satisfaction of couples experiencing infertility is greatly impacted. Many infertile couples report an increase in marital conflict (Andrews et al., 1991; Burns, 1990) and frustration with their spouse (Deveraux & Hammerman, 1998; Greil et al., 1988), while experiencing a decrease in communication (Deveraux & Hammerman, 1998; Greil et al., 1988) and satisfaction with

the sexual relationship (Abbey et al., 1991; Andrews et al., 1991; Batterman, 1985; Cooper-Hilbert, 1998; Pepe & Byrne, 1991; Rosenthal, 1997). It must be noted, however, that these studies concerning the impact of infertility on the marital dyad utilize childless couples experiencing infertility and undergoing infertility treatments.

In addition to the stress of the experience with infertility, many couples must also deal with issues surrounding the adoption process. Many scholars believe that couples must resolve their issues with infertility before adopting (Brinich, 1990; Daly, 1988; Hoksbergen, 1997), and then achieve a sense of entitlement to the child upon adoption (Baumann, 1997; Johnston, 1992; Reitz & Watson, 1992; Smith, 1997). These tasks invariably affect the marital dyad as couples strive to emotionally accept biological childlessness and focus on the adoptive parent-child relationship.

With such clear indications of the stress brought about by the experience of infertility as well as the adoption process, one might wonder why the adoptive sample in the present study did not report a decrease in marital satisfaction as measured by the DAS. After all, the marital satisfaction of many biological parents who have not dealt with the additional stresses of infertility and adoption appears to be negatively impacted upon the transition to parenthood (Ahmad & Najam, 1998; Belsky & Rovine, 1990; Cowan & Cowan, 1992, Gloger-Tippelt & Huerkamp, 1998; Hackel & Ruble, 1992; White et al., 1986). When compared to childless couples, many parents report a decrease in affection (Gloger-Tippelt & Huerkamp, 1998; Hackel & Ruble, 1992; Terry et al., 1991) and leisure time together (Belsky & Pensky, 1988; Belsky et al., 1983; Levy-Shiff, 1994) while noting an increase in marital conflict (Belsky & Pensky, 1988; Crohan,

1996; Gloger-Tippelt & Huerkamp, 1998; White & Booth, 1985) during the transition to parenthood.

One explanation for why the adoptive sample did not report a decrease in marital satisfaction upon the transition to parenthood may be that they had resolved their issues with infertility before or upon the adoption of a child. Although it is not possible to determine within the context of this study whether the adoptive parents achieved infertility resolution, the experience of infertility does not appear to have negatively affected marital satisfaction upon the transition to parenthood for the adoptive sample in this study. As previously mentioned, many professionals believe that the resolution of one's issues with infertility is imperative in order to prepare for adoptive parenthood (Daly, 1990), establish a sense of entitlement to the adopted child (Baumann, 1997; Brodzinsky et al., 1998; Miall, 1987), and ensure proper family functioning (Canape, 1986; Smith, 1997). As for the present study, any negative effect that infertility had on the adoptive parents' marital relationship appears to have been resolved.

Several studies offer support for the resolution of the negative effects of infertility before the addition of a child into the family. Pepe and Byrne (1991) conducted a study with 40 women experiencing infertility and found that although women reported that their marital satisfaction was lowered during infertility treatment, marital satisfaction returned to "normal" levels upon the conclusion of the treatments. Additionally, Levy-Shiff et al. (1990) surveyed 52 couples who were adoptive parents-to-be and 52 couples who were about to be biological parents. They found no significant differences between these expectant parents on psychological adjustment and functioning during the transition to parenthood.

Not only do parents who once experienced infertility appear to return to “normal” marital functioning, in some cases they report better functioning. Specifically, adoptive fathers had significantly higher scores on the Consensus and Affectional Statement subscales than biological fathers. One possible explanation for the differences between the two groups may be explained by age and years married. Russell (1974) found that the transition to parenthood appears to be less severe for parents who are older and have been married longer. In comparison to biological parents, infertile adoptive parents are generally older, have been married longer before becoming parents, are more settled in their careers, and are more financially stable (Brodzinsky & Huffman, 1988; Levy-Shiff et al., 1990). Although, age, years married, and years married before becoming parents were statistically controlled, adoptive fathers still differed significantly from biological fathers on the Consensus and Affectional Statement subscales.

When examining the differences reported between adoptive fathers and biological fathers on the Dyadic Consensus and Affectional Statement subscales, one other explanation, in addition to infertility resolution and differences in age and years married, must be examined. The differences between fathers may have to do with openness in reporting. Many infertile adoptive fathers have had to undergo physical examinations and answer intimate questions about their sexual relationship during infertility treatment (Deveraux & Hammerman, 1998). Also, in order to be approved as an adoptive parent, families must complete a home study in which they answer detailed questions concerning their marital and sexual relationship, religious beliefs, and finances (Smith & Sherwin, 1988). Perhaps adoptive fathers are more comfortable answering questions concerning

the personal areas of their lives on the DAS because of their previous experience with answering similar questions.

Additional Analyses on Marital Satisfaction

Additional exploratory analyses revealed that adoptive couples in the present study reported significantly more similarity on the Consensus scale than did biological couples. One explanation for this finding may be linked to the couples' experience with infertility and adoption. As previously mentioned, infertile couples must deal with additional stresses before transitioning to parenthood (Andrews et al., 1991; Daniluk, 1988; Pepe & Byrne, 1991; Rosenthal, 1997; Seibel & Taymor, 1982). Having experienced the stresses of infertility and infertility treatment, couples may bond together in the face of their crisis. Phipps' (1998) study of 8 African-American infertile couples found that many of the couples reported stronger, more "united" marriages because of their experience. These couples cited increased spousal support and communication as an integral part of their increased marital unity. Other studies support the presumption that the experience of infertility and the adoption process may positively affect the marital relationship. Groothues et al. (1998/99) studied 169 adoptive families and found that 96% reported that the adoption positively impacted their marital relationship. Likewise, Hoopes (1982) surveyed 260 adoptive families and 68 biological families and found that adoptive parents reported more marital satisfaction than did biological parents in their children's infancy and preschool years.

