

Running Head: Family Research Paper

Post Adoption Depression, Adjustment, and Anxiety

MAP690 Theories of Family Systems

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Abstract

Research has shown that postpartum depression is more likely to be caused by psychological or sociological conditions rather than biological causes. If so, then are adoptive mothers at the same risk? This theoretical study will look at post adoption depression and its causes, a topic only recently realized and with little past research. A comparison of both conditions will be investigated, while specific attention given to post adoption depression. Over the past few years several new discoveries have emerged as well as a sociological model of understanding of post adoption depression recently developed by Karen Folli from the Purdue University School of Nursing. This writing will review the Foli model and also look at various other studies pertaining to post adoption depression and adjustment. This writing will attempt to answer questions pertaining to risk, causes, and treatment. A brief case study of the author's experience of post adoption depression, as well as an associated anxiety will follow, with practical implications and behavioral outcomes.

Table of Contents

[Introduction](#) _____ 4

[Assessment](#) _____ 6

[Review of Literature](#) _____ 7

- *Social support and psychological well-being in lesbian and heterosexual preadoptive couples.*
- *Distress and depression in new motherhood: Research with adoptive mothers highlights important contributing factors.*
- *Post-adoption depression.*
- *Post-adoption depression among adoptive mothers.*
- *Transition to parenthood in adoptive families.*
- *Depression in adoptive parents: A model of understanding through grounded theory.*

[Case Study](#) _____ 16

[Discussion](#) _____ 18

[Conclusion](#) _____ 19

[References](#) _____ 20

Introduction

Although the term postpartum depression is often used by the general public concerning depressive symptoms in new mothers, the condition is a formally diagnosed onset mental mood disorder and commonly classified into three categories; postpartum blues, postpartum depression (PPD), and postpartum psychosis (PP). It was only since 1994 that “depression from postpartum onset” was officially recognized as such. The American Psychiatric Association in the DSM-IV defines it as having an episode of Major Depressive, Manic, or Mixed Episode in Major Depressive, Bipolar I, Bipolar II, or a Brief Psychotic Disorder occurring within 4 weeks from delivery. The World Health Organization using the International Statistical Classification system (ICD- 10) defines it as occurring within 6 weeks of delivery. Statistics on prevalence ranges considerably in research from 5% to more than half of women experiencing some kind of postpartum depressive symptoms in some variation. Minor occurrences of postpartum blues usually pass between 10-12 days after childbirth, which is generally considered to be from hormonal fluctuations. Some of those women will continue with a more severe form of depression which may slowly build and peak after 3 or 4 months. Figures for this intermediate level of depression seem to be around 15% to 20% of postpartum women, and 1 in 500 to 1 in 1000, will suffer with a prolonged more severe psychosis (DSM-IV).

Risk factors increase with any history of depression or mood disorders or genetic predisposition to Bi Polar Disorder or Depression. Post-partum depression is generally categorized into three areas of origination; biochemical changes from the a birth, intra-psychic processes related to the pregnancy and birth, and psychosocial factors such as social support, familial support, and the relationship with the child’s father.

The exact cause of postpartum depression is still being debated between nature and nurture among medical professionals. Much recent research has suggested that aside from the first two weeks postpartum which often influences the hormonally induced “baby blues”, most postpartum depression occurs from environmental causes such as psychological or sociological conditions. Although it is not yet a recognized diagnosis, current studies and writings are even surfacing pertaining to postpartum depression in father’s and being called Paternal Postnatal Depression (PPND). {www.postpartummen.com}

Judy Bond, an adoption advocate and writer, first originated the idea and term Post Adoption Depression Syndrome (PADS) in 1996 in an article for Roots and Wings magazine. Although it is not currently included as a specific onset of depression in the DSM such as postpartum is, it is gaining ground in the growing adoption community. Similar to the PPND in relation to biological fathers, PADS affects the adoptive parent, or more common the adoptive mother. With adoption being such a complex sociological and psychological situation for all parties involved, child, birth parents and adoptive parents, there is no doubt that it can be emotionally draining and even traumatic for those involved.

Generally, demographics of adopting parents are often very different than biological parents such as; age is often older, level of education is often higher along with income level, and the duration of marriage prior to parenting is often longer. Adoptive parents experience unique stressors that biological new parents do not, such as past issues of infertility, financial burdens due to the costs involved in adoption, evaluation for parental fitness, and possible social stigma. Risk factors are often higher seeing that biological, genetic, and prenatal care information is not often available. Even in “healthy infant” programs risks are prevalent and the long process often causes attachment issues with the child after finally arriving home.

