

ABSTRACT

Title of Thesis: **THE PREDICTORS OF FAMILY COHESION AND
CONFLICT IN TRANSRACIALLY ADOPTIVE
FAMILIES**

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Transracial adoption in the United States has a short, but controversial history. Between 1971 and 2001, U.S. citizens adopted 265, 677 children from other countries. The increased prevalence and controversial history of transracial adoption makes it very important to learn more about the well being of transracially adoptive families. The purpose of the current study was to investigate the extent to which the diversity of the community in which a family lives and the parent's multiethnic experiences are predictors of family cohesion and conflict in transracially adoptive families. This relationship was examined for a sample (N=47) of Asian (n=24) Black (n=12) and Latino (n=11) participants. Results yielded no significant results, except for one interesting finding for the Latino racial/ethnic group. The results indicated that for the Latino racial/ethnic group the higher the parent's multiethnic experiences the lower the level of family cohesion, which was not in the predicted direction. The empirical implications of these findings are discussed.

THE PREDICTORS OF FAMILY COHESION AND CONFLICT IN TRANSRACIALLY
ADOPTIVE FAMILIES

by

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Chapter I: Introduction

Statement of the Problem

Adoption facilitates the creation of tens of thousands of families each year in the United States, and an increasing number of those adoptions have been interracial. Transracial adoptions are categorized as either domestic or international adoptions, and the majority of transracial adoptions in the United States, whether domestic or international, are White parents adopting children who are considered ethnic/racial minorities (Evan D. Donaldson Adoption Institute, 2007). Thus in keeping with this trend, for the purposes of this study transracial adoption will only be defined as White parents adopting a racial/ethnic minority child.

Between 1971 and 2001, U.S. citizens adopted 265, 677 children from other countries and international adoptions have more than doubled in the last 11 years (U.S. Department of State, 2008). While firm numbers exist on international adoptions, the total number of adoptions in the U.S. each year has not been comprehensively compiled since 1992 (Evan D. Donaldson Adoption Institute, 2007). Although there are reporting mechanisms for foster care and international adoptions, states are not legally required to record the number of private domestic adoptions, so statistics on domestic transracial adoption are limited.

What numbers we do have on domestic transracial adoption have often been generated through research growing out of the controversy that developed in the 1970s surrounding transracial adoption. The controversy was over whether or not White parents could raise African American children in such a way to maintain their culture and prepare them to deal successfully with the racism they would experience in the U.S. (Kahan, 2006). During the 1970s, adoptions of African American children by White parents represented only about 1.5-

2% of all adoptions (Zabriskie & Freeman, 2004). However, by 1998 an estimated 15% of the 36,000 adoptions from foster care were transracial or transcultural, suggesting a sizable increase in the last several decades in the numbers of domestic transracial adoptions (Evan B. Donaldson Adoption Institute, 2007).

While the controversy has subsided somewhat, the socially constructed meaning of race in the United States does necessitate consideration of how transracially adoptive families address racial differences within their families. Early in the history of transracial adoption, parents were advised to take a "color-blind" approach to parenting, focusing on minimizing differences among family members, encouraging development of the child's sense of belonging in the family, and promoting the child's assimilation into the dominant culture (Scroggs & Heitfield, 2001). However, as transracially adopted children grew into adolescents and adults, concerns related to their racial and ethnic identity development began to emerge (Voss & Massatti, 2008). Recognition of transracially adopted children's needs in relation to racial and ethnic socialization, as well as political concerns of racism and imperialism, has led to questions of whether and how White parents who are members of the dominant culture can effectively raise a child of color in a racialized society. Critics, as well as supporters of the practice of transracial adoption have agreed that White parents who adopt across race have a responsibility to address children's needs to develop both positive racial and ethnic identity and skills to cope with discrimination or prejudice (Vonk, 2001). Thus, a color-blind or assimilatory approach to parenting transracially adopted children is no longer considered adequate; instead, parents are encouraged to provide exposure to and socialization in the child's birth culture (Ku, 2005).

It has been shown that adoptive families face more unique challenges than biological

families, and because transracially adoptive families have the added dimension of dealing with race, a level of healthy family functioning may be more difficult to achieve in transracially adoptive families than in same race adoptive families and biological families. For example, if the transracially adoptive family lives in a part of the country that is not very diverse or accepting of difference based on race, the family may encounter racism or discrimination that is difficult to handle. In addition if the parents are unable to talk to their adolescents about race or the adolescents do not feel safe bringing up racial issues with parents and other family members, conflicts may arise in the family that are troublesome to manage.

In general, a healthy family environment characterized by members comfortably expressing their feelings and exhibiting low interpersonal conflict has been identified as critical in the development of individual resiliency and a powerful protective factor associated with emotional and physical health in adults and adolescents in adoptive families (Voss & Massatti, 2008). Zabriskie and Freeman (2004) identify healthy families as families where members are able to attentively listen to one another, express thoughts and feelings, show supportiveness and loyalty, share leadership, negotiate, and rely on one another. Measuring the level of cohesion and conflict within the family is one way to determine the level of healthy functioning a family exhibits. Given that research shows that obtaining high levels of cohesion and reducing conflict within adoptive families, let alone transracially adoptive families, is more difficult than in biological families, examining factors that predict the levels of family cohesion and conflict in these families is important (Zabriskie & Freeman, 2004).

Many factors can contribute to healthy family functioning in biological families or

same race adoptive families, but there are several factors that may be unique to transracially adoptive families. Two factors that seem particularly salient in the development of healthy relationships in transracially adoptive families are the parent's multiethnic experiences and the diversity of the community in which the family lives. It is expected that these two factors can support a multiethnic family orientation and influence both the parent's racial sensitivity and the adolescent's comfort within the family, which can in turn influence the levels of cohesion and conflict within the family.

Given that perspectives about race are fostered through contact with other races, parent's past and current multiethnic experiences may contribute to their ability to relate to and successfully parent their transracially adopted children. Additionally, frequent current interactions with minority racial groups enables White parents to learn more about the cultural heritage of their children and increase possible exposure of their transracially adopted children to members of their race. The diversity of the community in which the family lives is also important to examine, because it has been found that transracially adoptive adolescents need exposure to people of their same race or ethnicity and involvement in their own cultural activities to feel more comfortable not only in their community, but also in their home (Lee, Grotevant, Hellerstedt & Gunnar, 2006). Thus, the current study aims to explore predictors of family cohesion and conflict in White families that have adopted a racial minority child, focusing particularly on the diversity of the community in which the family lives and the parent's multiethnic experiences.

Although this study will examine the extent to which White parents' multiethnic experiences and the diversity of the communities in which these families live are associated with cohesion and conflict levels within the family, it must be recognized that there is great

racial diversity among the minority children who are adopted. There is great variation in the societal meanings, valence, and attributions associated with different racial groups. For example, Blacks may experience racism differently from that of Latinos or Asians, and Latinos adopted by White parents may not believe that they look very different from their adoptive parents whereas Blacks and Asians may see a great difference. For that reason, the race of the child will be explored as a possible moderator of the relationship between parental multiethnic experiences, community diversity, and the level of cohesion and conflict in a family.

Chapter II: Review of the Literature

Throughout the literature on transracial adoption, the terms child and adolescent are often used interchangeably. The transracially adopted participants in this study are in the adolescent age group so the majority of the literature reviewed will focus on that age group, but when child or children are mentioned in the review of literature, the particular study being referenced is focusing on children.

Prevalence of Transracial Adoption

When children cannot grow up in their families of origin, adoption can provide new parents who can love and guide them through childhood and into adulthood. Many children adopted in this country come from social, economic, racial, and cultural backgrounds that differ from those of their new parents. For many children who are adopted from a different racial or ethnic background and/or from countries other than the United States, these differences can be visibly evident.

Accurate figures on the number of children adopted transracially are not possible, both because international adoptions are not recorded by race, and because no national mechanism exists for compiling data on private adoptions. In spite of these constraints, some data exist that suggest the scope of transracial adoption in the U.S. In 2008, 17, 438 international adoptions took place in the United States and the children represented over 20 countries. The top five countries respectively were Guatemala, China, Russia, Ethiopia and South Korea (U.S. Department of State, 2008). Further, African American children account for 15 percent of the U.S. child population, but in 2006, they represented 32 percent of the 510, 000 children in foster care (Evan B. Donaldson Adoption Institute, 2008). While African American and Native American children also have lower rates of adoption than those of other

racess and ethnicities (Evan B. Donaldson Adoption Institute, 2008), data indicate that there have been small increases in transracial adoptions of African American children from foster care, rising from 17.2 percent in 1996 to 20.1 percent in 2003. However, this growth in transracial adoptions has not resulted in African American children being equally represented among children adopted from foster care relative to the proportion of children awaiting adoption (Hansen & Pollack, 2007). Currently it is estimated that White families adopt 1,000 to 2,000 African American children each year. This number does not account for the other racial minority children being adopted domestically by White parents (Child Welfare Information Gateway, 2010).

History of Transracial Adoption

Transracial adoption in the United States has a short, but controversial history. Throughout the history of transracial adoption, the most heated controversy has concerned the placement of African American children with White parents. African American families have rarely adopted White children because significantly more White parents are looking to adopt, and social workers often resist the idea of African American parents adopting White children (Duncan, 2005). The second most heated debate has centered around the placement of Native American children with White families. The debate over White parents adopting Hispanic children, Asian children, or children of other races has not received as much opposition.