Another explanation for the differences found between the two groups may be explained by the adoptive couples' intense desire to parent a child (Brodzinsky & Huffman, 1988; Hoopes, 1982). Due to adoptive couples deprivation of a child over a

long period of time, usually several years, they may be more likely to view parenthood more positively or deny any differences between themselves and biological families (Brodzinsky & Huffman, 1988).

When summarizing the findings of the present study, no significant differences were found between biological and adoptive parents on measures of self-esteem and joint leisure. Significant differences were noted between biological and adoptive mothers with respect to household division of labor and between biological and adoptive fathers with respect to childcare division of labor. Additionally, adoptive fathers reported significantly higher scores on the Consensus and Affectional Statement subscales of the DAS than biological fathers. Therefore, biological and adoptive parents in this study report fairly similar functioning as they transition to parenthood. Some differences that do exist actually favor adoptive parents as they report higher levels of consensus.

Limitations

The present study shares some of the limitations which have affected the generalizability to other studies investigating the transition to parenthood for adoptive and biological families. Adding to the sample size of Stevens' (1995) study does positively affect reliability of the present study as well as the generalizability of the study. It would be more advantageous, however, to have a larger and more ethnically diverse sample. Another limitation is the self-report measures utilized in the study. Some scholars believe that adoptive couples may report better functioning in order to reduce any differences that may exist between themselves and biological couples (Brodzinsky & Huffman, 1988). The low reliability of the Joint Leisure Scale is another cause for concern as it limits the scope of the finding for that variable in this study.

Another limitation in the present study is the differences in age and length of marriage prior to parenthood between the adoptive and biological couples. The adoptive couples were older and had been married longer before becoming parents as compared to biological couples. As reported in other studies, these differences may provide a buffering effect for adoptive families upon the transition to parenthood (Brodzinsky & Huffman, 1988; Levy-Shiff et al., 1990). Although, these factors were statistically controlled in the present study, it would be helpful if participants were matched more closely on these variables in future studies in order to decrease any differences that exist between the two groups.

More accurate reports of marital functioning during the transition to parenthood would have been attained if all parents were surveyed within six months to one year after the birth or adoption of a child. Although most adoptive children in this study were adopted shortly after birth, it would be advantageous to include only adoptive families who adopted at birth. Adding a control group of fertile couples who adopted in addition to infertile adoptive couples and biological couples would be beneficial in controlling for any effects due to the experience of infertility; however, such a sample would prove difficult to attain.

Recommendations for Future Research

Due to the small number of comparative studies that have investigated the impact of the transition to parenthood for adoptive and biological families, the possible directions for future research are numerous. Replication of this study using a larger sample would be valuable to determine if other researchers find similar differences and similarities between the two groups. A cross-cultural sample would also be advantageous

as most studies, including the present one, utilize only white, middle-class families for research on this topic.

Longitudinal studies that examine the impact of adoptive and biological families at various stages of parenthood would also be beneficial. Studies that measure marital satisfaction 6 months after entering parenthood and follow up 5 and 10 years later would provide important information regarding differences and similarities between adoptive and biological families at different points in the parental lifespan. Likewise, utilizing other measures in future studies may provide more substantial findings between these two groups. Adding additional self-esteem or marital satisfaction measures, along with a more reliable joint leisure scale, may result in more conclusive findings. Also, more empirical studies that include measures of household division of labor, childcare division of labor, and joint leisure are needed in order to accurately define the effects of the transition to parenthood on the marital dyad of adoptive and biological families.

Implications

Comparative research on the transition to parenthood is beneficial for couples experiencing infertility and couples involved in the adoption process. Presenting information concerning the transition to adoptive parenthood to couples experiencing infertility may provide the couples with hope for a normative transition to adoptive parenthood if they are unable to successfully conceive a biological child. Additionally, distributing such information to adoptive parents during the pre-placement adoption process may provide the couple with additional insight into adoptive parenthood, thus providing them with some reassurance of successful parenthood. The findings of the

present study will also provide adoption professionals additional empirical evidence of the effect of adoption on family life.

In conclusion, the implications of the present study are important to society as a whole as various biases toward adoptive families exist (Bachrach et al, 1991; Bartholet, 1993; Miall, 1987; Smith et al., 1998). This study suggests that adoptive families are not more “at risk” than their biological counterparts upon the transition to parenthood.

Although some couples may experience negative effects personally and relationally during infertility, few couples report such issues during the transition to adoptive parenthood. Not only do adoptive couples experience the transition to parenthood much like biological couples, but they report better functioning on some measures of marital satisfaction than do their biological counterparts.

REFERENCES

Abbey, A., Andrews, F. M., & Halman, L. J. (1991). Gender's role in responses to infertility. Psychology of Women Quarterly, *15*, 295-316.

Abbey, A., Andrews, F. M., & Halman, L. J. (1992). Infertility and subjective well-being: The mediating voices of self-esteem, internal control, and interpersonal conflict. Journal of Marriage and the Family, *54*, 408-417.

Abbey, A., & Halman, L. J. (1995). The role of perceived control, attributions, and meaning in members' of infertile couples well-being. Journal of Social and Clinical Psychology, *14*, 271-296.

Ahmad, G., & Najam, N. (1998). A study of marital adjustment during first transition to parenthood. Journal of Behavioral Sciences, *9*, 67-86.

Andrews, F. M., Abbey, A., & Halman, J. L. (1991). Stress from infertility, marriage factors, and subjective well-being of wives and husbands. Journal of Health and Social Behavior, *32*, 238-253.

Babb, L. A. (1999). Ethics in American adoption. Westport, CT: Bergin & Garvey.

Bachrach, C. A., London, K. A., & Maza, P. L. (1991). On the path to adoption: Adoption seeking in the United States, 1988. Journal of Marriage and the Family, *53*, 705-718.