Assessment

Assessment for post-partum depression is done using various instruments of measurement. The Edinburgh Postnatal Depression Scale is a self-administered 10 item measure of depressive symptoms created for early detection of women at risk for postnatal depression (Cox et al., 1987). It is a widely used scale for screening for depressive symptoms in primary care. It is often used in postpartum depression and postadoption depression, although often altered for the later. However, it lacks in measurements of severity, and does not screen for specific signs of depression in adoptive mothers.

The Beck Depression Inventory is a 21 item, self report instrument used to identify depression which maintains validity and reliability in many studies. (Beck et al, 1961) Since its creation in 1961 by Aaron Beck it has had many revisions, but is still highly used for measuring the severity of depression.

The Post Partum Depression Screening Scale is a 35 item instrument developed by Cheryl Beck, which expands the EPDS measurement using seven dimensions: sleeping/eating changes, anxiety/insecurity, emotional lability, cognitive impairment, loss of self, shame/guilt, and contemplation of self harm. (Beck & Gable, 2005)

Some other less popular tests which have been used for evaluating post-partum depression have been; the Pitt Atypical Depression Scale (Pitt, 1968), Goldberg's Standardized Psychiatric Interview, and the Schedule for Affective Disorders and Schizophrenia. Unfortunately, most empirical studies concerning post-adoption depression use measurement instruments designed specifically for postpartum screening or for general use in other depressive disorders which lack any kind of specificity to adoptive parenting issues.

Review of Literature

Social support and psychological well-being in lesbian and heterosexual preadoptive couples.

Goldberg, A.E. & Smith, J.Z. (2008). *Family Relations*, 57(3), 281-294.

In this study Goldberg and Smith focused on the predictors of social support and psychological resources available to pre-adoptive parents in a comparison study of 36 lesbian couples and 39 heterosexual couples. The study included both domestic and foreign adoptions and both public and private, but was limited to infants and toddlers and to first time parents. The study explored factors predicting social support and mental well being (depression and anxiety) in both groups of parents. Because the variable of use of prior assisted reproductive technologies was being considered, Gay male couples were excluded from the study. Over 25 agencies assisted in the study, which used both interviews and questionnaire packets which was completed after the home study during the waiting period.

Variable measurements were done in four areas; demographics, sociological, psychological, and on conception and adoption. Sexual orientation, age, education, and income were looked at for demographics. A Likert-type scale was used which compared social support of family and friends, as well as relationship duration and relationship quality. The psychological variables which were measured were extraversion, depression, anxiety, and impact of infertility, which also used Likert-type scales. The NEO Personality Inventory Revised (Costa & McCrae, 1992) was used for measuring extraversion. The Center for Epidemiologic Studies Depression Scale (Radloff, 1977) was used to measure depression. The State-Trait Anxiety

Inventory (Spielberger, 1983) was used to measure anxiety. A Likert scale was created to measure the impact of infertility.

The results showed that concerning social-contextual support Lesbian couples were less likely to receive support from family, although the duration of the relationship was a factor with the couples in longer relationships receiving more support. However, sexual orientation did not influence support from friends.

Assumptions that international adoptions received less support due to ethnic and racial differences were not supported. Neither sexual orientation nor gender influenced mental health, but rather aspects of conception and adoption. Infertility and conception related characteristics were related to more depressive symptoms such as sadness and lethargy. Adoption related factors were related to symptoms such as anxiety, tension, and nervousness. Therefore depressive moods related to past uncontrollable situations and anxiety was related to present and future situations concerning the adoption process. Couples adopting domestically expressed more anxiety due to the uncertainty and lack of control than international adoptions. Also, couples waiting longer are at greater risk of anxiety.

Some limitations were that this study was not longitudinal and therefore results are limited. There was no distinction made between instrumental or practical support and emotional support in the study. The couple's relationship with the adoption workers or agency, were never addressed. The study also excluded gay men, and used a fairly small sampling. However, the study linked specific and important factors to depression and anxiety during the pre-adoption period

Distress and depression in new motherhood: Research with adoptive mothers highlights important contributing factors. Gair, S. (1999). *Child & Family Social Work*, 4(1), 55-66.

This study conducted in Queensland Australia has a definite feminist approach to the topic. Much of the study blamed the evolution of the male dominated Western society for the current day difficulties in mothering in general, highlighting the discrepancies between the ideology and the realities of motherhood. It also acknowledged the extended complexities both sociological and psychological that adoptive parents feel, specifically adoptive mothers.