Transracial adoption began in the United States at the end of World War II when thousands of racial minority children needed homes. In the public record, the first documented case in the United States of White parents adopting an African American child took place in 1948, in Minneapolis, Minnesota (Morrison, 2004). Until the 1950s, transracial

adoption was almost unheard of; the prevailing policy and practice of adoption agencies discouraged such adoptions. The justification for these policies and practices was the belief that race matching would increase the chances of a good parent-child relationship.

One exception to this policy was the informal placement of Native American children in White homes. It was believed that Native Americans in general, but in particular, Native American children needed to learn first hand how to assimilate to American culture, and placing Native American children in White homes was a major way of achieving that end goal. Given the history of policy dictating Native American assimilation, transracial adoption of Native American children occurred frequently over the past century.

It wasn't until the 1960s that segments of American society became more receptive to the idea of transracial adoption. During the 1960s and 1970s Native American and African American children were disproportionately represented in the adoption process. These races of children accounted for a low percentage of the U.S. child population, but represented a high percentage of the foster care population (Morrison, 2004). Given that Native American and African American children represented a high percentage of the foster care population and that the numbers of Native Americans and African Americans seeking to be adoptive parents was low because of both access and desire, the shift in policy from race matching to placing children in loving homes regardless of race began to take place.

Although skeptics had continually voiced concerns, opposition to transracial adoption did not truly gain force until 1972 when the National Association of Black Social Workers (NABSW) publicly announced their stance against transracial adoption. NABSW posited that African American adoptees should only be placed with African American parents because they belong physically, psychologically, and culturally in African American families in order

to receive the total sense of themselves and develop a sound projection of their future (NABSW, 1972). NABSW considered transracial adoption a form of genocide and argued that African American children in White homes are cut off from the healthy development of themselves as African American people. NABSW's announcement was likely an instrumental factor in the significant decline in the number of transracial adoptions in the 1970s. In fact, between 1971 and 1972, the total number of transracial adoptions fell by more than one-third, from 2,574 to 1,569 (Simon & Alstein, 1987).

Partly as a result of the opposition to transracial adoption of African American and Native American children, the number of children in foster care began to grow in the 1970s. By the 1980s and early 1990s, this population included an escalating number of African American boys and girls waiting to be adopted (McRoy, 2004). Against this backdrop, issues related to in-racial and transracial adoption began to shift from focusing almost solely on infant adoption, as historically had been the case, to the role of race in the adoption of children from foster care. In 1994, the NABSW modified its 1972 position on transracial adoption, continuing its emphasis on adoption within race as the optimal outcome for African American children, but acknowledging that, in some cases, transracial adoption would provide Black children with the families they needed (Evan B. Donaldson Adoption Institute, 2008).

To ensure that all children that needed homes were placed with loving and caring families regardless of race, the Multiethnic Placement Act of 1994 prohibited agencies or entities engaged in adoption or foster care placements that receive federal assistance from:

Categorically denying to any person the opportunity to become an adoptive or foster parent, solely on the basis of the race, color, or national origin of the adoptive or foster

parent or the child and from delaying or denying the placement of a child solely on the basis of race, color, or national origin of the adoptive or foster parent or parents involved. (Hollingsworth, 1998, p. 106)

The 1996 passage of the Inter Ethnic Adoption Provision, which was an amendment to the 1994 Multiethnic Placement Act, removed language that allowed consideration of race, ethnicity, and/or national origin, and it strengthened sanctions against agencies that failed to comply with the new law that allowed adoption without race matching (Jennings, 2006).

While these provisions and acts only apply to adoption agencies and other adoption entities that receive federal monies, they influenced the national movement for placing children in loving homes regardless of race.

Challenges to Healthy Family Functioning in Transracially Adoptive Families

Based on the increased prevalence and controversial history of transracial adoption, it is very important to learn more about the adjustment and well being of transracially adoptive families. Before the health and well being of these families can be examined, understanding the challenges to healthy family functioning in these families is important. The challenges transracially adoptive families experience may be more difficult than in biological families and even in same race adoptive families because of the added dimension of differences in race.

De Haymes (2003) conducted interviews with 20 transracially adoptive youths and their parents and highlighted some of the challenges and difficulties they experienced. The adoptive families were recruited through local adoptive parent support groups and the children were between the ages of 8-14 and were of varying racial backgrounds (14 African American, 3 Latino, 3 Other (did not specify race in study)). The findings showed that the

most frequent concerns for parents were place of residence, schools, and thwarted attempts by the adoptive parents to engage or interact with individuals and organizations of their adopted child's race. Some parents reported that they did not feel that African Americans were supportive of them, and many parents indicated they did not feel supported in their decision to adopt transracially by the child welfare/adoption workers. Parents also stated their frustration with the lack of resources available regarding their adoptive child's cultural and ethnic background. Not only did the parents report challenges with adopting transracially, but the adopted adolescents reported difficulties as well. A significant number of adolescents indicated that other adolescents and society required them to choose a racial identity, whereas at home they felt they were not forced to make such choices. Some children indicated that their White parents did not always recognize racism in schools or other experiences and avoided discussions of race or tried to minimize their experiences of racism rather than seeing it through their child's eyes.

An additional unique challenge in transracially adoptive families is the idea of boundary management (Galvin, 2003). Families formed through international and transracial adoption face unique boundary management issues as visual dissimilarity eliminates the opportunity for family members to maintain their adoptive status as private. When there is limited opportunity to decide how or when to disclose certain information, then family members develop communication strategies to deal with comments or questions directed toward the family and within the family. There is a great need for understanding the communication competencies required for such boundary management. Additionally, understanding is needed about how transracially adoptive families adapt internal and external boundary management strategies as adoptees move through different developmental stages.

While the focus of the present study is on healthy family environments and not on the totality of factors effecting the well being and development of transracially adopted youth, it is important to understand some of the challenges transracially adopted children and adolescents face in order to fully understand the challenges to healthy family functioning in transracially adoptive families. For example, transracially adopted children face challenges in coping with being “different.” Many transracially adopted children of color, particularly those with dark skin, express the wish to be White (Juffer, 2006). Several studies have found that transracially adopted children struggle more with acceptance and comfort with their physical appearance than do children placed in-race (Kim, 1995). Appearance discomfort has been linked to higher levels of adjustment difficulties in transracially adopted children and young adults, and two studies found that those raised in heavily White communities were twice as likely as adoptees living in racially mixed communities to feel discomfort with their racial appearance (Feigelman, 2000, Juffer, 2006).

In addition, transracially adopted youth may struggle to develop a positive racial/ethnic identity. One study found that these children scored lower on racial identity measures than their in-race adoptive counterparts, which suggests that difference in race between parents and children may play a role in the racial identity development of transracially adopted children and adolescents (McRoy, Zurcher, Lauderdale, & Anderson, 1982). The importance of these issues is further highlighted by research indicating that transracial adoptees’ confusion over ethnic identity is associated with behavior problems and psychological distress while ethnic pride is related to higher well-being and less distress (Yoon, 2004). Transracially adopted children often struggle to fit in within their own families, their social environments, and their cultures of origin. Studies that include qualitative methods find that

many transracial adoptees report a struggle to fit in with peers, the community in general, and sometimes, their own families (John, 2002; Simon & Alstein, 2002).

Thus, there is ample support for the conclusion that transracial adoption brings additional challenges to adopted adolescents and their families. An important question then is, in the face of these challenges, what factors contribute to transracially adoptive families creating healthy family environments and functioning effectively for all members? To begin to answer this question, it is necessary to first understand how healthy family environments in general, are created and maintained.

Healthy Family Environments

While most of the transracial adoption research has studied child outcomes and adjustment, very little of the research has focused on family outcomes and what creates healthy family environments in transracially adoptive families. To understand what it takes to create healthy, transracially adoptive families, understanding the traits of healthy families in general is important.

Jansen (1952) was one of the first social scientists to investigate well-functioning families. He proposed that well-functioning families were those that exhibited agreement, cooperation, mutual concern, affection, esteem, mutual interest, trust, and enjoyment of association. Since Jansen, many scholars have developed definitions and typologies of well functioning families.

One of the most important studies of family wellness was the study conducted by Lewis, Beavers, Gossett, & Phillips (1976). Despite methodological difficulties, these researchers conducted the most comprehensive empirically based research project of its kind in an attempt to investigate the systemic nature of healthy family functioning. Using 12

expert raters to evaluate videotape segments of interactions in 22 families (representing patient and non-patient populations), the authors developed the Family Health-Pathology Rating Scale (FHPRS) for quantitative measurement of the healthiness demonstrated in familial interactions. With this instrument, raters were able to discriminate patient from non-patient families with great accuracy when rating the relative healthiness of families in the sample population. The authors then collected videotaped samples of 44 families over 7 years performing standardized “Family Interactional Tasks.” Using the FHPRS ratings of the expert raters, it was concluded that members of healthy families demonstrate a warm and trusting attitude in familial interactions, are characteristically open and mutually respectful in their interactions and speak honestly and disagree without fear of retribution, use negotiation rather than power in problem solving, demonstrate a high level of personal initiative and assume personal responsibility for their individual choices and interests, promote a definite yet flexible family structure with appropriate distribution of responsibilities and privileges between parents and children, demonstrate emotional maturity and autonomy, share common perceptions of reality that are congruent with the social framework of their community, encourage affective expression for positive and negative emotions, and demonstrate other signs of well-being such as spontaneity, humor, and recognition of other members’ talents.

