

# Parents' Sense of "Entitlement" in Adoptive and Nonadoptive Families.

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*The literature suggests that problems with developing a sense of entitlement are unique to adoptive families, but this assumption has not been examined empirically. In this study, a questionnaire was constructed to define operationally those characteristics associated with the construct of entitlement, and was administered to adoptive and nonadoptive families with children averaging 11.5 years in age who presented either for mental health service or were recruited as a comparison-control sample. Factor analysis yielded four factors on which the four groups of subjects were compared. Results indicated that problems with entitlement are not specific to adoptive families. Instead, differences in sense of entitlement occurred primarily between clinic and nonclinic control families, regardless of whether the target child had been adopted. Findings are discussed in terms of methodological shortcomings in the adoption research literature and how problems in entitlement may be associated with other family characteristics.*

There has been increased attention focused on the mental health characteristics associated with adoption. This has been partially stimulated by converging reports of the overrepresentation of adopted children in mental health facilities. As well, the growth in the numbers of older and other special-needs children being adopted has heightened awareness of strains on both the children and their parents in adjusting to adoptive family life. Various potential inferences have been discussed in relation to adjustment of adopted children. One explanation of some of the adjustment problems of adopted children and their parents relates to parents' difficulties in having a sense of entitlement to be a parent to their child. The purpose of this article is to describe our preliminary work to develop a measure of this construct and, by making relevant group comparisons, to test whether problems of entitlement are, in fact, unique to adoptive parents.

The concept of entitlement was introduced into the literature more than 20 years ago by Jaffee and Fanshel (1970). Since then, the failure to develop a sense of entitlement to be parents of an adopted child has been cited as a factor contributing to a problematic outcome (see Reitz & Watson, 1992; Ward, 1979). Reitz and Watson (1992) have defined entitlement as the parents' "legal and emotional right to parent their child. The legal right is conferred in court, the emotional right grows out of the parents' increasing comfort with their roles as mother and father to the child" (p. 125). Thus, entitlement refers to the parents' presumption that they are indeed the child's parents with attendant rights to command authority and set expectations. Parents who do not feel entitled do not feel they have these rights because the child is not truly theirs; as a result, they may attempt to negotiate their rights with their child. For instance, some parents feel that they have stolen the child or are undeserving. This deprives them of the prerogatives of so-called real parents.

A number of specific problems have been mentioned as a consequence of the failure to develop a sense of entitlement: feeling unsuccessful in disciplining the child or getting him or her to take responsibility (being overly strict or overly permissive); feeling that the child is not part of the family; being sensitive to rejection by the child, and needing the child's reassurance. Also cited are difficulties in allowing the child to have age-appropriate experiences coupled with a need to control the child's activities, discomfort about discussing adoption, and unwillingness to accept that the child may want to search for birth parents, for fear that the child will ultimately reject the adoptive parents (Jaffee & Fanshel, 1970; Ward, 1979).

Entitlement is a construct that has only been discussed as a potential problem for adoptive families. In these families, it is presumed that lack of a sense of entitlement may stem from different circumstances. In some cases, problems with entitlement are assumed to be rooted in feelings of failure and unworthiness related to infertility. In other cases, it has been maintained that either the child's fantasies or actual memories of birth parents contribute to adoptive parents' insecurity in their parenting role. Moreover, having gone through a lengthy and exhaustive investigatory procedure, adoptive parents who lack a sense of entitlement may feel continuing pressure to prove they are good parents, believing that they need to be perfect for fear of losing their child or of being treated as a pathological family.