Band, D. A., Edelman, R. J., Avery, S., & Brinsden, P. R. (1998). Correlates of psychological distress in relation to male infertility. British Journal of Health Psychology, 3, 245-256.

Bartholet, E. (1993). Family bonds: Adoption and the politics of parenting. Boston: Houghton Mifflin.

Batterman, R. (1985). A comprehensive approach to treating infertility. Health and Social Work, 10, 46-54.

Baumann, C. (1997). Examining where we were and where we are: Clinical issues in adoption, 1985-1995. Child and Adolescent Social Work Journal, 14, 313-334.

Becker, G., & Nachtigall, R. D. (1991). Ambiguous responsibility in the doctor-patient relationship: The case of infertility. Social Science and Medicine, 32, 875-885.

Belsky, J., & Kelly, J. (1994). The transition to parenthood: How a first child changes a marriage – Why some couples grow closer and others apart. New York: Delacorte Press.

Belsky, J., Lang, M. E., & Rovine, M. (1985). Stability and change in marriage across the transition to parenthood: A second study. Journal of Marriage and the Family, 47, 855-865.

Belsky, J., Lerner, R. M., & Spanier, G. B. (1984). The child in the family. Reading, MA: Addison-Wesley.

Belsky, J., & Pensky, E. (1988). Marital change across the transition to parenthood. Marriage and Family Review, 12, 133-156.

Belsky, J., & Rovine, M. (1990). Patterns of marital change across the transition to parenthood: Pregnancy to three years postpartum. Journal of Marriage and the Family, 52, 5-19.

Belsky, J., Spanier, G. B., & Rovine, M. (1983). Stability and change across the transition to parenthood. Journal of Marriage and the Family, 45, 567-577.

Bender, D., Leone, B., & Harnack, A. (1995). Adoption: Opposing viewpoints. San Diego, CA: Greenhaven Press.

Bengston, V. L., & Allen, K. R. (1993). The life course perspective applied to families over time. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), Sourcebook of family theories and methods: A contextual approach (pp. 469-499). New York: Plenum Press.

Berk, A., & Shapiro, J. L. (1984). Some implications of infertility on marital therapy. Family Therapy, 11, 37-47.

Blaskovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), Measures of personality and social psychological attitudes (pp. 115-160). San Diego, CA: Academic Press, Inc.

Bonham, G. S. (1977). Who adopts: The relationship of adoption and social-demographic characteristics of women. Journal of Marriage and the Family, 39, 295-306.

Bouchard, G., Sabourin, S., Lussier, Y., Wright, J., & Richer, C. (1998). Predicative validity of coping strategies on marital satisfaction: Cross-sectional and longitudinal evidence. Journal of Family Psychology, 12, 112-131.

Bresnick, E. R. (1981). A holistic approach to the treatment of infertility. Journal of Marital and Family Therapy, 7, 181-188.

Brinich, P. M. (1990). Adoption from the inside out: A psychoanalytic perspective. In D. M. Brodzinsky & M. D. Schechter (Eds.), Psychology of adoption (pp. 42-61). New York: Oxford University Press.

Brodzinsky, D. M. (1987). Looking at adoption through rose-colored glasses: A critique of Marquis and Detweiler's "Does adoption mean different?: An attributional analysis." Journal of Personality and Social Psychology, *52*, 394-398.

Brodzinsky, D. M., & Huffman, L. (1988). Transition to adoptive parenthood. Marriage and Family Review, *12*, 267-286.

Brodzinsky, D. M., Singer, L. M., & Braff, A. M. (1984). Children's understanding of adoption. Child Development, *55*, 869-878.

Brodzinsky, D. M., Smith, D. W., & Brodzinsky, A. B. (1998). Children's adjustment to adoption: Developmental and clinical issues. Thousand Oaks, CA: Sage Publications.

Brooks, J. B. (1999). The process of parenting. Mountain View, CA: Mayfield Publishing Company.

Burns, L. H. (1990). An exploratory study of perceptions of parenting after infertility. Family Systems Medicine, *8*, 177-189.

Canape, C. (1986). Adoption: Parenthood without pregnancy. New York: Henry Holt and Company.

Carey, M. P., Spector, I. P., Lantinga, L. J., & Krauss, D. J. (1993). Reliability of the Dyadic Adjustment Scale. Psychological Assessment, *5*, 238-240.

Cohen, N. J., Coyne, J. C., Duvall, J. D. (1996). Parents' sense of "entitlement" in adoptive and nonadoptive families. Family Process, *35*, 441-456.

Cohen, P. M. (1985). Family measurement techniques: Locke Marital Adjustment Scale and the Dyadic Adjustment Scale. The American Journal of Family Therapy, 13, 66-71.

Cole, E. S., & Donley, K. S. (1990). History, values, and placement policy issues in adoption. In D. M. Brodzinsky & M. D. Schechter (Eds.), Psychology of adoption (pp. 273-294). New York: Oxford University Press.

Cooper-Hilbert, B. (1998). Infertility and involuntary childlessness. New York: W. W. Norton.

Cowan, C. P., & Cowan, P. A. (1988a). Who does what when partners become parents: Implications for men, women, and marriage. Marriage and Family Review, 12, 105-131.

Cowan, C. P., & Cowan, P. A. (1992). When partners become parents: The big life change for couples. New York: Harper-Collins.

Cowan, C. P., & Cowan, P. A. (1995). Interventions to ease the transition to parenthood: Why they are needed and what they can do. Family Relations, 44, 412-423.

Cowan, P. A., & Cowan, C. P. (1988b). Changes in marriage during the transition to parenthood: Must we blame the baby? In G. Y. Michaels & W. A. Goldberg (Eds.), The transition to parenthood: Current theory and research (pp. 114-154). Cambridge, MA: Cambridge University Press.

Cox, M. J. (1985). Progress and continued challenges in understanding the transition to parenthood. Journal of Family Issues, 6, 395-408.