The research accessed 19 new adoptive mothers of infants under nine months old. The Edinburgh Postnatal Depression Scale was again used to screen for depressive symptoms. This study concluded that 32% of the mothers tested registered a score above the recommended cut off point of 12/13. Interviews were also used which revealed that complaints were often due to a lack of sleep of the parent and the temperament of the child.

Post adoption depression. Payne, J.L., Fields, E.S., Meuchel, J.M., Jaffe, C.J., Jha, M. (2010). *Archives of Women's Mental Health*, 13 (2), 147-151.

This study was developed to evaluate the prevalence rate and factors associated with postadoption depression. The study recruited 112 mothers and used 86 of them for the study, all of which adopted a child in infancy. A modified version of the Edinburgh Postnatal Depression Scale (EPDS) was used. The rates of depressive symptoms were calculated at three points in the post adoption period. Clinical variables used were of family psychiatric history, stress, and adjustment difficulty. No significant rates were found in family psychiatric history. However, this may be due to discretion concerning past problems during the home-study out of fear of getting rejected as fit parents. Significant rates were found concerning levels of stress and adjustment post adoption. Depressive symptoms were found in 27.9% at 0-4 weeks post adoption, 25.6% at 5-12 weeks, and 12.8% at 13-52 weeks.

Limitations were that no information was collected about subjects' pre-adoptive mood states to compare to. No causal factors were presented concerning whether social support structures were in place throughout the adoption process.

Post-adoption depression among adoptive mothers. Senecky, Y., Agassi, H., Inbar, D., Horesh, N., Diamond, G., Bergman, Y., et al. (2009). *Journal of Affective Disorders*, 115(1-2), 62-68.

This study out of Israel looked at the rate of depressive symptoms as well as possible underlying factors in adoptive mothers during their transition to motherhood. The study used three scales of measurement; the Edinburgh Post Natal Depression Scale, the Beck Depression Inventory, and the Brief Symptom Inventory. Scores were taken of 39 adoptive mothers both before and post adoption and then compared to published findings for biological mothers in the general population. Depressive symptoms were found in 15.4% of the study group similar to that for postpartum depression, however lower than the measured rate prior to the adoption, which was 25.6%.

Results in this study show that there is no significant difference in depression between adoptive and birth mothers. It suggests that post birth depression symptoms are not necessarily physiologically based and what is considered post partum depression may actually reflect a reaction to increased stress during the move to motherhood and yet the next move to another stage in the lifecycle.

Transition to parenthood in adoptive families. Levy-Shiff, R., Goldschmidt, I., & Har-Ever, D. (1991). *Developmental Psychology*, 29 (1), 131-140.

Rachael Levy-Shiff, from Bar-Ilan University in Ramat-Gan, Israel, has contributed greatly to the research of adoption in various contexts. This particular study was a short term longitudinal study which compared preadoption expectations with actual experiences in postadoption with an investigation into the transition to parenthood in adoptive families. The research studied 104 Israeli couples, 52 were first time adoptive parents and 52 were first time biological parents. The two groups were matched by level of education; however the adoptive parents were older and had been married longer. The first interview was 3-4 months prior to the birth for the biological couples and receiving the baby for the adoptive couples. The second interview was at approximately four months of age, with the adopted children being placed at birth. The eight types of measurement instruments below were used, with topics including attachment to the baby, coping with physical demands, satisfaction with parental role, relations with extended family, and outside social support.

- Parental Expectations and Perception of Parenthood Adjustment Questionnaire
- Ego-Strength Scale
- Tennessee Self Concept Scale
- Ways of Coping Checklist
- Self-Rating Depression Scale
- Dyadic Adjustment Scale
- Social Support Questionnaire
- Loss and Deprivation Questionnaire

Results showed that the adoptive parents had more positive expectations and reported more satisfying experiences in the transition to parenthood than did the biological parents. Experiences after birth by the biological parents were predicted by two pre-natal variables, pre-natal expectations and the parent's ego-strength. The stronger the ego-strength and the higher the expectations, the more positive the post-natal experience was.

Experiences of the adoptive parents were explained by two variables, social support and family expectations. The more support the adoptive parents received and the higher the family expectations, the more satisfying the experience was. Given the sense of loss, the increased negative life experience, and the determination to become parents, adoptive parents have different expectations and more positive experiences than do biological parents. Also the older age, maturity, social status, and higher financial security of adopting parents may influence the outlook. Outside social support is an important predictor in adjustment for adoptive parents much more than biological parents.

The study was very limited in timeframe to early adaptation to parenting with no look of adjustment over time and throughout the family lifecycle.

Depression in adoptive parents: A model of understanding through grounded theory.