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Development of feelings of entitlement overlap but should not be confused with the other developmental tasks of parents and children, such as development of secure attachment relationships. Although attachment has been conceived in different ways, generally it refers to the emotional tie to certain individuals (usually parents) to whom a child prefers to respond and on whom a child can rely for comfort and protection. In this way, parents function as a secure base for their child from which he or she can explore. While the constructs of entitlement and attachment often are related, this is not necessarily so. Entitlement implies a negotiation of rights and responsibilities. Parents may have a strong emotional tie to their adopted child and provide security, but not feel as if they are entitled. Thus, some parents may have poor behavioral management skills but have warm, loving relationships with their child despite frequent conflicts. The converse also may be true when a parent does not have a strong emotional tie with the child but feels entitled. In the extreme, entitlement in the absence of attachment can be manifested in an overreliance on affectionless control in disciplining the child. This is a situation where there is simultaneous occurrence of low parental care and high parental overprotection (Parker, 1990). The primary concern here is in reducing the nuisance or aversive behavior of the child without fostering positive development.

Feelings and behaviors associated with a sense of entitlement to be a parent are presumed to be taken for granted in non-adoptive families. In fact, we do not know whether the lack of such feelings also plays a role in the impaired parenting ability of many nonadoptive dysfunctional families because the construct of entitlement has not been studied empirically. Entitlement has been discussed only in the context of descriptive comparisons of adoptive families who present for service or report adjustment problems versus adoptive families who do not (Jaffee & Fanshel, 1970; Reitz & Watson, 1992; Ward, 1979). With few exceptions (for example, Grotevant, McRoy, & Jenkins, 1988), research on adoptive families typically does not include nonadoptive families. Put another way, many parents who present to mental health clinics feel that they cannot control their child's behavior; they reject and feel rejected by their child, and generally feel inadequate in their parenting role. Thus, adoptive and non-adoptive parents who are presenting for mental health service may be similar to one another. It needs to be determined whether characteristics associated with the construct of entitlement are actually more prominent in adoptive families. To do this we need both an appropriate instrument and an appropriate research design.

There are no standardized measures of entitlement, although Grotevant, McRoy, Elde, and Fravel recently (1994) coded feelings of entitlement in transcripts of adoptive families involved in varying levels of open adoption. Therefore, a necessary component of our research was to develop such a standardized measure. Our primary goal was to construct a questionnaire with items generated by operationalizing specific problems and outcomes that the descriptive literature suggests are associated with a lack of a sense of entitlement to be a parent in adoptive families. This measure had to be suitable for administration to both adoptive and nonadoptive families in order to determine whether problems with entitlement are specific to adoptive families. Consequently, the questions were worded so that both adoptive and nonadoptive families could answer them.

The question of whether problems in entitlement are unique to adoptive families can be answered only if appropriate comparison groups are available. Therefore, a second goal of our study was to compare adoptive and nonadoptive families presenting for mental health clinical service with nonclinically referred adoptive and nonadoptive families, to determine those characteristics shared by adoptive families and characteristics shared by families seeking clinical service, and to provide a baseline of typical parenting difficulties in nonadoptive families. If adoptive families encountering problems are characterized by a lack of a sense of entitlement to be parents, we would expect that adoptive families presenting for mental health service would show more severe problems with entitlement than a comparable group of nonadoptive families. We also would expect that adoptive clinical families would exhibit more problems with entitlement than adoptive nonclinical families. These differences were not expected to occur between the nonclinical groups regardless of adoption status.

Because entitlement is a construct describing parent-child relationships, a third goal of the study was to determine whether problems with entitlement are related to other family system features that the large literature on parent-child relationships has associated with referral for child behavior problems: parents' psychological distress (Goodyer, 1990), marital quality (Belsky, Youngblade, & Pensky, 1989), overt marital conflict (O'Leary & Porter, 1987), and family dysfunction (Goodyer, 1990). The possibility remains that problems attributed to failure to develop a sense of entitlement are actually reflections of parental and family dysfunction.