Cox, M. J., Paley, B., Payne, C. C., & Burchinal M. (1999). The transition to parenthood: Marital conflict and withdrawal and parent-infant interactions. In M. J. Cox & J. Brooks-Gunn (Eds.), Conflict and cohesion in families: Causes and consequences (pp. 87-104). Mahwah, NJ: Lawrence Ed Baum Associates.

Crane, D. R., Allgood, S. M., Larson, J. H., & Griffin, W. (1990). Assessing marital quality with distressed and nondistressed couples: A comparison and equivalency table for three frequently used measures. Journal of Marriage and the Family, *52*, 87-93.

Crawford, D. W., & Huston, T. L. (1993). The impact of the transition to parenthood on marital leisure. Personality and Social Psychology Bulletin, *19*, 39-46.

Crohan, S. E. (1996). Marital quality and conflict across the transition to parenthood in African American and White couples. Journal of Marriage and the Family, *58*, 933-944.

Culp, L. N., & Beach, S. R. H. (1998). Marriage and depressive symptoms: The role and bases of self-esteem differ by gender. Psychology of Women Quarterly, *22*, 647-663.

Curbow, B., & Somerfield, M. (1991). Use of the Rosenberg Self-Esteem Scale with adult cancer patients. Journal of Psychosocial Oncology, *9*, 113-131.

Daly, K. (1988). Reshaped parenthood identity: The transition of adoptive parenthood. Journal of Contemporary Ethnography, *17*, 40-66.

Daly, K. (1990). Infertility resolution and adoption readiness. Families in Society: The Journal of Contemporary Human Services, *71*, 483-492.

- Daly, K. (1992). Parenthood as problematic: Insider interviews with couples seeking to adopt. In J. F. Gilgun, K. Daly, & G. Handel (Eds.), Qualitative methods in family research (pp. 103-125). Newsbury, CA: Sage.
- Daniels, K. R. (1989). Psychosocial factors for couples awaiting in vitro fertilization. Social Work in Health Care, *14*, 81-98.
- Daniluk, J. C. (1988). Infertility: Intrapersonal and interpersonal impact. Fertility and Sterility, *49*, 982-990.
- Daniluk, J. C. (1996). When treatment fails: The transition to biological childlessness for infertile women. Women and Therapy, *19*, 81-98.
- Davis, R., McVey, G., Heinmaa, M., Rockert, W., & Kennedy, S. (1999). Sequencing of cognitive-behavioral treatments for bulimia nervosa. International Journal of Eating Disorders, *25*, 361-374.
- Demo, D. H. (1985). The measurement of self-esteem: Redefining our methods. Journal of Personality and Social Psychology, *48*, 1490-1502.
- Demo, D. H., Small, S. A., & Savin-Williams, R. C. (1987). Family relations and the self-esteem of adolescents and their parents. Journal of Marriage and the Family, *49*, 705-715.
- Deveraux, L. L., & Hammerman, A. J. (1998). Infertility and identity: New strategies for treatment. San Francisco: Jossey-Bass Publishers.
- Diamond, R., Kezur, D., Meyers, M., Scharf, C. N., & Weinshel, M. (1999). Couple therapy for infertility. New York: The Guilford Press.
- Downey, J., & McKinney, M. (1992). The psychiatric status of women presenting for infertility evaluation. American Journal of Orthopsychiatry, *62*, 196-205.

Dunn, P. C., Ryan, I. J., & O'Brien, K. (1988). College students' acceptance of adoption and five alternative fertilization techniques. The Journal of Sex Research, *24*, 282-287.

Dyer, E. D. (1963). Parenthood as crisis: A re-study. Marriage and Family Living, *25*, 196-201.

Edelmann, R. J., & Connolly, K. J. (1986). Psychological aspects of infertility. The British Journal of Medical Psychology, *59*, 209-219.

Fawcett, J. T. (1988). The value of children and the transition to parenthood. Marriage and Family Review, *12*, 11-34.

Feather, N. T. (1998). Attitudes toward high achievers, self-esteem, and value priorities for Australian, American, and Canadian students. Journal of Cross-Cultural Psychology, *29*, 749-759.

Flango, V. E., & Flango, C. R. (1993). Adoption statistics by state. Child Welfare, *72*, 263-275.

Gillis-Arnold, R., Crase, S. J., Stockdale, D. H., & Shelley, M. C. (1998). Parenting attitudes, foster parenting attitudes, and motivations of adoptive and nonadoptive foster parent trainees. Children and Youth Services Review, *20*, 715-732.

Gilman, L. (1992). The adoption resource book. New York: HarperPerennial.

Gleicher, N. (1998). Strategies to improve insurance coverage for infertility services. Fertility and Sterility, *70*, 1006-1008.

Glenn, N. D., & McLanahan, S. (1982). Children and marital happiness: A further specification of the relationship. Journal of Marriage and the Family, *44*, 63-72.

Glidden, L. M. (1989). Parents for children, children for parents: The adoption alternative. Washington, DC: American Association on Mental Retardation.

Gloger-Tippelt, G. S., & Huerkamp, M. (1998). Relationship change at the transition to parenthood and security of infant-mother attachment. International Journal of Behavioral Development, *22*, 633-655.

Goldberg, W. A. (1988). Perspectives on the transition to parenthood. In G. Y. Michaels & W. A. Goldberg (Eds.), The transition to parenthood: Current theory and research (pp. 1-20). New York: Cambridge University Press.

Goldsmith, R. E. (1986). Dimensionality of the Rosenberg Self-Esteem Scale. Journal of Social Behavior and Personality, *1*, 253-264.

Goode, W. J. (1970). A theory of role strain. American Sociological Review, *25*, 483-496.

Gray-Little, B., Williams, V. S. L., & Hancock, T. D. (1997). An item response theory analysis of the Rosenberg Self-Esteem Scale. Personality and Social Psychology Bulletin, *23*, 443-451.

Greil, A. L. (1997). Infertility and psychological distress: A critical review of the literature. Social Science and Medicine, *45*, 1679-1704.