Similarly, the McMaster model of family functioning (Epstein, Bishop, & Levin, 1978) defined six specific dimensions along which families vary, including timely problem solving, clear and direct communication, reasonably allocated roles, demonstration of affection, interests in the activities of others, and clear and decisive rules. Hansen (1981) employed a unique methodology in studying functional families by actually moving in and living with them. She found that functional families had a smoother, more relaxed lifestyle. These

families tended to use clear, direct communication, persuasion, and humor, rather than authoritarian styles or punishment. It was clear that the parents were in charge. Family problems were addressed as soon as possible, and outside resources and support were utilized in solving problems if necessary. Family relationships were characterized by agreement, realistic expectations, and genuine interest. In addition, these families made time during the day to relax and share interests as opposed to more productivity or criticism.

Olson, Sprenkle, and Russell (1979) sought to integrate many of the diverse concepts from the healthy family literature through the development of their Circumplex Model. Using concepts from previous work, the model was developed as a tool for clinical diagnosis and for specifying treatment goals with couples and families. Using factor analysis they identified three dimensions of family interaction as a basis for discriminating between healthy or pathological family functioning. The first dimension, family cohesion, represents the emotional bond between family members and the second dimension, family adaptability, represents familial reactions to situational or developmental stress. Families demonstrating an extremely low level of family cohesion would be emotionally alienated from one another, while families demonstrating an extremely high level of family cohesion would have pronounced dependency upon one another for emotional wellbeing. Families demonstrating an extremely low level of family adaptability would be rigid and would encounter great difficulty adjusting to family transitions, whereas families demonstrating an extremely high level of family adaptability would be chaotic, unpredictable, and unstable. Healthy family functioning was thought to exist at the mid-range for both of these dimensions. While family cohesion is clearly outlined in this model, family conflict, as a concept is not as clearly defined, instead the authors focus on the potential unhealthy levels of family adaptability that

were explained earlier.

Communication, the third dimension in the Circumplex Model, is considered a facilitating dimension. Communication is considered critical for enabling couples and families to adapt their levels of cohesion and flexibility as needed. Communication is measured by focusing on the family as a group with regard to its listening skills, speaking skills, self-disclosure, clarity, continuity tracking, respect, and regard. So while conflict is not a dimension in this model, the communication dimension can be seen as where and how levels of conflict are expressed.

Although the works cited are just a sampling of the efforts to identify the characteristics of healthy families, it is clear that while each model is somewhat unique, there is a great deal of overlap. Two areas that are fairly consistently found in discussions of healthy families are levels of cohesion and conflict. It is important to note that Olson and Moos predict different levels of conflict and cohesion. Olson views healthy functioning as falling at the mid range on his three dimensions of healthy functioning; cohesion, flexibility and communication, while Moos views healthy families as those that have high levels of cohesion and low levels of conflict. Definitions of family cohesion generally include affective qualities of family relationships such as support, affection, and helpfulness (Moos, 1986). Conflict, on the other hand, measures the amount of openly expressed anger among family members (Moos, 1986). The definitions of Moos will be used for the purposes for this study since the Family Environment Scale created by Moos will be used as a measure in the study.

Understanding healthy family functioning in general is important to understanding what may contribute to healthy functioning in transracially adoptive families, but it is also imperative to examine variations in what contributes to healthy functioning in ethnic/racial

minority families. Ethnicity and culture have a direct impact on family function. What leads to healthy functioning in White families may be somewhat different from what contributes to healthy functioning in African American families or Asian families. Although more research is needed, scholars have identified five major cultural strengths or core values of African American families. Collectivism, which is the primary concern for survival of the group and the valuing of group identity and belonging above individualism; spiritualism, or the valuing of a supreme being and recognizing the role of that being in one's own life; role flexibility, which is the sharing and changing of family roles as needed; essential views of the world, or integrating all elements in life and striving for balance; and finally kinship-like bonds, which means developing family-like relationships with people outside of the biological family (Hill, 2003). These major cultural strengths lead to family cohesion in Black families, but would not necessarily be examined in general research about all healthy families, so it is important to examine cultural variation in healthy family functioning. It must be noted that while these factors may be helpful in African American families and the factors mentioned previously are helpful in White families, it is unknown which factors are most significant in a family that includes individuals from both of these races.

Family cohesion and conflict. Most relevant for the current study is research which examines family cohesion and conflict in families with adolescents. Conger and Ge (1999) sought to analyze the change in relations between parents and children as children move into adolescence. The researchers sought to investigate changes in conflict and cohesion in parent-adolescent relations over time, operationalized as observed demonstrations of positive and negative emotional expression. Based on past theoretical perspectives, these researchers proposed that parent-child interactions would be marked by increasing conflict and decreased

cohesion over the period from early to mid adolescence. The researchers employed a longitudinal research design and the families who participated were assessed when the adolescents were in the seventh, eighth, and ninth grades because this time period reflects the transitional period from early to middle adolescence. All adolescents were from two parent families, in the seventh-grade (198 girls, 180 boys, average age = 12.6 years in 1989), and had a sibling within 4 years of their age. In total, 451 families were recruited into the study and 90% of them continued to participate in the third year of data collection. The study relied on observer assessments of parent-adolescent interactions related to conflict and cohesion. Each year interviewers visited each family at home for approximately 2 hours on each of two occasions. During the first visit, each of the four family members completed a set of questionnaires focusing on individual family member characteristics, the quality of family relationships and interactions, and family demographic characteristics. During the second visit to the home, which occurred within 2 weeks of the first, the family members were videotaped as they engaged in several different structured interaction tasks. The study findings demonstrated the expected increases in conflict and hostility as well as the expected decreases in warmth and cohesion, over the three-year period. The findings also supported the prediction that the interaction histories of parents and children would play an important role in both continuity and change in emotional expression during the early to mid adolescent period. Overall, the study showed that levels of conflict and cohesion can change based on the developmental stage the family is going through, in particular with the transition from childhood to adolescence showing an increase in conflict and a decrease in cohesion.

Gehring, Wentzel, Feldman, and Munson (1990) also studied the change in cohesion and conflict in families during the time when a child is going through the adolescent

developmental stage. Based on the assumption that adolescence is a major transition period that places families at risk for higher levels of stress and conflict, they sought to answer the following question: “ What are the effects of family conflict on perceptions of cohesion and power structures in the family and its subsystems” (Gehring, Wentzel, Feldman, & Munson, p. 293, 1990). Participants included 134 parents and 326 adolescents of three age groups. Adolescence was broadly defined as including children from 10 to 20 years of age. The adolescent participants consisted of 170 early adolescents (60% male and 40% female, mean age 11.5 years), 109 mid-adolescents in 9th through 12th grade (47% male and 53% female, mean age 16.3 years), and 47 late adolescents (first-year college students) who were living away from home for the first time (59% male and 41% female, mean age 18.7 years). Participants were from intact middle-class families with two or three children and were predominantly White.

The Family System Test (FAST) was individually administered twice during a single session (Gehring, Wentzel, Feldman, & Munson, 1990). First, subjects were asked to represent family relationships as they exist typically and then subjects were asked to think of an important family conflict and represent family relationships as they exist during that conflict. The FAST is a clinically derived figure placement technique designed to represent spatially the structure of family cohesion and power (Gehring & Feldman, 1988).

Conflict was reported in all of the family dyads, with cross-generational conflicts described most often (50%), followed by marital (35%), and sibling conflicts (15%). The majority of the adolescents (51%) showed dyadic conflicts between themselves and their father or mother. The most consistent effect of conflict was to decrease cohesion in the family as a whole. In conflict situations, family cohesion decreased for 82%, increased for

10%, and remained the same for 8% of the sample. Overall, the study confirmed, that in most families with adolescents, conflicts are normally between parents and the adolescent child and result in less cohesion within the family (Gehring, Wentzel, Feldman, & Munson, 1990).

Historically, research concerning healthy family functioning, and cohesion and conflict in particular, has been predominantly based upon studies of Anglo American, middle to upper-middle class, Protestant, biologically intact families, or the opinions of predominantly Anglo American, middle and upper class professionals. Families which do not fit this profile have received less attention, and that includes adoptive families. Only one study to date has applied the focus of family cohesion and conflict to adoptive families. McGuinness, Ryan, and Robinson (2005) examined the protectiveness of family factors and competence for children adopted from the former Soviet Union. Protective factors were defined as cohesion, expressiveness, and lower levels of conflict as measured with the Family Environment Scale. Competence was measured using the Child Behavior Checklist (CBCL), which assesses the social competencies and behavior problems of children 4-18 years (Achenbach, 1991). Forty-seven participants from 16 U.S. states participated in the study. Of the protective factors, the family environment variables of expressiveness and conflict were not statistically significant. Only one family environmental variable, cohesion, explained significant variance in children's competence ($p = .02$), with higher family cohesion being associated with higher competence.