In a recent article and report on a larger sample from which the current sample was drawn, we provided evidence that the marital and family functioning of adoptive and nonadoptive families presenting for mental health service differ (Cohen, Coyne, & Duvall, 1993; Cohen, Duvall, & Coyne, 1994). Specifically, parents, families, and children presenting to a clinic were more symptomatic than those who did not present for service. However, adoptive families presenting for service had less adversity in their families of origin, reported less deviance in adolescence, and had more supportive extended families compared to nonadoptive families presenting for mental health service. On standardized questionnaires, adoptive clinical parents reported that they were more satisfied with their marriages, had less marital conflict, and in some respects functioned better as a family than did the comparison group of nonadoptive families (Cohen *et al.*, 1993, Cohen *et al.*, 1994). At the same time, parents and teachers rated adopted clinical children as exhibiting more severe psychopathology, particularly more aggressive, delinquent, and hyperactive behaviors on the Child Behavior Checklist and Teacher Report Form. In light of our findings regarding the greater family strengths of adoptive families, we expected that parent

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psychological distress and marital and family functioning of adoptive families presenting for clinical service would be more independent of both problems with entitlement and whether the child was referred for mental health service, as compared with nonadoptive clinical families.

## METHOD

### Sample

The sample comprised 136 two-parent families. Of these, 29 included nonrelative adopted children referred to a postadoption mental health service (Adopted Clinical group) and 45 included nonrelative adopted children—recruited from five child welfare agencies and through the media—for whom clinical service had not been sought (Adopted Nonclinical group). Data also were obtained from 27 nonadoptive families presenting for mental health service (Nonadoptive Clinical group) and 35 families that were not seeking service (Nonadoptive Nonclinical group).

Adoptive Clinical families were obtained from the families seeking clinical assessment and treatment service at the Children's Aid Society of York Region Post-Adoption Program ( $n = 22$ ) and from participating children's mental health centers in the community ( $n = 7$ ). Because the target sample of Adoptive Clinical families was composed of two-parent families with a child between the ages of 6 and 16 years, these variables were used as inclusionary criteria for the other groups. Adoptive Nonclinical families were obtained from eight Children's Aid Societies in Metropolitan Toronto and rural Ontario, and from media advertisement. These families currently were not on the Societies' caseloads but were obtained from adoption workers who kept track of parents who had adopted through the particular Society. For ethical reasons, these workers were asked to make an initial contact with families using a standard form letter prepared for the study. Non-adoptive Clinical families were obtained from six mental health centers that have a mandate of providing individual, marriage, and family counseling, and child-related services within the community. Finally, the Nonadoptive Nonclinical families were obtained from advertisements in local media in urban and rural communities involved in the study.

### Measures

#### *Newmarket Family and Child Questionnaire*

The NFCQ I was constructed by sampling the existing clinical literature to obtain a list of relevant feelings and behaviors that would serve to define operationally those variables that the adoption literature suggests are associated with the construct of entitlement and with related positive or negative outcomes for adoptive families: perceived parenting skill; feelings of being the child's real parent; need to be a perfect parent; sensitivity to rejection; fostering of independence and separation experiences; views about whether the child feels part of the family; and success and comfort in disciplining the child (see Appendix I and II). Questions, worded so that both adoptive and nonadoptive families could answer them, were rated on a 5-point scale.

In a pilot stage of this study, these questions were administered to a sample of 88 families and, based on that experience, refined and revised. The revised questionnaire was administered to a new sample of 136 families who comprised the sample for this study. Factor analytic techniques were applied to summarize the data and to derive scores on the underlying dimensions. The results of these analyses will be described below. A second questionnaire containing questions that could be asked only of adoptive families (NFCQ II) and questions directed to the children will not be considered here.

#### *Parent and Family Functioning*

Taking a multilevel, systemic approach to family assessment, family functioning was assessed at the levels of the individual parents, the marital dyad, and the family as a whole, using the following measures.

A 25-item version of the *Hopkins Symptom Checklist* (HSCL; Heshbacher, Downing, & Stepansky, 1978) was used to assess psychological distress in the parents. Those investigators found that this shortened version correlated highly with the 58-item version (Derogatis, Lipman, Rickles, *et al.*, 1974). The HSCL-25 functions as a better measure of psychiatric caseness than do a number of other screening instruments, such as the Clinical Epidemiological Studies of Depression Questionnaire (Heshbacher *et al.*, 1978; Hough, Landsverk, Stone, & Jacobson, 1982). Higher scores on this scale indicate greater psychological disturbance.