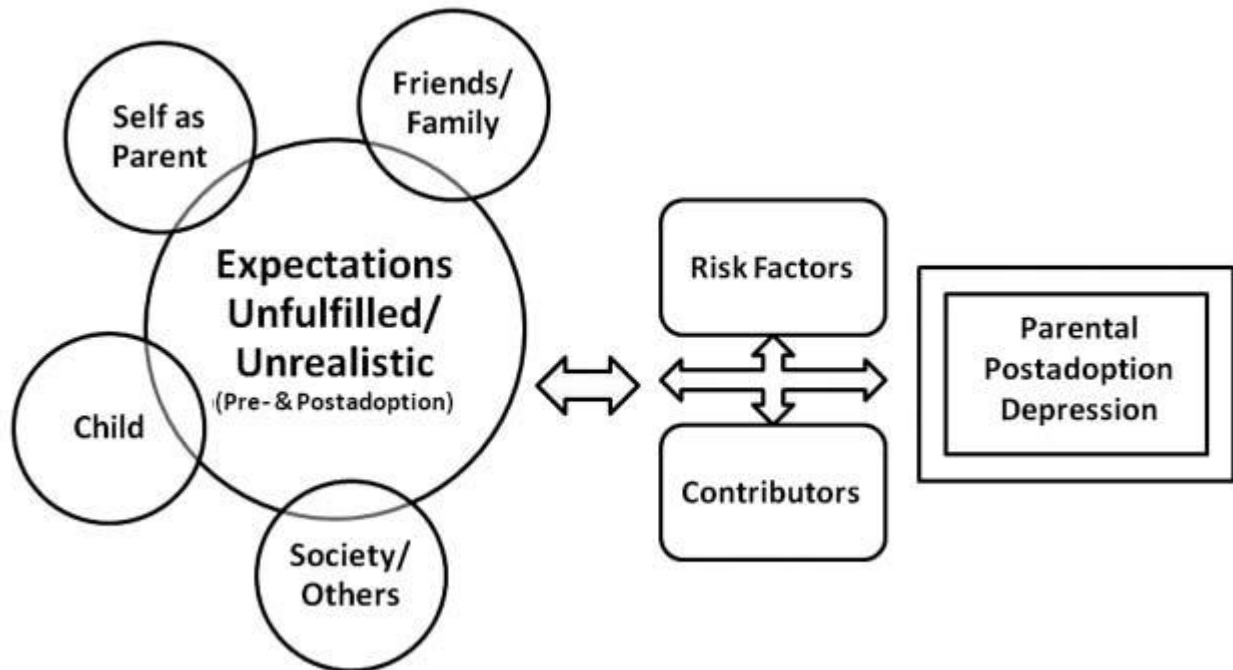
Foli, K. J. (2010). *Western Journal of Nursing Research*, 32, (3), 379-400.

The objective of this research was to develop a midrange theoretical interpretation of parental post-adoption depression. The study used a grounded theory approach and a systematic qualitative research methodology. Foli's work emphasized the generation of theory from past and present data in the process of conducting research rather than the reverse fashion of traditional research which begins by developing a hypothesis. Although it tends to seem contradictory to the scientific method the ending result and model Foli developed explains the interaction and complexities during the adoption process very well.

Parents expressed unfulfilled and unrealistic expectations in four specific domains; the self, the child, family or friends, and society at large. Research focused on interaction of those involved. It did not try to measure depression itself or assess its intensity.

Interviews were conducted by phone using 21 participants. The questioning was in three parts; the first section was concerning demographics, the next section was questions pertaining to "imagined interactions", and the last section questioned the participant's mental health status. Observation of an adoptive parents support group was also included, and 11 adoption professionals crossing disciplinary lines were also interviewed for the study.

A recurrent theme of unfulfilled and unrealistic expectations arose repeatedly. The adoptive fathers expressed anger at "the system" with feelings of betrayal. The mothers complained of fatigue and a poor relationship with the child, like a lack of trust and bonding.



Karen Foli’s theoretical model of understanding of parental post-adoption depression.

Issues of the lack of control pertaining to the expectations of the self were expressed by the participants. With the demands of the adoption process itself, little attention was given to actual parenting. With so much scrutiny of the agencies involved in proving parental fitness, the expectations of being super parents offered a stress filled experience with little ability to live up to self expectations. Due to transitional trauma during an adoption, expectations of the child are often less than desired pertaining to factors such as; child temperament, parental bonding, and physical and mental disabilities of the child.

The study also showed how external factors feel short of expectations such as support from family and social stigma, racism in mixed racial adoptions, and adoptism in general thinking that the adopted family is a step below the biological family.