Greil, A. L., Leitko, T. A., & Porter, K. L. (1988). Infertility: His and hers. Gender and Society, *2*, 172-199.

Groothues, C., Beckett, C., & O' Connor, T. (1998/99). The outcome of adoptions from Romania: Predictors of parental satisfaction. Adoption and Fostering, *22*, 30-39.

Grotevant, H. D., & McRoy, R. G. (1990). Adopted adolescents in residential treatment: The role of the family. In D. M. Brodzinsky & M. D. Schechter (Eds.), Psychology of adoption (pp. 167-185). New York: Oxford University Press.

Groze, V. (1996). A 1 and 2 year follow-up study of adoptive families and special needs children. Children and Youth Services Review, *18*, 57-82.

Hackel, L. S., & Ruble, D. N. (1992). Changes in the marital relationship after the first baby is born: Predicting the impact of expectancy disconfirmation. Journal of Personality and Social Psychology, *62*, 944-957.

Harrison, D. F., & Westhuis, D. J. (1989). Rating scales for marital adjustment. Journal of Social Service Research, *13*, 87-105.

Hartman, A., & Laird, J. (1990). Family treatment after adoption: Common themes. In D. M. Brodzinsky & M. D. Schechter (Eds.), Psychology of Adoption (pp. 221-239). New York: University Press

Hetherington, S. E., & Soeken, K. L. (1990). Measuring changes in intimacy and sexuality: A self-administered scale. Journal of Sex Education and Therapy, *16*, 155-163.

Heyman, R. E., Sayers, S. L., & Bellack, A. S. (1994). Global marital satisfaction versus marital adjustment: An empirical comparison of three measures. Journal of Family Psychology, *8*, 432-446.

Hibbs, E. D. (1991). Parental response to the developmental stages of adopted children. In E. D. Hibbs (Ed.), Adoption: International perspectives (pp. 15-25). Madison, CT: International University Press.

Hicks, M. W., & Platt, M. (1970). Marital happiness and stability: A review of the research in the sixties. Journal of Marriage and the Family, *32*, 553-574.

- Higgins, B. S. (1990). Couple infertility: From the perspective of the close-relationship model. Family Relations, *39*, 81-86.
- Hill, R. (1949). Families under stress. New York: Harper & Row.
- Hobbs, D. F. (1965). Parenthood as a crisis: A third study. Journal of Marriage and the Family, *27*, 367-372.
- Hobbs, D. F. (1968). Transition to parenthood: A replication and an extension. Journal of Marriage and the Family, *30*, 413-417.
- Hobbs, D. F., & Cole, S. P. (1976). Transition to parenthood: A decade replication. Journal of Marriage and the Family, *38*, 723-731.
- Hobbs, D. F., & Wimbish, J. (1977). Transition to parenthood by black couples. Journal of Marriage and the Family, *39*, 677-689.
- Hock, E., Schirtzinger, M. B., Lutz, W. J., & Widaman, K. (1995). Maternal depressive symptomatology over the transition to parenthood: Assessing the influence of marital satisfaction and marital sex roles traditionalism. Journal of Family Psychology, *9*, 79-88.
- Hoksbergen, R. A. C. (1997). Child adoption: A guidebook for adoptive parents and their advisers. London: Jessica Kingsley Publishers.
- Holbrook, S. M. (1990). Adoption, infertility, and the new reproductive technologies: Problems and prospects for social work and welfare policy. Social Work, *35*, 333-337.
- Hoopes, J. L. (1982). Prediction in child development: A longitudinal study of adoptive and non-adoptive families. New York: Child Welfare League of America.

- Humphrey, M. (1975). The effect of children upon the marriage relationship. British Journal of Medicine Psychology, *48*, 273-279.
- Humphrey, M., & Kirkwood, R. (1982). Marital relationships among adopters. Adoption and Fostering, *6*, 44-48.
- Hunsley, J., Pinsent, C., Lefebvre, M., James-Tanner, S., & Vito, D. (1995). Assessment of couples, marriages, and families: Construct validity of the Short Forms of the Dyadic Adjustment Scale. Family Relations, *44*, 231-237.
- Ireland, M. S. (1993). Reconceiving women: Separating motherhood from female identity. New York: Guilford Press.
- James, S., & Hunsley, J. (1995). The Marital Adaptability and Cohesion Evaluation Scale III: Is the relation with marital adjustment linear or curvilinear? Journal of Family Psychology, *9*, 458-462.
- Johnson, E. M., & Huston, T. L. (1998). The perils of love, or why wives adapt to husbands during the transition to parenthood. Journal of Marriage and the Family, *60*, 195-204.
- Johnston, P. I. (1992). Adopting after infertility. Indianapolis, IN: Perspectives Press.
- Jones, H. W., Jr., & Toner, J. P. (1993). The infertile couple. New England Journal of Medicine, *329*, 1710-1715.
- Kadushin, A. (1966). Adoptive parenthood: A hazardous adventure? Social Work, *11*, 30-39.

Keith, L. K., & Bracken, B. A. (1996). Self-concept instrumentation: A historical and evaluative review. In B. A. Bracken (Ed.), Handbook of self-concept: Developmental, social, and clinical considerations (pp. 91-170). New York: John Wiley & Sons.

Kipper, D. A., & Zadik, H. (1996). Functional infertility and femininity: A comparison of infertile women and their mothers. Journal of Clinical Psychology, 52, 375-382.

Kluwer, E. S., Heesink, J. A., & Van De Vliert, E. (1997). The marital dynamics of conflict over the division of labor. Journal of Marriage and the Family, 59, 635-653.

Kressierer, D. K., & Bryant, C. D. (1996). Adoption as deviance: Socially constructed parent-child kinship as a socially stigmatized and legally burdened relationship. Deviant Behavior: An Interdisciplinary Journal, 17, 391-415.

Lampman, C., & Dowling-Guyer, S. (1995). Attitudes toward voluntary and involuntary childlessness. Basic and Applied Social Psychology, 17, 213-222.