Marital distress was assessed using the *Dyadic Adjustment Scale* (DAS; Spanier, 1976), which is the single most validated measure of marital adjustment. Higher scores on this scale indicate poorer marital adjustment.

Parents' perception of the frequency of occurrence of positive and negative interactions by spouses toward each other in the presence of the child was measured with the 10-item *O'Leary-Porter Overt Hostility Scale* (OHS; O'Leary & Porter, 1987). The items assess parents' differences over discipline, parents' complaints about one another, physical and verbal abuse, and displays of affection. Lower scores on this scale indicate greater conflict.

The *Family Assessment Device* (FAD; Epstein, Baldwin, & Bishop, 1983) was completed by parents as a measure of healthy/unhealthy family functioning. This 53-item self-report measure incorporates six scales based on the McMaster Model of family functioning, as well as a seventh scale (General Functioning) that assesses overall health/pathology (Epstein *et al.*, 1983). These scales have good internal consistency and have been shown to discriminate among a variety of populations in expected ways. The General Functioning scale of the FAD is probably the single most validated measure of overall family functioning (Byles, Byrne, Boyle, & Offord, 1988) and, consequently, was the scale of primary interest in our study. Lower scores on this scale indicate unhealthy functioning.

## Procedure

All questionnaires were completed separately and independently by both parents. Families attending the Post-Adoption Service were administered the questionnaires during their first visit to the agency. For their convenience, all other families were administered the questionnaires in their homes by a research assistant.

## RESULTS

### Sample Description

The children in the sample were, on average, between 11 and 12 years of age and approximately half were boys (see Table 1). There were no group differences with respect to age,  $t(1,132) = 1.0$ , or sex,  $\chi^2(3) = .30$ . On average, the family income of the nonclinical samples was significantly higher than that of the clinical sample,  $F(1,129) = 6.71$ ,  $p < .05$ , but all groups of families were in the middle socioeconomic income range. With respect to the adopted groups, the Adopted Clinical children were significantly older at adoption,  $t(73) = 1.94$ ,  $p < .05$ . The adopted children had been in their adoptive homes for a median of 9 years at the time of participation in the study.

Table 1  
*Sample Description*

	Adopted Clinical (n = 29)	Nonadopted Clinical (n = 27)	Adopted Nonclinical (n = 45)	Nonadopted Nonclinical (n = 35)
Age (years)	11.14	11.07	12.11	11.82
% Boys	44.83	61.5	46.67	56.36
Family Income (1-10)	5.65	5.41 <sup>a</sup>	6.54 <sup>b</sup>	6.86 <sup>b</sup>
Mean Age Adoption (months)	25.84 <sup>a</sup>	—	12.90 <sup>b</sup>	—
(range)	(0-108)		(0-89)	

*Note:* Numbers with different superscripts differ significantly.

### Factor Analysis of NFCQ I

It is important to acknowledge that the sample size is small for factor analysis. At this stage, we regard the factor analyses as informing our selection of items for the construction of a set of scales assessing various dimensions of entitlement. In this context, we asked ourselves three things: (1) whether the items have face validity, (2) whether scales constructed from the items are internally consistent, and (3) whether they related to other variables of theoretical interest such as clinical or adoption status.

The underlying structure among items was assessed empirically using factor analysis (Tabachnik & Fidell, 1989). Four factor analytic methods were used: alpha, principal components, iterated principal factor, and maximum likelihood. All methods provided essentially the same solutions. Since the main purpose of the analysis was psychometric, to examine the structure of the scale, the results of the alpha method will be reported. The alpha method assumes that the items (questions) are a sample from a population of possible items, while the participants in the study are considered to comprise the whole population of subjects (Kim & Mueller, 1978).