Case Study

This case study of post adoption depression was experienced and described here by the author of this research article. The adoptive parents were demographically similar to most adoptive couples in the research studies as being older and in their later years, the woman past healthy child bearing age, financially secure, educated, and professionally stable. The adopting mother had no children previously, but the adopting father had two grown children from a previous marriage. The adopted child was from Guatemala and placed at birth but was cared for in his homeland by a foster family until the adoptive parents could legally take him home at seven months. The child had medical issues with fluid in the ears.

Depression was experienced at the time of adoption six years ago and lasted intermittently about three years. Much of the early depression was due to general stress of the costs involved, the paperwork needed, the travel plans, fears of unknown medical problems, and the move to parenthood, which lasted under a year.

Looking at Foli's model it was the adoptive mother's family that caused the majority of the lingering depression by resisting and even rejecting the adopted infant boy. Dysfunction and resistance was nothing new to the adoptive parents concerning extended family matters even prior to the adoption efforts. The father's family was more accepting, but lived out of state. The adopting mother's family lived close by but was historically dysfunctional and offered no interest or support. The mother sought out support in the community and was successful in doing so. For support concerning the medical issues she contacted Birth23 in Connecticut which she received much support for the child, including therapy. At three years old Birth23 transitioned the child into the local public school system where he continued speech therapy and special resources for cognitive and behavioral development. The adoptive mother also turned to

her local church parish for needed social support which she was successful in acquiring and eventually the depression subsided.

One explanation can be that due to the age of the adoptive couple was at the time of adoption was well out of expected social timing and sequence such as the family lifecourse development theory calls for. Therefore, it was not well received by the extended family. At the time of placement the adoptive mother was 46 and the adoptive father was 56 and the father's two biological children were in their mid-late twenties. Ironically the two siblings were very accepting of the adoptive child even though they reside in another state.

Another explanation that conflict theory might offer is that certain people will rule in a family and often it is the ones who maintain the control and hold the resources. In this situation, the one who had led the group (maternal aunt) in the rejection of the child traditionally held much of the control and resources in the family.

There were past issues of depressive symptoms through the years by the adoptive mother due to family dysfunction and abuse which manifested in behavioral eating problems. Behavioral therapy was intermittent over the course of thirty years, but nothing that warranted use of pharmacological therapy.

One other related anxiety developed throughout the depressive three year period, which was at times severe, specifically through the nights. The adoptive mother feared that the child would be taken. The imagined scenario was highly unlikely given the community that the couple resided in. Although that is a common fear of all mothers, specific feelings of guilt of having had taken the child from another woman surrounded the fears with a theme of sorrow for the woman who was forced to relinquish the child which was most likely due to financial despair.

Discussion

It was interesting to associate the six different studies reviewed to the family theories from the White and Klein textbook. The Gair study took a feminist approach blaming the male dominated Western society for the current day difficulties in mothering, while focusing on the discrepancies between the ideology and the realities of motherhood.

The Payne and associates study seemed to be a straightforward functionalist approach which looked at the risk factors involved in determining post-adoption stress. Senecky and associates used a similar functionalist approach while also trying to determine the levels of depression.

The Goldberg & Smith study took an interactionist and ecological approach which compared the social and psychological support systems of the heterosexual and lesbian adoptive parents. The study focused on predictors of the support while relating it to later depressive symptoms after the child was incorporated into the family unit.

Both Foli's theory and Levy-Shiff's theory also took an interactionist approach which looked specifically at the expectations of the actors prior to adoption in relation to the later interpretation of the actual reality experienced. Foli's model approach also used an ecological view as well as an interactionist. Foli did not mention Bronfenbrenner in her article, although the Goldberg & Smith study did and I thought it beneficial to do so again. Bronfenbrenner's ecological model is the progressive mutual accommodation throughout the lifecourse between the person and the changing properties of the immediate settings in which the person lives. The person is not viewed as a *tabula rasa*, but as a dynamic evolving being that interacts and in return restructures its own environment. It is crucial for interaction to initiate development and for predicting adjustments.

Conclusion

In conclusion, it is apparent that more study needs to be done in this area of postadoption depression. In particular a unified form of assessment can be established specific to the needs of the adoptive mother which might incorporate past issues of infertility on a personal level with social resistance on an environmental level. Strategies for coping can be developed and offered by professionals who have sensitivity of the situation. Aside from these few research studies no other information was found on the topic. It would be interesting to look at the problem across various cultures. Other than the two Israeli studies discussed here there were no cross cultural studies at all pertaining to postadoption depression found.

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