Lane, A. R., & Wilcoxon, S. A. (1989). Dyadic adjustment during the transition to parenthood: A look of perceived similarity of spouses' family-of-origin experiences. Australian Journal of Sex, Marriage, and Family, 10, 165-171.

LaRossa, R. (1986). Becoming a parent. Beverly Hills, CA: Sage.

LaRossa, R., & LaRossa, M. M. (1981). Transition to parenthood: How infants change families. Beverly Hills, CA: Sage.

Lasker, J. N., & Borg, S. (1994). In search of parenthood: Coping with infertility and high-tech conception. Philadelphia: Temple University Press.

- LeMasters, E. E. (1957). Parenthood as crisis. Marriage and Family Living, *19*, 352-355.
- Levy-Shiff, R. (1994). Individual and contextual correlates of marital change across the transition to parenthood. Developmental Psychology, *30*, 591-601.
- Levy-Shiff, R., Bar, O., & Har-Even, D. (1990). Psychological adjustment of adoptive parents-to-be. American Journal of Orthopsychiatry, *60*, 258-267.
- Levy-Shiff, R., Goldschmidt, I., & Har-Even, D. (1991). Transition to parenthood in adoptive families. Developmental Psychology, *27*, 131-140.
- Lewis, F. M. (1982). Experienced personal control and quality of life in late-stage cancer patients. Nursing Research, *31*, 113-119.
- Lewis, F. M. (1989). Attributions of control, experienced meaning, and psychosocial well-being in patients with advanced cancer. Journal of Psychosocial Oncology, *7*, 105-119.
- Lewis, J. M. (1988). The transition to parenthood: II. Stability and change in marital structure. Family Process, *27*, 273-283.
- Lewis, S. N. C., & Cooper, C. L. (1988). The transition to parenthood in dual-earner couples. Psychological Medicine, *18*, 477-486.
- MacDermid, S. M., Huston, T. L., & McHale, S. M. (1990). Changes in marriage associated with the transition to parenthood: Individual differences as a function of sex-role attitudes and changes in the division of household labor. Journal of Marriage and the Family, *52*, 475-486.
- Mahlstedt, P. P. (1985). The psychological component of infertility. Fertility and Sterility, *43*, 335-346.

Mann, S. (1998). Adoptive parents: A practice perspective. Adoption and Fostering, 22, 42-52.

Matthews, R., & Matthews, A. M. (1986). Infertility and involuntary childlessness: The transition to nonparenthood. Journal of Marriage and the Family, 48, 641-649.

Mazor, M. D. (1984). Emotional reactions to infertility. In M. D. Mazor & H. R. Simmons (Eds.), Infertility: Medical, emotional, and social considerations (pp. 23-35). New York: Human Services Press.

McCubbin, H. I., & Patterson, J. M. (1982). Family adaptation to crisis. In H. McCubbin, A. Cauble, & J. Patterson (Eds.), Family stress, coping, and social support. Springfield, IL: Charles C. Thomas.

McCubbin, H. I., & Patterson, J. M. (1983). Family transitions: Adaptation to stress. In H. I. McCubbin & C. R. Figley (Eds.), Stress and family, Vol. 1: Coping with normative transitions (pp. 5-25). New York: Brunner/Mazel.

McCurdy, B. A., & Kelly, D. B. (1997). Correlations of the MMPI-2 Low Self-Esteem Scale with two self-esteem measures. Psychological Reports, 81, 826.

McHale, S. M., & Huston, T. L. (1985). The effect of the transition to parenthood on the marriage relationship: A longitudinal study. Journal of Family Issues, 6, 409-433.

Miall, C. E. (1986). The stigma of involuntary childlessness. Social Problems, 33, 268-282.

Miall, C. E. (1987). The stigma of adoptive parent status: Perceptions of community attitudes toward adoption and the experience of informal social sanctioning. Family Relations, 36, 34-39.

National Committee for Adoption. (1989). Adoption factbook: United States data, issues, regulations, and resources. Washington, DC: Author.

Nell, K., & Ashton, N. L. (1996). Gender, self-esteem, and perception of own attractiveness. Perceptual and Motor Skills, 83, 1105-1106.

Palkovitz, R., & Copes, M. (1988). Changes in attitudes, beliefs, and expectations associated with the transition to parenthood. Marriage and Family Review, 12, 183-199.

Pavao, J. M. (1998). The family of adoption. Boston: Beacon Press.

Pepe, M. V., & Byrne, T. J. (1991). Women's perceptions of immediate and long-term effects of failed infertility treatment on marital and sexual satisfaction. Family Relations, 40, 303-309.

Phipps, S. A. A. (1998). African-American couples' lived experience of infertility. In S. A. A. Phipps, H. I. McCubbin, & E. A. Thompson (Eds.), Resiliency in African American families (pp. 245-258). Thousand Oaks, CA: Sage.

Reitz, M., & Watson, K. W. (1992). Adoption and the family system: Strategies for treatment. New York: The Guilford Press.

Robinson, G. E., & Stewart, D. E. (1995). Infertility and new reproductive technologies. American Psychiatric Press Review of Psychiatry, 14, 283-306.

Rogers, S. J., & White, L. K. (1998). Satisfaction with parenting: The role of marital happiness, family structure, and parents' gender. Journal of Marriage and the Family, 60, 293-308.

- Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.
- Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.
- Rosenthal, M. B. (1997). Therapy of working with the childless woman: The pathos of unrealized dreams, the psychology of female infertility. In K. Wm. Wildes (Ed.), Infertility: A crossroad of faith, medicine, and technology (pp. 39-49). Dordrecht, The Netherlands: Kluwer Academic Publishers.
- Roth, W. E., & Finley, G. E. (1998). Adoption and antisocial personality: Genetic and environmental factors associated with antisocial outcomes. Child and Adolescent Social Work Journal, 15, 133-149.
- Russell, C. S. (1974). Transition to parenthood: Problems and gratifications. Journal of Marriage and the Family, 36, 294-302.
- Samuels, S. C. (1990). Ideal adoption: A comprehensive guide to forming an adoptive family. New York: Plenum Press.
- Sanchez, L., & Thomson, E. (1997). Becoming mothers and fathers: Parenthood, gender, and the division of labor. Gender and Society, 11, 747-772.
- Sandelowski, M. (1990). Fault lines: Infertility and imperiled sisterhood. Feminist Studies, 16, 33-51.
- Sandelowski, M., Harris, B. G., & Holditch-Davis, D. (1993). "Somewhere out there": Parental claiming in the preadoption waiting period. Journal of contemporary ethnography, 21, 464-486.
- Schuchts, R. A., & Witkin, S. L. (1989). Assessing marital change during the transition to parenthood. Social Casework, 70, 67-75.

- Seibel, M. M., & Taymor, M. L. (1982). Emotional aspects of infertility. Fertility and Sterility, *37*, 137-145.
- Shapiro, C. H. (1982). The impact of infertility on the marital relationship. Social Casework, *63*, 387-393.
- Sharpley, C. F., & Cross, D. G. (1982). A psychometric evaluation of the Spanier Dyadic Adjustment Scale. Journal of Marriage and the Family, *44*, 739-747.
- Silber, E., & Tippett, J. (1965). Self-esteem: Clinical assessment and measurement validation. Psychological Reports, *16*, 1017-1071.
- Smith, B., Surrey J. L., & Watkins, M. (1998). "Real" mothers: Adoptive mothers resisting marginalization and re-creating motherhood. In C. G. Coll, J. L. Surrey, & K. Weingarter (Eds.), Mothering against the odds: Diverse voices of contemporary mothers (pp. 194-214). New York: The Guilford Press.
- Smith, D. W., & Sherwin, L. N. (1988). Mothers and their adopted children: The bonding process. New York: Tiresias Press.
- Smith, J. (1997). The realities of adoption. Lanham, MD: Madison Books.
- Smith, S. A., & Howard, J. A. (1999). Promoting successful adoptions: Practice with troubled families. Thousand Oaks, CA: Sage Publications, Inc.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and the Family, *38*, 15-28.
- Spanier, G. B. (1988). Assessing the strengths of the Dyadic Adjustment Scale. Journal of Family Psychology, *2*, 92-94.
- Spanier, G. B. (1989). Manual for the Dyadic Adjustment Scale. New York: Multi-Health Systems.

Spanier, G. B., & Lewis, R. A. (1980). Marital quality: A review of the seventies. Journal of Marriage and the Family, 42, 825-839.

Speroff, L., Glass, R. H., & Kase, N. G. (1994). Clinical gynecologic endocrinology and infertility (5th ed.). Baltimore: Williams & Wilkins.

Splonskowski, J. M., & Twiss, J. T. (1995). Maternal coping adaptations, social support, and transition difficulties to parenthood of first-time civilian and military mothers. Military Medicine, 160, 28-32.

Stein, S. J., Girodo, M., & Dotzenroth, S. (1982). The interrelationships and reliability of a multilevel behavior-based assessment package for distressed couples. Journal of Behavioral Assessment, 4, 343-360.

Stephen, E. H., & Chandra, A. (1998). Updated projections of infertility in the United States: 1995-2025. Fertility and Sterility, 70, 30-34.

Stevens, G. D. (1995). Marital satisfaction and the transition to adoptive parenthood. Unpublished master's thesis, The University of Georgia, Athens, Georgia.

Suitor, J. J. (1991). Marital quality and satisfaction with the division of household labor across the family life cycle. Journal of Marriage and the Family, 53, 221-230.

Terry, D. J., McHugh, T. A., & Noller, P. (1991). Role dissatisfaction and the decline in marital quality across the transition to parenthood. Australian Journal of Psychology, 43, 129-132.

Triseliotis, J., Shireman, J., & Hundleby, M. (1997). Adoption: Theory, policy, and practice. London: Cassell.

Valentine, D. P. (1986). Psychological impact of infertility: Identifying issues and needs. Social Work in Health Care, 11, 61-69.

Van Voorhis, B. J., Stovall, D. W., Allen, B. D., & Syrop, C. H. (1998). Cost-effective treatment of the infertile couple. Fertility and Sterility, 70, 995-1005.

Waldron, H., & Routh, D. K. (1981). The effects of the first child on the marital relationship. Journal of Marriage and the Family, 43, 785-788.

Waldrop, J. (1991). Stalking the stork: Infertility in America. American Demographics, 13, 20.

White, L. K., & Booth, A. (1985). The transition to parenthood and marital quality. Journal of Family Issues, 6, 435-449.

White, L. K., Booth, A., & Edwards, J. N. (1986). Children and marital happiness: Why the negative correlation? Journal of Family Issues, 7, 131-147.

Whiteford, L. M., & Gonzalez, L. (1995). Stigma: The hidden burden of infertility. Social Science and Medicine, 40, 27-36.

Worthington, E. L. & Buston, B. G. (1987). The marriage relationship during the transition to parenthood: A review and model. Journal of Family Issue, 7, 443-473.

Wylie, R. C. (1989). Measures of self-concept. Lincoln: University of Nebraska Press.

Zoldbrod, A. P. (1993). Men, women, and infertility: Intervention and treatment strategies. New York: Lexington Books.

APPENDIX A

LETTER TO PARTICIPANTS

Dear Parent:

Relationships between family members, whether husbands and wives or parents and children are critical to the day-to-day functioning of families. As you are perhaps aware, adding the first child to a family often affects the relationship of the couple involved. We hope to learn more about family relationships in a research project entitled The Transition to Parenthood and we request your assistance in this project.

As a participant in this project, we are asking you to complete the attached questionnaires and return them in the self-addressed envelope by _____. The questionnaires will take approximately 20 minutes to complete. You are asked to complete all questions honestly and to not discuss your answers with each other until you have returned the questionnaires. It is important for both spouses to complete separate questionnaires, but if only one can participate, please do so.