To determine the number of extracted factors, oblique rotations (Promax) were carried out. The oblique rotation was chosen because there were no theoretical grounds on which to expect the extracted factors to be independent (orthogonal to one another). The obtained correlations in the factor structure matrix are quite high, with most correlations greater than or equal to 0.3. A correlation of 0.3 is the commonly employed cutoff value of factor loadings used in interpretation of factor meaning. We followed Stevens' suggestion (1986, pp. 343-345) and used for factor interpretation those variables with

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loadings statistically significant at  $\alpha = .01$ , and which shared at least 15% of their variance with the factor. In virtually all cases these criteria required that the loadings be greater than or equal to a value of 0.50. To select factors, we examined the following: the scree plot (that is, the plot of all factors against their eigenvalues) for an abrupt change in the distance between the factor often forming an "elbow" in the curve, the size of residual correlations obtained by subtracting a reconstructed correlation matrix, the size of the alpha coefficients for each factor, the number of items loading on the factor, and, most important, the meaningfulness of the extracted factors. Separate factor analyses were done for mothers' and fathers' responses. Essentially, the same factors were extracted for both parents, but sometimes the relative importance of items differed (see Appendix I and II). The same three items did not meet the above criteria either for mothers or for fathers and, consequently, were not included in further analyses. These items were (1) If \_\_\_ said he/she wished I was not his/her parent, I would laugh it off; (2) Sometimes I feel I don't deserve to be a parent; (3) I wouldn't be upset if \_\_\_ said I was not his/her parent.

Thirty-three items in the NFCQ I were divided into two sets of items on which separate factor analyses were performed. This division of items into two sets was done in order to reduce the chances of obtaining a method effect by separating the content (entitlement) from methodological variance involved by asking for *feelings or judgments* in some items as opposed to the *frequency of specific behaviors* in others. The questions included in each of these analyses and the factor scores are summarized in Appendix I and II, which also include a measure of the internal consistency of items in the factor: the alpha coefficient (Cronbach, 1957).

#### *Factor Structure*

Criteria described earlier were better met when a two-factor solution was applied. The first set of factors contained 13 items ( $N = 136$  for mothers and  $N = 133$  for fathers) that asked parents to indicate their degree of agreement with statements describing feelings and thoughts about their relationship with their child and his or her place in the family. These items were intended to tap their sense of entitlement in the parenting role in relation to the target child.

For both parents, factor analysis produced two factors (Parenting Doubts and Distance) summarized in Appendix I, and two factors in Appendix II (Discipline Success and Discipline Comfort).

*Parenting Doubts factor:* This factor, comprised of 8 items for mothers and 7 items for fathers, was characterized by items relating to parents' anxiety about being a perfect parent; feelings about whether they deserve to be a parent; needing to prove their right to hold this role, to do special things to make the child feel part of the family, to justify their reasons for discipline or vacillations in discipline; and sensitivity to the possibility of the child rejecting them.

*Distance factor:* This factor was comprised of 5 items for mothers and 6 items for fathers. It captured the parents' feelings of being rejected by their child currently; feelings that the child does not currently or may not in the future feel part of the family; dissatisfaction with displays of affection from the child; and report of frequent, unpleasant arguments.

*Discipline Success factor:* This factor summarized the parents' feeling of success in disciplining the child in a range of situations.

*Discipline Comfort factor:* This factor summarized the parents' feeling of comfort in the same situations for which their opinion concerning success was elicited.

#### *Entitlement Factors*

Group differences on the factors related to entitlement are delineated in Figure 1. To support the hypothesis that problems with entitlement are unique to Adopted Clinical families, we would expect to find a significant Adoption by Clinical interaction. This was not the case. Instead, in the majority of cases there was a significant main effect for Clinical versus Nonclinical group status. In only a few instances were there differences between adoptive and nonadoptive families. For mothers' responses (see Figure 1), both Adoptive and Nonadoptive Clinical groups stood out as different from the two nonclinical groups. Mothers and fathers in the clinical groups were more likely to feel distanced from their children,  $F(1,132) = 51.49, p < .0001$  and  $F(1,129) = 35.25, p < .0001$ , and to express more parenting doubts  $F(1,132) = 53.10, p < .001$  and  $F(1,129) = 27.78, p < .0001$ . There was also a significant adoption main effect for mothers' responses on the Parenting Doubts scale,  $F(1,129) = 3.94, p < .05$ . Unexpectedly, adoptive mothers reported significantly fewer parenting doubts than nonadoptive mothers. There was also a significant adoption main effect for fathers' responses on the Distance Scale, with adoptive fathers feeling more distanced from their children than nonadoptive fathers, regardless of clinical status,  $F(1,129) = 5.56, p < .01$ .