Beyond this one study on adoption, not a single study could be found that explored issues of family cohesion and conflict in transracially adoptive families. Beyond the application of the general findings, very little is known about whether there are unique characteristics or factors that contribute to healthy family functioning in transracially

adoptive families. Since transracially adoptive families are unlike other family types and have the added challenges of racial differences and adoption status, the remainder of the literature review will focus on factors that may aid in healthy functioning of transracially adoptive families.

Factors that Aid Healthy Functioning in Transracially Adoptive Families

Given that transracially adoptive families are unique and unlike other types of families, it would be assumed that some unique factors contribute to the healthy family functioning of these families. Two factors that may aid the development and health of transracially adoptive families are the diversity of the community in which the family lives and the parent's multiethnic experiences. Depending on the types of communities where transracially adoptive families live, the level of cohesion and conflict within the family that relates to the healthy family functioning can be affected.

Diversity of the community. The accessibility of sources for cultural socialization in ethnically and racially diverse areas appears to be beneficial to international adoptees in promoting identity formation and psychological well being, including self-esteem (Lee & Qunitana, 2005; Lee et al., 2006). Several studies (Feigelman, 2000; Huh & Reid, 2001; Yoon, 2004) suggest that mere exposure to diverse ethnic groups, regardless of whether they match the race of the adoptee, is a beneficial contributor to ethnic identity formation of adoptees, because the diverse community plays a vital role in developing a nonwhite or minority group identity. For example, in Yoon's (2004) study of 241 Korean adoptees between the ages of 12 and 19 years from across the United States, more positive feelings about one's own ethnic group was positively correlated with parental support for cultural socialization as well as with living in or growing up in racially diverse communities.

Similarly, Feigleman's (2000) study of 240 transracial adoptees found that those living in communities that included Whites and nonwhites experienced less discomfort with their appearance than transracial adoptees living in predominantly White communities. Appearance discomfort has been linked to higher levels of adjustment difficulties in transracially adopted children and young adults, and those raised in heavily White communities were twice as likely as adoptees living in racially mixed communities to feel discomfort with their racial appearance. It has also been concluded that when transracially adoptive parents live in racially mixed neighborhoods, their children will be better able to thrive, than when parents live in more segregated settings. The findings from the research suggest that living in more segregated neighborhoods can lead to lower adjustment for transracially adopted youth and in turn lead to more conflict and less cohesion within the family.

It has been suggested that the effect of transracial adoption may be mediated by transracially adoptive parents intentionally exposing their adoptees to situations in which they can develop a greater racial/ethnic identity (Hollingsworth, 1997). Even when residing in predominately White environments, regular participation in a school situation where members of their race are in a majority has been found to result in a heightening of racial identity in transracially adopted African American adolescents. While Hollingsworth found the above to be true, the amount and degree of diversity in school systems often reflects the amount and degree of diversity present in the neighborhood so without diversity in their neighborhoods, most transracially adopted children will not experience much diversity elsewhere. The importance of neighborhood diversity in transracially adoptive families is potentially significant especially in relation to the adjustment of the transracially adopted

youth and the level of family cohesion that exists within the family.

Parent's multiethnic experiences. Not only is the diversity of the neighborhood an important predictor of cohesion and conflict levels in transracially adoptive families, but also the transracially adoptive parent's multiethnic experiences are valuable. One indicator of how parents think about race is the frequency of contact with people of other races. Since perspectives about race are fostered through contact with other races, parent's past and current multiethnic experiences may contribute to their knowledge about racial differences and comfort with possible discussions surrounding race and racial conflicts. The frequency and quality of past interactions between individuals and members of other racial groups influence the development of interracial sensitivity to different racial groups (Endicott, Bock, & Narvaez, 2003).

After synthesizing a large body of research on transracial adoption, Vonk (2001) identified three areas of competence that are important for transracial adoptive parents to possess: racial awareness, survival skills, and multicultural planning. Racial awareness refers to a person's awareness of how the variables of race, ethnicity, culture, language, and related power status operate in one's own and other's lives. Self awareness is a starting point for transracially adopted parents, and according to Vonk these parents should examine their own lives in relation to the role that race, ethnicity, and culture have played in shaping their attitudes and values. In addition, racial awareness for transracially adopted parents involves becoming sensitized to racism and discrimination.

Survival skills refer to the recognition of the need and the ability of parents to prepare their children of color to cope successfully with racism, which can be difficult for White parents of minority race adopted children, because they have little experience of racism

directed towards them. Vonk (2001) suggests that these parents need to learn how to talk about race and racism openly and honestly within the family, practice responses to insensitive comments from others, and demonstrate a lack of tolerance for any racially or ethnically biased comments. All of the aforementioned suggestions are more easily employed by parents that have multiethnic experiences and are comfortable having difficult conversations regarding race with their racial minority children.

Lastly, multicultural planning refers to the creation and facilitation of avenues for the transracially adopted child to learn about and participate in his or her culture of birth (Vonk, 2001). Formal links to the child's birth culture, such as reading about customs or visiting the occasional ethnic festival are inadequate, but direct involvement with the child's birth culture is essential. The assumption is that transracially adoptive parents cannot teach about a culture they do not know and therefore must reach out to their children's birth community. In conclusion, transracially adopted parents who are sensitive to race, ethnicity, and culture are more able to help their children cope successfully with race related issues and deal with possible conflicts that may arise in the family. In summary, both the transracially adoptive parent's multiethnic experiences and the diversity of the community in which the family lives may affect the levels of both conflict and cohesion within the family.

Literature Summary

Although transracial adoptive families are increasing in number, our knowledge of their struggles and successes is minimal. Studies of transracial adoption have generally focused on issues of adjustment for the adopted child and research regarding healthy family functioning in transracially adoptive families is an unstudied topic in the social sciences. Our knowledge of healthy family functioning in general, indicates that these are families in which members

comfortably express their feelings and exhibit low interpersonal conflict.

It has been shown that adoptive families face more unique challenges than biological families and because transracially adoptive families have the added dimension of dealing with race, a level of healthy family functioning may be more difficult to achieve in transracially adoptive families than in same race adoptive families and biological families. Among many of the additional factors that may uniquely contribute to family cohesion and conflict in transracially adoptive families are the diversity of the neighborhood in which these families live and the parent's multiethnic experiences. Both of these factors may allow both the children and their parents to feel comfortable in their family and the surrounding community, while also navigating the unique challenges faced by transracially adoptive families.

Purpose of the study

The current study was focused on the levels of healthy family functioning in transracially adopted families where a White parent has adopted a racial minority child. More specifically, the purpose of the current study was to investigate the extent to which diversity of the community in which a family lives and the parent's multiethnic experiences are predictors of family cohesion and conflict in transracially adoptive families. In examining this question, it must be recognized that there is great racial diversity among the minority children who are adopted. Because there is great variation in the societal meanings, valence, and attributions associated with different racial groups, the race of the child was explored as a possible moderator of the relationship between parental multiethnic experiences, community diversity, the level of family cohesion and the level of family conflict.

Hypotheses

First research question. What is the impact of the diversity of the community in which families live and the parent's multiethnic experiences on the level of family cohesion and conflict in White families that have adopted a racial minority child?

Hypothesis 1- There will be a positive relationship between the diversity of the community and the level of cohesion in a family.

Hypothesis 2- There will be a negative relationship between the diversity of the community and the level of conflict in a family.

Hypothesis 3- There will be a positive relationship between the parent's multiethnic experiences and the level of cohesion in a family.

Hypothesis 4- There will be a negative relationship between the parent's multiethnic experiences and the level of conflict in a family.

Second research question. Does the race of the child moderate the relationship between the diversity of the community in which families live, the parent's multiethnic experiences, and the levels of family cohesion and conflict?

Hypothesis 5- The race of the child will moderate the relationship between diversity of the community and family cohesion.

Hypothesis 6- The race of the child will moderate the relationship between diversity of the community and family conflict.

Hypothesis 7- The race of the child will moderate the relationship between the parent's multiethnic experiences and family cohesion.

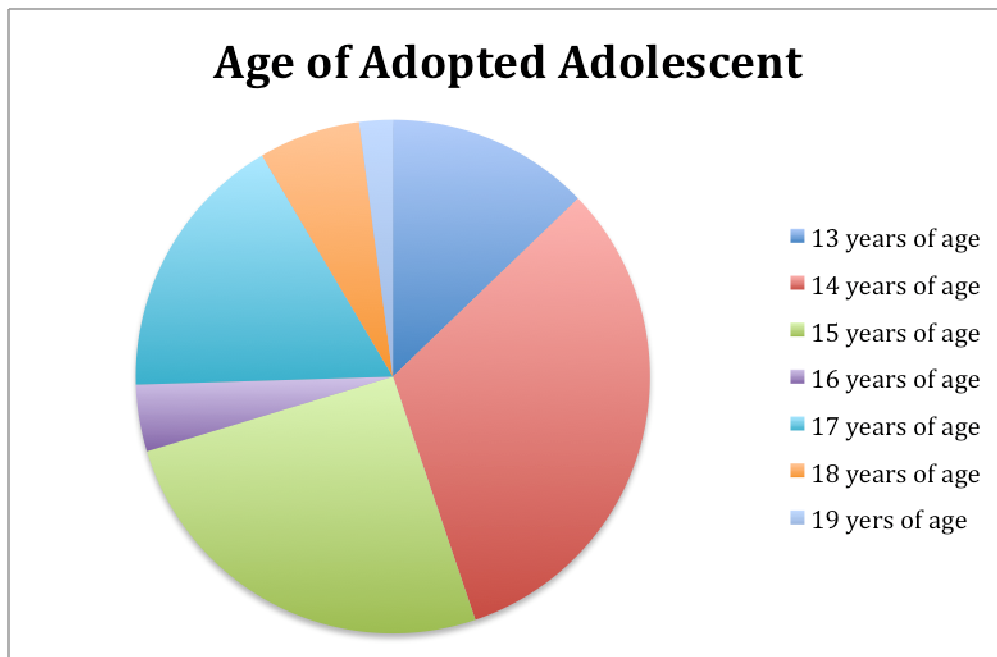
Hypothesis 8- The race of the child will moderate the relationship between the parent's multiethnic experiences and family conflict.