Please remember that your participation is voluntary. Results will be confidential, and will not be released in any individually identifiable form without prior consent, unless required by law. No names will be on the questionnaires. The number in the right-hand corner allows information from the questionnaires to be coded and summarized. Research assistants coding the data will not have access to the participants' names. Once the data collection is completed, the list of names will be destroyed.

There are no foreseen risks, discomforts, or stresses in participating in this study. However, should you have questions or concerns at any time, please contact Lori Taylor at 678-432-3370, Danny Stevens at 706-542-9505, or Charlotte Wallinga at 706-542-4930.

Thank you for your assistance. Your time and effort are vital to making this study possible. Remember, please return the questionnaire by _____.

Sincerely,

Lori Taylor
Masters Candidate
Department of Child and
Family Development

G. Danny Stevens
Temporary Instructor
Department of Child and
Family Development

Charlotte Wallinga
Associate Professor
Department of Child and
Family Development

Research at The University of Georgia which involves human participants is overseen by the oversight of the Institutional Review Board. Questions or problems regarding your rights as a participant should be addresses to Julia Alexander, Chairperson, Institutional Review Board for Human Subjects, Office of the V. P. for Research, The University of Georgia, 606 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411, (706) 542-6514.

APPENDIX B

TRANSITION TO PARENTHOOD QUESTIONNAIRE PACKET

What were your reasons for adoption? _____ social
 _____ medical/infertility
 _____ other (please explain) _____

Is your infertility or inability to carry a child to term attributed to:

- _____ yourself
- _____ your spouse
- _____ undetermined
- _____ both
- _____ not applicable

Is your infertility problem treatable? _____ yes _____ no

Do you maintain hope for a birth child? _____ yes _____ no

.....

Division of Labor (Please place an X under the appropriate number for each question)

Since you became parents, who has been primarily responsible for the following household tasks?

	Always Husband (1)	Usually Husband (2)	Both Equally (3)	Usually Wife (4)	Always Wife (5)
1. Cooking the dinner	_____	_____	_____	_____	_____
2. Doing the laundry	_____	_____	_____	_____	_____
3. Grocery shopping	_____	_____	_____	_____	_____
4. Cleaning house	_____	_____	_____	_____	_____
5. Managing household finances	_____	_____	_____	_____	_____

(Belsky, Rovine, & Spanier)

.....

Child Care Division of Labor (Please place an X under the appropriate number for each question)

Since you became parents, who has been primarily responsible for the following tasks?

	Always Husband (1)	Usually Husband (2)	Both Equally (3)	Usually Wife (4)	Always Wife (5)
1. Diapering the baby	_____	_____	_____	_____	_____
2. Bathing the child	_____	_____	_____	_____	_____
3. Getting up with the child at night	_____	_____	_____	_____	_____
4. Staying home when the child is sick	_____	_____	_____	_____	_____
5. Getting the child ready for bed	_____	_____	_____	_____	_____
6. Arranging child care	_____	_____	_____	_____	_____
7. Getting the child ready for child care/school	_____	_____	_____	_____	_____
8. Taking the child to the doctor	_____	_____	_____	_____	_____

(Rev. version – Belsky, Rovine, & Spanier)

.....

Joint Leisure (Please place an X under the appropriate number for each question)

Since you became parents, how often do you engage in the following activities?

	Once a Month or less (1)	Three times month (2)	Once per week (3)	Three times week (4)	Once per day or more (5)
1. Watching television	_____	_____	_____	_____	_____
2. Taking a walk	_____	_____	_____	_____	_____
3. Having an extended conversation	_____	_____	_____	_____	_____
4. Going out in the evening (movie, dinner, etc.)	_____	_____	_____	_____	_____
5. Playing table games (cards, chess, etc.)	_____	_____	_____	_____	_____
6. Playing sports	_____	_____	_____	_____	_____

(Rev. version – Belsky, Rovine, & Spanier)

About Me (Please place an X under the appropriate number for each question)

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
1. I feel that I'm a person of worth, at least on an equal plane with others.	_____	_____	_____	_____
2. I feel that I have a number of good qualities.	_____	_____	_____	_____
3. All in all, I am inclined to feel that I am a failure.	_____	_____	_____	_____
4. I am able to do things as well as most other people.	_____	_____	_____	_____
5. I feel I do not have much to be proud of.	_____	_____	_____	_____
6. I take a positive attitude towards myself.	_____	_____	_____	_____
7. On the whole, I am satisfied with myself.	_____	_____	_____	_____
8. I wish I could have more respect for myself.	_____	_____	_____	_____
9. I certainly feel useless at times.	_____	_____	_____	_____
10. At times I think I am no good at all.	_____	_____	_____	_____

(Rosenberg)

THANK YOU VERY MUCH FOR YOUR PARTICIPATION THUS FAR! PLEASE PROCEED TO THE FINAL SECTION OF THE SURVEY ENTITLED DAS.

APPENDIX C

THE FIRST REMINDER POSTCARD

The First Reminder Postcard

Dear Participant:

Last week, a questionnaire packet was sent to you about a research project concerning the Transition to Parenthood. You were asked to return the completed questionnaires by _____. If you have already done so...thank you! If you have not, please complete the questionnaires and return them as soon as possible. The higher response rate we have, the more accurate are our findings.

If you did not receive the questionnaire packet or need another copy, please call us right away. We will be happy to mail you another one. Thank you for your assistance.

Lori Taylor
Masters Candidate
Dept. of Child &
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678-432-3370

G. Danny Stevens
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706-542-4930

APPENDIX D
THE SECOND REMINDER POSTCARD

The Second Reminder Postcard

Dear Participant,

Just a reminder to you to please complete the questionnaires concerning the Transition to Parenthood we recently sent you. It is never too late to participate, so please complete and return them as soon as possible. Your participation is vital to our research.

If you have already returned the packet, please accept our sincere thanks. If not, we hope to hear from you soon! Please call us if you have any questions. Thank you again for your assistance.

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