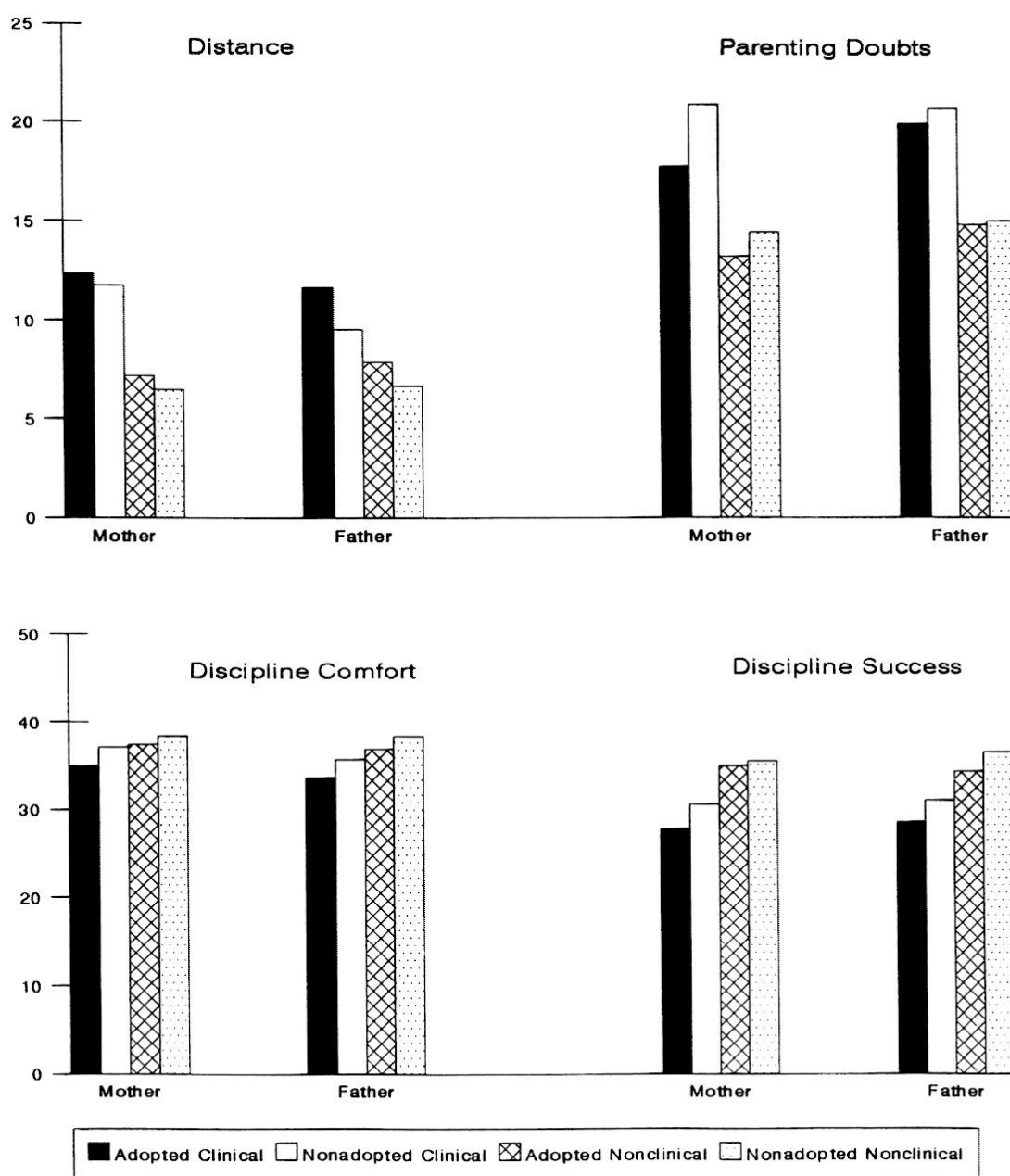


Figure 1.  
Group differences on entitlement factors.