Chapter III: Methods

Sample

The data for this study is part of a larger national study on transracial adoption, with participants recruited from across the United States. The purpose of the larger study is to examine the impact of family characteristics on the overall adjustment, self-esteem, and racial identity of racial minority youth adopted by White parents. At the time of data analysis the sample consisted of 47 parents and their adopted adolescent between the ages of 13-19 and the majority of the adolescents were 14 years of age during the time of survey completion (see Figure 1).

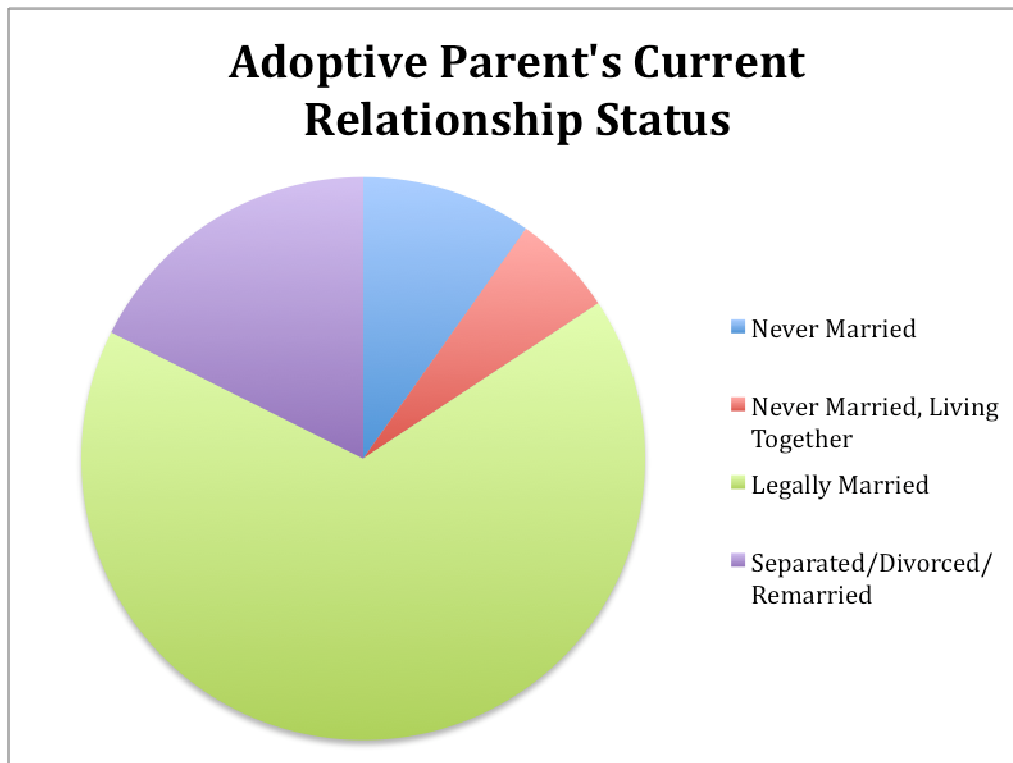
Figure 1



Adoptive parents racially self-identify as White and have at least one racial minority adolescent who was in the home before the age of 4. The majority of the parents that participated in the survey were mothers; 85% of the sample were mothers, compared to only 15% who were fathers. Sixty-six percent of the adopted adolescents in the study were girls,

while boys made up 34% of the sample. At the time of data analysis, 51% percent of the adolescents were Asian, 25% were Black and 24% were Latino. The adoptive parent's current relationship status varied; 9.8% were never married, 5.9% were never married, but living together, 66.7% were married, and 17.6% were either separated, divorced or remarried (see Figure 2).

Figure 2



The average household income for the families that participated in the study was \$110,830 with the lowest income reported as \$20,000 and the highest income reported as \$325,000.

Procedure

Participants were recruited through announcements sent to list serves and posted on websites of organizations offering services to adoptive families. Interested parents contacted the Principal Investigator via phone or email to inquire about participating. The parent then

completed an eligibility screening process to determine if they met the criteria for the study: all parents in the family to self identify as White, the racial minority child was in the home by the age of 4, and the child is currently between the ages of 13-19. Parents were then sent an electronic copy of the child's survey to examine. Parents indicated consent for their minor child to participate by providing the name and email address of the adopted adolescent. The adolescent was then emailed and invited to participate in the study. If the adolescent indicated a willingness to participate, both the parent and adolescent were sent separate links and logins to the online survey. Surveys were completed separately and parent and adolescents did not have access to one another's login information or survey. One parent and one adolescent from the family completed the online surveys, and participating adolescents received a \$10 I-Tunes gift card for their participation. Once the surveys were completed anonymously online, the data from the surveys were downloaded into SPSS. Parents and adolescent surveys were matched based on number strings embedded into the login IDs.

Measures

A summary of the measures used in this study can be found in Table 1.

Dependent variables. The dependent variables in this research study are the levels of family cohesion and conflict. These two variables will be operationalized using the definitions used in the Family Environment Scale (FES) (Moss & Moss, 1986). The FES is a self-report questionnaire consisting of 90 true-false items. The scale is designed to measure social and environmental characteristics in families. The FES has three parallel forms, and each form is comprised of 10 subscales. For the purposes of this investigation, the Real Form (Form R) was used to assess the perceptions of participants regarding their family environment. The FES consists of 10 subscales; which include cohesion, conflict,

intellectual-cultural orientation, active-recreational, moral-religious, organizing, expressiveness, independence, achievement orientation and control. For the current study only the conflict and cohesion subscales were examined. Cohesion is a 9-item subscale, which measures the degree of commitment, help, and support among family members. Examples of cohesion items are, “Family members really help and support one another,” and “There is a feeling of togetherness in our family”. Conflict is a 9-item subscale, which measures the amount of openly expressed anger among family members. Examples of conflict items are, “We fight a lot in our family,” and “Family members rarely become openly angry”. The sum of all 9 items on each subscale is computed to obtain the level of cohesion and level of conflict within the family. Moos and Moos (1986) reported internal consistency coefficients of .64 or higher for each of the subscales used in this study. Moreover, test-retest reliability coefficients of .74 or higher were reported for the subscales over a 2-month interval. In particular an internal consistency coefficient of .78 was reported for the cohesion subscale and test-retest reliability coefficients of .86 was reported for the conflict subscale.

Both the one adoptive parent and the transracially adopted youth from each family completed the modified FES. The traditional FES is a 90 question scale that includes 10 subscales, but the FES used for this study was a 36 question scale and included the cohesion, conflict, expressiveness and intellectual-cultural orientation subscales. There are scores for the level of family cohesion and conflict from both the parent and the youth. A Pearson correlation was conducted for parent cohesion and adolescent cohesion and the correlation was not significant at the .01 level ($r(46) = .22, p = .14$). A Pearson correlation was conducted for the parent conflict and adolescent conflict and the correlations was not

significant at the .01 level ($r(46) = .12, p = .40$). Since there was no significant correlation between the parent and adolescent scores, the parent and the adolescent scores were averaged and the average score was used to measure the level of cohesion and conflict in the family (see Appendix B).

Independent variables. The independent variables in this research study are the diversity of the community in which the transracially adoptive families live and the parent's multiethnic experiences.

Diversity of the community. Parent surveys included a question asking the zip code of the family home. The U.S. Census has a website entitled, *Fact Finder* that can be found at [http://factfinder.census.gov/home/saff/main.html? lang=en](http://factfinder.census.gov/home/saff/main.html?lang=en) and inputting a single zip code and selecting Go produces demographic information about that particular community, including a racial background of the community. The data is given in real number values as well as percentage values. For example inputting the zip code of 21117 shows that the total population is 41, 411 with Whites representing 28.2% of the total population (n=28,252). Blacks or African Americans represent 24.9% of the total population (n= 10, 294). Hispanics or Latinos of any race represent 3% of the total population (n=1, 223). Asians represent 3.7% of the total population (n= 1, 520). "Two or more" races represent 1.8% of the total population (n=498). "Some other" races represent 1.2% of the total population (n= 498). American Indians/ Alaska Natives represent 0.2% of the total population (n=82). Finally, Native Hawaiians and Other Pacific Islanders represent 0.0% of the total population (n=16). In addition when listing a racial or ethnic group such as Asian, the real number and percentage values is given for the entire racial group, but data is also available for the additional ethnicities within that racial groups such as Japanese, Chinese, or Korean.