Although there were no group differences in maternal report of comfort in disciplining the child in various situations, mothers in both clinical groups reported significantly less success in disciplining their children than nonclinical mothers,  $F(1,132) = 29.39, p < .0001$ . Fathers in these groups reported both less success and less comfort in disciplining than nonclinical fathers,  $F(1,129) = 27.65, p < .0001, p < .0001$ , and  $F(3,129) = 7.84, p < .01$ . There was also a significant adoption main effect for the Discipline Success factor,  $F(1,129) = 4.65, p < .03$ , with adoptive fathers reporting less success than nonadoptive fathers.

#### Entitlement Scores

Correlational analyses: Correlations were computed between the four factors (Parenting Doubts, Distance, Discipline Success, Discipline Comfort) and the four measures of family functioning (HSCL-25, DAS, OHS, FAD-GF). We were particularly interested in whether there was a stronger pattern of correlation among these variables in adoptive versus non-adoptive families presenting for service. As can be seen in Table 2, although 7 of 16 correlations between entitlement

and family functioning measures were significant for the Nonadoptive Clinical mothers, only 2 correlations were significant for the Adoptive Clinical mothers. Among the Nonadoptive Clinical mothers, unhealthy family functioning and marital conflict were most highly associated with the entitlement factors. This basic pattern was repeated for fathers' data. There were 11 significant correlations for Nonadoptive Clinical fathers and 3 for Adoptive Clinical fathers. For fathers, family functioning, along with both marital conflict and marital dissatisfaction were related to entitlement problems. In contrast, for Adoptive Clinical fathers, individual psychological distress was significantly associated with entitlement problems.

Table 2

*Correlations Between Measures of Entitlement and Parent and Family Functioning for Adopted and Nonadopted Clinical Families*

Measures	Adopted Clinical (n = 29)				Nonadopted Clinical (n = 27)			
	Parenting Doubts	Dis- tance	Discipline Comfort	Discipline Success	Parenting Doubts	Dis- tance	Discipline Comfort	Discipline Success
<b>Mother's Report</b>								
HSCL-25	-.33	.22	-.11	-.38*	.35	.17	-.43*	-.34
DAS	-.02	.13	-.22	.17	-.32	-.20	.22	.34
OHS	-.25	-.16	-.03	.30	-.39*	-.26	.43*	.43*
FAD-GF	.46**	.24	-.03	-.19	.46*	.40*	-.29	-.38*
<b>Father's Report</b>								
HSCL-25	.52*	.04	-.56**	-.38*	.38*	.07	-.36	.56**
DAS	.02	.20	-.07	.01	-.51**	-.33	.36	.49**
OHS	-.16	.18	.06	.32	-.50**	-.20	.45*	.52**
FAD-GF	.30	-.01	-.14	-.34	.61***	.63***	-.61***	-.58***

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

*Logistic regression analyses:* Stepwise logistic regression analyses were then done to determine the extent to which the factors relating to entitlement and parent and family functioning were associated with referral for clinical service. The independent variables included the four family functioning variables (FAD-GF, DAS, OHS, HSCL-25) and the four factor variables (Parenting Doubts, Distance, Discipline Success, Discipline Comfort). The analyses were done separately for mothers and for fathers. The chi-square statistic reflecting partial associations between the predictors and group status are shown in Table 3.