Since the participants in the study come from various parts of the country and give zip code data for where they currently live with their transracially adoptive family, each zip code was translated using zip code data from the U.S. Census. The variable is continuous and higher percentages of racial minorities indicate that the community is more diverse.

Parent's multiethnic experiences. Multiethnic experience was measured using the Multicultural Experience Inventory Modified for Whites (Ramirez, 1998). This is a 24-item scale that measures historical and contemporary multiethnic experiences of Whites with people of minority races. Eighteen of the items are measured with a Likert response scale ranging from answer choices of 1: almost entirely my ethnic group to 5: almost entirely people of color. Examples of some of the questions are, "My childhood friends who visited my home and related well to my parents were..." and "I most often spend time with people who are...". Six items are responded to with a Likert scale ranging from 1: extensively to 5: never. Examples of some of the questions are, "I invite people of minority groups to my home" and "I attend functions that are predominantly of my ethnic group." Higher scores indicate more multiethnic experiences in one's past and present relationships. The internal reliability is .86 (Ramirez, 1998). The scale has been correlated with a psychological sense of community, racial attitudes, and a cultural orientation to the minority culture. The variable is continuous and higher scores indicate more multiethnic experiences. The total scale is summed and no subscales are used with this measure (see Appendix C).

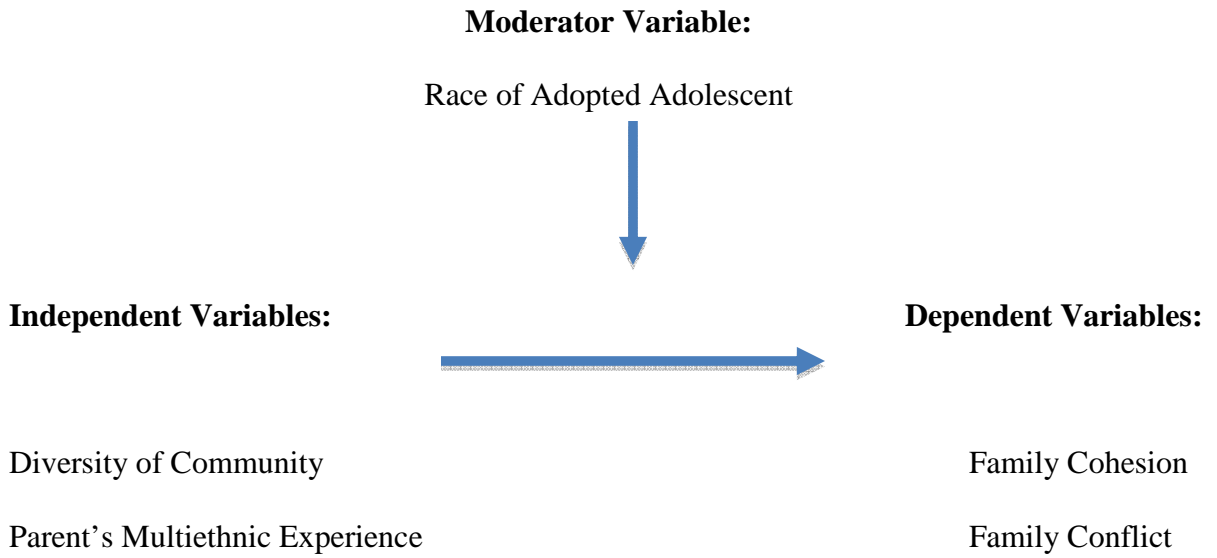
Moderator variable. The moderator variable in this study is the race of the adopted adolescent. The race of the adolescent was determined using the self-report data provided by the adolescent's parent. On the demographic worksheet the parent is asked the question, "What is the race/ethnicity of your adolescent?" with the response options being: American

Indian/Alaskan Native, Asian, Biracial, Black/African American, Caucasian, Latino, Native Hawaiian, Pacific Islander and Other.

Table 1

Variable	Operational Definition
<p>Dependent: Family Cohesion (continuous)</p>	<p>Total Cohesion subscale on Family Environment Scale (Moss, 1986) (see appendix B (Cohesion Subscale)) T= True/ F=False</p>
<p>Dependent: Family Conflict (continuous)</p>	<p>Total Conflict subscale on Family Environment Scale (Moss, 1986) (see appendix B (Conflict Subscale)) T= True/ F= False</p>
<p>Independent: Diversity of the Community (continuous)</p>	<p>The percentage of the population that is non-White as determined by the zip code provided on the Parental Survey-Demographics Fact Finder website to interpret zip code date: http://factfinder.census.gov/home/saff/main.html? lang=en</p>
<p>Independent: Parent’s Multiethnic Experiences (continuous)</p>	<p>Total Sum of the Multiethnic Experience Survey Measurement (Ramirez, 1998) (see appendix C)</p>
<p>Moderator: Race of the Child</p>	<p>Race of the child from Demographics on Parental Survey (question # 5 about adopted child, see appendix A)</p>

Figure 3: Moderator Variable Diagram



Chapter IV Results

The present study was designed to examine the levels of healthy family functioning in transracial adoptive families where a White parent has adopted a racial/ ethnic minority child. More specifically the purpose of the current study was to investigate the extent to which diversity of the community in which a family lives and the parent's multiethnic experiences are predictors of family cohesion and conflict in transracial adoptive families. The following are the research questions that guided the study and the specific hypotheses that were tested:

1. What is the impact of the diversity of the community in which families live and the parent's multiethnic experiences on the level of family cohesion and conflict in White families that have adopted a racial minority child?
 - a. Hypothesis 1- There will be a positive relationship between the diversity of the community and the level of cohesion in a family.
 - b. Hypothesis 2- There will be a negative relationship between the diversity of the community and the level of conflict in a family.
 - c. Hypothesis 3- There will be a positive relationship between the parent's multiethnic experiences and the level of cohesion in a family.
 - d. Hypothesis 4- There will be a negative relationship between the parent's multiethnic experiences and the level of conflict in a family.
2. Does the race of the child moderate the relationship between the diversity of the community in which families live, the parent's multiethnic experiences and the levels of family cohesion and conflict?
 - a. Hypothesis 5- The race of the child will moderate the relationship between diversity of the community and family cohesion.

- b. Hypothesis 6- The race of the child will moderate the relationship between diversity of the community and family conflict.
- c. Hypothesis 7- The race of the child will moderate the relationship between the parent's multiethnic experiences and family cohesion.
- d. Hypothesis 8- The race of the child will moderate the relationship between the parent's multiethnic experiences and family conflict.

Preliminary Analysis

Prior to testing the hypotheses, several preliminary analyses were run.

Determining diversity of the community. Parent surveys included a question asking the zip code of the family home. Using the U.S. Census Fact Finder website (<http://factfinder.census.gov/>) we were able to determine the racial make-up of the participants' neighborhoods. The percentages ranged from 11.2% White to 97.5% White with a mean of 73.4%. The lowest percentage of Whites came from the community of Hyattsville, Maryland and the highest percentage of Whites came from the community of Queensberry, New York.

Determining independence of variables. Prior to testing the hypothesis it was important to determine the independence of the independent variables. A Pearson correlation was computed between diversity of the community and the parent's multiethnic experiences. Results indicated that there was no relationship between these two variables $r(44) = -.165$, $p = .27$.

Similarly, the independence of the dependent variables needed to be established. A Pearson correlation was computed for the level of conflict and the level of cohesion reported. Again, there was no relationship between the variables $r(44) = -.19, p = .19$.

Primary Analysis

Hypothesis 1-4. For the first research question regarding the impact of the diversity of the community in which families live and the parent's multiethnic experiences on the level of family cohesion and conflict in transracially adoptive families four separate Pearson correlations were conducted. The results indicated no significant relationships for any of the four Pearson correlations that were conducted. The relationships between the diversity of the community and the average level of cohesion and conflict in the family were $r(44) = -.15, p = .34$ and $r(44) = -.09, p = .57$, respectively. For the relationships between the parent's multiethnic experiences and the average level of cohesion and conflict in the family, the correlations were $r(46) = -.04, p = .80$ and $r(46) = .02, p = .91$, respectively. As these results show, Hypotheses 1 through 4 were not supported.

Hypothesis 5-8. For the second research question regarding the race of the child moderating the relationships between the diversity of the community in which families live, the parent's multiethnic experiences, and the levels of family cohesion and conflict, Pearson correlations between the independent and dependent variables were run separately for the families with an Asian adolescent, a Black adolescent, and a Latino adolescent. If any of the correlations were significant for the separate racial groups, the r values were converted to z scores to test whether racial groups were significantly different from one another.

As can be seen in Table 2, the results for the Asian and Black groups indicated no significant relationships between the independent and dependent variables being considered. For the Latino group results indicated no significant correlations for hypotheses 5, 6, or 8. However for hypothesis 7, parent's multiethnic experiences were negatively correlated with the level of family cohesion, $r(9) = -.68, p < .05$. The results indicated that the higher the parent's multiethnic experiences the lower the level of family cohesion, which was not in the predicted direction.

To determine if the race of adolescent actually mediated the relationship between the parent's multiethnic experience and family cohesion, the r values for families with a Latino adolescent and families with adolescents of other racial/ethnic groups were converted to z scores. Results indicated that race did not mediate the relationship when families with a Latino adolescent were compared to families with a Black child, $z = -1.48, p = .14$. However there was a significant difference in the relationship between parents multiethnic experiences and cohesion for families with a Latino adolescent and families with an Asian adolescent, $z = -2.33$ and $p = .02$, with multiethnic experiences being unrelated to family cohesion in families with an Asian adolescent, but negatively related to cohesion in families with a Latino adolescent.

Table 2

Correlations for each Racial Group

Race/Ethnicity	Asian N=24	Black N=12	Latino N=11
Hypothesis 5 Diversity of community and average family cohesion	r (22) = -.13	r (10) = -.17	r (9) = -.18
Hypothesis 6 Diversity of community and average family conflict	r (22) = .10	r (10) = -.23	r (9) = -.40
Hypothesis 7 Parent's multiethnic experience and average family cohesion	r (22) = .14	r (10) = -.11	r (9) = -.68 *
Hypothesis 8 Parent multiethnic experiences and average family conflict	r (22) = .24	r (10) = -.41	r (9) = .06

* Correlation is significant at the 0.05 level

Additional Analyses

After reviewing the findings for the proposed hypothesis, and discovering the lack of significant findings, further analyses were conducted to further explore the relationship between the independent and dependent variables. Initially hypotheses 1-4 were run using the family cohesion and conflict scores which were the average of the parent and adolescent score. Hypotheses 1-4 were all rerun using the separate cohesion and conflict scores for the parent and for the adolescent and none of the 8 Pearson correlations were significant. In addition hypotheses 5-8 were all rerun using the separate cohesion and conflict scores for the

parent and adolescent to examine the moderating relationship of race/ethnicity on the independent and dependent variables. In total twenty-four Pearson correlations were computed, broken down into 8 Pearson correlations for each of the three racial groups (Asian, Black and Latino). None of the 24 Pearson correlations were significant.

Chapter V Discussion

The current study aimed to explore predictors of family cohesion and conflict in White families that have adopted a racial/ethnic minority child, focusing particularly on the diversity of the community in which the family lives and the parent's multiethnic experiences. Previous research on transracially adoptive families has focused on the outcomes for the transracially-adopted child, in particular their adjustment, mental health and racial identity. Since very few studies have actually examined family functioning in these transracially adoptive families, the hope for this research project was to offer some new knowledge about the factors that contribute to the healthy family functioning for these families. Two factors that seemed particularly salient in the development of healthy relationships in transracially adoptive families were the parent's multiethnic experiences and the diversity of the community in which the family lives. It was thought that these two factors could support a multiethnic family orientation and influence both the parent's racial sensitivity and the adolescent's comfort within the family, which could in turn influence the levels of cohesion and conflict within the family. Based on the aforementioned belief it was hypothesized that the more diverse the neighborhood and the more multiethnic experiences of the parent, the higher the level of family cohesion and the lower the level of family conflict. Because there is great variation in the societal meanings associated with different racial groups, it was also important to explore how the race/ethnicity of the child could be a possible moderator of the relationship between parental multiethnic experiences, community diversity and the level of family cohesion and the level of family conflict.

Summary of the Results

The findings, as reported in greater detail in the previous chapter, indicated that despite the reasoning for the initial hypotheses in this study, the diversity level of the community and the parent's multiethnic experiences had no relationship whether, positive or negative, on the level of family cohesion and conflict reported in the family. Additionally the race of the child did not moderate the relationship between parental multiethnic experiences, community diversity and the level of family cohesion and the level of family conflict as originally predicted. The only result that proved to be significant was for families with a Latino child. For this group results indicated no significant correlations for three out of the four hypotheses, but for the hypothesis that the parent's multiethnic experiences would be correlated with the level of family cohesion a significant correlation was found, but it was not in the predicted direction. The results indicated that the higher the parent's multiethnic experiences the lower the level of family cohesion in families with a Latino adolescent.

Limitations of the Study

Prior to discussing the findings of this study it is important to consider the following limitations. The first limitation was the small sample size (N=47). Having such a small number of participants in the study and yielding no significant results it is difficult to determine if the results were accurate or simply because there was not enough variation in the sample to truly test the hypothesis. This was particularly true for families with a Latino child, where there were only 11. While a cell size of 10 does make the finding psychometrically acceptable, such a small group with such a large number of correlations greatly increases the possibility of a Type I error. In addition because of the small sample

size, all of the results are difficult to generalize to the entire transracial adoptive community across the nation.

Perhaps related to the small sample size, there was also a lack of variability in the dependent measures in the present study. The standard deviations for the parents' cohesion and conflict scores were 1.1 and 1.1, respectively, on a 9 point scale. A little more variability was seen in the adolescents' cohesion and conflict scores (2.3 and 2.5 respectively), but the standard deviations for the average scores were still small (1.4 and 1.5 respectively). Without much variability in the cohesion and conflict scores, it is not surprising that there were no significant findings with a small sample. The lack of variability in the cohesion and conflict scores was perhaps a way for the study participants to portray a socially desirable image of a healthy family. The adolescent's scores were more varied, but the majority of the parents in the study answered the questions in a way that showed high cohesion and low conflict, in essence the ideal family. One explanation for the possible socially desirable answers is because transracially adoptive families may often face negative feedback from society about how their families function. These parents may believe it is important to show the public that their families are functional and not only functional, but happy and fulfilling.

A third possible limitation of the study is the diversity of the community measure. All of the information about the racial breakdown of the given zip code was obtained from the U.S. Census. The U.S. Census data is only taken every 10 years and the last full census was in 2000, thus making the data on the community diversity measure 10 years old. When parents were asked to list their zip code on the demographics questionnaire, the question requests the current zip code. Essentially asking for current zip code and utilizing 10 year old data does not give a clear picture of how diverse the communities are that these families live

in now. Within 10 years communities change a great deal, they can become more diverse or less diverse.

A related limitation is that the current zip code does not give an accurate account of the diversity experience of families who have moved in that 10 year period since the census data were gathered. Some families could have lived in the same zip code for 10 years, while other families could have moved around a great deal and the zip code listed does not reflect the type of community that the adopted adolescent and family has been exposed to. If possible, tracking these families over time and analyzing the change in community and family development over a span of time would give the most accurate prediction of how community diversity affects family cohesion and conflict levels.

Finally, while there was great variation and range in the zip codes of the sample and zip codes were translated into diversity of community data based on the percentage of Whites in the population, that measurement of diversity may not have been the most meaningful way to compute the variable. It may have proved to be more accurate to compute the variable based on the percentage of a given minority in a community. The *Fact Finder* website that provides the racial breakdown for each zip code not only lists the percentages of Whites, but the percentage of racial/ethnic minorities as well. So when analyzing the moderator variable (race/ethnicity of the adolescent) it would have been interesting to look at the percentage of Blacks in each zip code when looking at families with a Black adolescent. The same concept goes for analyzing the families with a Latino child and an Asian child. It is believed that living in a diverse community means that schools are more diverse and racial/ethnic minority children would have a greater chance of interacting with people that look like them. So examining the percentage of a particular racial/ethnic minority instead of the percentage of

Whites could have given a more accurate account of whether the child has the possibility of interacting with people that look like them. Examining various ways to compute the diversity of community variable may have yielded more significant results.

Finally our entire definition of community may be too narrow. With the widespread use of technology and the Internet, adolescent's communities are no longer just school and the kids they interact with in their neighborhood. Their communities now include their friends on social networking sites that may live all over the world and Internet groups that connect them with others outside of their small geographical community. Adolescents may be receiving the support and comfort they need from their virtual community instead of their geographical community.

Discussion of Findings

The findings indicated that when it came to the initial four hypotheses, none of the hypotheses were significant; in other words, the diversity of the community and the parent's multiethnic experiences had no correlation with the levels of family cohesion and conflict in transracially adoptive families. While it is believed that the insignificant results is a function of the small sample size and low variability in the dependent measures, the following are possible additional reasons as to why the independent and dependent variables were not related in this study:

Although the issue of adjustment of transracial adoptive children has been studied since the 1970s, research regarding healthy family functioning in transracially adoptive families is an unstudied topic in the social sciences and maybe for good reason. Transracially adoptive families may cope and deal with conflicts in the family just like in any other family

and no special factors may contribute to healthy functioning in these families, which is why no significant results may have been yielded in this study. While race is an extremely salient issue within transracially adoptive families and it is believed that these families may need special coping mechanisms to deal with the difference in race, these families may use the same coping mechanisms as other families dealing with special issues or conflicts. While this study examined diversity of neighborhood and parent's multiethnic experiences as special predictors of family cohesion and conflict in transracially adoptive families, predictors such as open communication, flexible family structure and encouraging expression that are predictors of family cohesion in all families could be the same predictors in transracially adoptive families.

The one significant finding in the study was surprising, a negative correlation between the parent's multiethnic experience and family cohesion for families with Latino children. The transracial adoption literature does not examine transracially adoptive families with Latino children in depth, much of the focus has been on Asian and Black children. This strange finding begs the question; is there something different about families with Latino children? Does race not matter as much in families with Latino children so having an adoptive parent with more multiethnic experiences hurts instead of helps? Could it be that putting race in the forefront for Latino adopted children is negative? These are all questions that could not be answered by this study, but are certainly worth considering. There are two possible explanations to this finding. The first is that Latino children may consider themselves to look more like their adoptive parent and therefore feel more connected and not different so bringing up the difference of race could alienate the child instead of help the child connect with their race. The second and more realistic explanation to this finding is in

regards to sample size. It is assumed because of the small sample of Latians (N=11) the result was a Type I error. Only additional research with a larger sample will clarify this issue.

Implications for Further Research

The focus of this study was primarily on the healthy family functioning of transracially adoptive families. The two factors that were examined were diversity of the community and parent's multiethnic experiences. These two factors were chosen because it is believed that these two factors support a multiethnic family orientation, which is needed in transracially adoptive families. As the studied progressed and results were found to be insignificant it became clearer that maybe transracially adoptive families use the same type of coping mechanisms to deal with conflict and the same resources to maintain cohesion as same race adoptive families and biological families. It will be important in future research to examine factors such as level of communication and involvement in family activities for future research using a transracially adoptive family sample.

While the study did not yield any significant results it is important to learn more about the dynamics of transracially adoptive families and not just transracially adopted individuals. Since we know these families are different in some ways and appear different than biological families or same –race adoptive families, it continues to be important to assess possible unique factors that may impact the relationships and processes in these families.

Conclusion

The purpose of this study was to offer further understanding into the contributing factors of healthy family functioning in transracially adoptive families. The insignificant

findings of this research were very surprising. Based on the research and logical beliefs about race and how it contributes to family dynamics in transracially adoptive families it makes sense to hypothesize that the more diverse the neighborhood and the greater the parent's multiethnic experiences the higher the level of cohesion and the less conflict within the family. Had there been a more robust sample, this study may have produced more solid findings regarding the relationship between the diversity of community, parent's multiethnic experiences and the levels of family cohesion and conflict. Perhaps, this research can be a jumping off point for others to conduct further research to explore healthy family functioning dynamics in transracially adoptive families in order to understand the family as a whole and not just the development of the transracially adopted child.

Appendix A

Transracial Adoption Study- Parent Survey

Demographics

Please answer the following questions about yourself:

1. Current Zip Code: _____

2. Sex:

1 Male

2 Female

3. Your Racial/Ethnic Background: _____

4. What is your current relationship status?

1 Never Married

2 Never Married, Living Together

3 Legally Married

4 Separated/Divorced, Remarried

5. If married or living together, what is the duration of your current relationship _____
(months/ years)

6. What is your household income? _____

7. What is your religious affiliation (circle one):

0 No religious affiliation

1 Catholic

2 Protestant

3 Latter-Day Saints

4 Non-denominational Christian

- 5 Jewish
- 6 Buddhist
- 7 Muslim
- 8 Unitarian
- 9 Atheist
- 10 Other: _____

8. How often do you participate in organized activities of a church, house of worship, or religious group?

- 1 Rarely or never
- 2 Once or twice a year
- 3 Several times a year
- 4 Once a month
- 5 Several times per month
- 6 Once a week
- 7 Several times per week

9. How important is religion or spirituality in your daily life?

- 1 Not at all important
- 2 Not very important
- 3 Somewhat important
- 4 Important
- 5 Very important

Please answer the following questions about the child who will be participating in this study:

1. Current age: _____

2. Sex:

1 Male

2 Female

3. Adoption Status:

1 Open

2 Closed

4. Was the adoption:

1 Domestic

2 International

5. Racial/Ethnic Background: _____

6. What was your marital status when this child was adopted?

1 Never Married

2 Never Married, Living Together

3 Legally Married

4 Separated/ Divorced, Remarried

7. Were there other children in the home at the time this child was adopted?

1 No

2 Yes

How Many _____

8.If yes, please answer the following questions about these children (If no, skip to question 9):

Child 1.) Current age: _____

Sex:

1 Male

2 Female

Adopted:

1 No

2 Yes

Racial/ Ethnic Background: _____

Child 2.) Current age: _____

Sex:

1 Male

2 Female

Adopted:

1 No

2 Yes

Racial/ Ethnic Background: _____

Child 3.) Current age: _____

Sex:

1 Male

2 Female

Adopted:

1 No

2 Yes

Racial/ Ethnic Background: _____

9. Have other children entered the home after the child who is participating in this study?

1 No

2 Yes

How Many _____

Child 1.) Current age: _____

Sex:

1 Male

2 Female

Adopted:

1 No

2 Yes

Racial/ Ethnic Background: _____

Child 2.) Current age: _____

Sex:

1 Male

2 Female

Adopted:

1 No

2 Yes

Racial/ Ethnic Background: _____

Child 3.) Current age: _____

Sex:

1 Male

2 Female

Adopted:

1 No

2 Yes

Racial/ Ethnic Background: _____

10. If you adopted more than one child, are any of the children biological siblings?

1 No

2 Yes

11. Is the child participating in this study part of the biological sibling group?

1 No

2 Yes

Appendix B

Family Environment Scale

Directions. Listed below are statements about families. You are to decide which of these statements are true of your family and which are false. If you think the statement is **True or mostly True of your family, mark the T** on the questionnaire for *True*. If you think the statement is **False or mostly False of your family, mark the F** on the questionnaire for *False*. You may feel that some of the statements are true for some of your family members and false for others. Mark F if the statement is *False* for most members. If the members are evenly divided, decided what is the stronger overall impression and answer accordingly. Remember we would like to know what your family seems like to you. *So do no try* to figure out how other members see your family, but do give us your general impression of your family for each statement.

Cohesion Subscale Questions

1. _____ Family members really help and support one another.
2. _____ We often seem to be killing time at home.
3. _____ We put a lot of energy into what we do at home.
4. _____ There is a feeling of togetherness in our family.
5. _____ We rarely volunteer when something has to be done at home.
6. _____ Family members really back each other up.
7. _____ There is very little group spirit in our family.
8. _____ We really get along well with each other.
9. _____ There is plenty of time and attentions for everyone in our family.

Conflict Subscale Questions

1. _____ We fight a lot in our family.
2. _____ Family members rarely become openly angry.
3. _____ Family members sometimes get so angry they throw things.
4. _____ Family members hardly ever lose their tempers.
5. _____ Family members often criticize each other.
6. _____ Family members sometimes hit one another.
7. _____ If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
8. _____ Family members often try to one-up or out-do each other.
9. _____ In our family, we believe you don't ever get anywhere by raising your voice.

Appendix C

Transracial Adoption Study-Parent Survey

Multiethnic Experiences Inventory

Directions. Listed below are questions about your experiences with people from different ethnic groups. Indicate which statement best describes your past and present experiences using this scale:

1= almost entirely my ethnic group

2= mostly my ethnic group with a few people of color

3= mixed (my ethnic group and people of color, about equally)

4= mostly people of color with a few people of my ethnic group

5= almost entirely people of color

1. The ethnic group composition of the neighborhoods in which I lived

1 2 3 4 5 (a) While growing up

(b) As an adult before adopting my non-White child/children

(c) As an adult after adopting my non-White child/children

1 2 3 4 5 2. My childhood friends who visited my home and related well to my parents
were...

1 2 3 4 5 3. The teachers and counselors with whom I have had the closest relationships
have been...

1 2 3 4 5 4. The people who have most influenced me in my education have been...

1 2 3 4 5 5. In high school, my close friends were...

1 2 3 4 5 6. The ethnic backgrounds of the people I have dated have been...

1 2 3 4 5 7. The job(s) I have had, my close friends have been...

- 1 2 3 4 5 8. The people with whom I have established close, meaningful relationships
have been...
- 1 2 3 4 5 9. At present, my close friends are...
- 1 2 3 4 5 10. My close friends at work are...
- 1 2 3 4 5 11. I enjoy getting together with people who are...
- 1 2 3 4 5 12. When I study or work on a project with others, I am usually with person
who are...
- 1 2 3 4 5 13. When I am involved in group discussions where I am expected to
participate, I prefer a group of people who are...
- 1 2 3 4 5 14. I am active in organizations or social groups in which the majority of the
members are...
- 1 2 3 4 5 15. When I am with my friends, I usually attend functions where the people
are...
- 1 2 3 4 5 16. When I discuss personal problems or issues, I discuss them with people
who are...
- 1 2 3 4 5 17. When I discuss problems or issues concerning my non-White child, I
discuss them with people who are...
- 1 2 3 4 5 18. I most often spend time with people who are...

For the next 6 items, use the following scale to rate the statement that best describes
your past and present experiences:

1= Extensively

2= Frequently

3= Occasionally

4= Seldom

5= Never

- 1 2 3 4 5 19. I attend functions that are predominantly of my ethnic group.
- 1 2 3 4 5 20. I attend functions that are predominantly of minority groups.
- 1 2 3 4 5 21. I visit the homes of people (not relatives) of my ethnic group.
- 1 2 3 4 5 22. I visit the homes of people of minority groups.
- 1 2 3 4 5 23. I invite people (other than relatives) of my ethnic group to my home.
- 1 2 3 4 5 24. I invite people of minority groups to my home.

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