Table 3

*Results of Stepwise Logistic Regression Analyses of the Association of Parent, Family, and Entitlement Variables with Referral Status for Adoptive and Nonadoptive Families*

Model	X <sup>2</sup>	df	p	Sensitivity	False Negatives
<u>Adoptive Mothers</u>					
Distance	7.53	10	.0001	75.7%	23.8%
<u>Nonadoptive Mothers</u>					
Distance	18.19	10	.0001		
HSCL-25	5.50	10	.02	91.4%	15.8%
<u>Adoptive Fathers</u>					
Distance	13.36	10	.0003	72.6%	30.0%
<u>Nonadoptive Fathers</u>					
FAD-GF	13.82	9	.0002	71.0%	30.4%

For adoptive mothers, the Distance score was highly associated with whether a child was referred. For nonadoptive mothers, Distance and maternal psychological distress (HSCL-25) were most closely associated. For adoptive fathers, the Distance score was most highly associated with referral status. Finally, for nonadoptive fathers, general family functioning, was most highly associated with whether a child was referred. Thus, the Distance factor emerged as a stronger independent

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predictor of whether a child got referred in both adoptive and nonadoptive samples, regardless of whether this variable was assessed from the mother's or the father's perspective.

## DISCUSSION

This study was undertaken to explore whether problems with entitlement are unique to adoptive parents, particularly to those who are seeking mental health service. To this end, a measure that could be administered to both adoptive and nonadoptive families was developed to evaluate characteristics that the clinical descriptive literature suggests contribute to problems with entitlement. The measure has face validity in that categories of parents' feelings or beliefs about themselves and certain of their children's behaviors related to entitlement are well represented in the four factors identified empirically in this study. These factors also have a high degree of internal consistency and were related to group differences.

When groups of adopted and non-adopted, and clinical and nonclinical families were compared, contrary to expectation, the results suggest that adoptive and nonadoptive parents presenting for mental health clinic service are more similar than they are different in these respects. The most substantial group differences are between clinical and nonclinical groups, regardless of adoption status. Thus, the factors reflect feelings of unworthiness, a sense of powerlessness, and fears of rejection by the child, which are common among parents seeking mental health service. Moreover, in two instances, the results are actually opposite to what was predicted: adoptive mothers reported fewer parenting doubts and adoptive fathers reported feeling less distanced from their child. These latter findings lend support to our previous observations regarding adoptive family strengths (Cohen *et al.*, 1993, 1994). While these results obviously need confirmation with a larger sample, the point to be made here is that we must be mindful of assuming that adoptive families are unique on variables that have been examined only in adoptive populations.

Although similarities in basic relational processes in adopted and nonadopted samples are evident, isolating entitlement as a single explanatory variable is misleading. We urge that a contextual approach be taken that looks at the relation of entitlement with other aspects of family functioning, since the challenges within adoptive and nonadoptive clinical families appear to be different. As discussed earlier, results from analyses of family functioning variables examined in our previous research indicate that, although they are more symptomatic than nonclinical families, adoptive families presenting for service are more satisfied with their marriages, reported less overt conflict, and, in some respects, function better as families than nonadoptive families seeking service. This finding suggests that, in non-adoptive families, problems with feelings of entitlement may be interrelated with ongoing problems in the family and in the marriage. This was supported by results of correlational and logistic regression analyses in the present study, which pointed toward a stronger association of parent and family functioning with the entitlement variables for nonadoptive families presenting for service. Because of this, problems with feeling entitled as a parent may be more difficult to resolve. Engaging nonadoptive families in setting limits for their child might be more complicated because this is likely to be one of the areas around which marital and family conflicts revolve.

This is not to say that adoption issues are never important. In the present article, only items that could be asked of both adoptive and nonadoptive families were analyzed. Elsewhere, we have reported on comparisons of responses to questions that could only be asked of adoptive parents (Cohen *et al.*, 1994). For instance, we found that although both Clinical and Nonclinical Adoptive parents generally were open to their children expressing curiosity about their birth parents, Adoptive Clinical parents were more concerned than Adoptive Nonclinical parents that their children might care more for their birth parents than for their adopted parents. They also reported that the children were more likely to refer to their adoption when being disciplined (Cohen *et al.*, 1994). It is important to point out, however, that the mean differences in ratings were small and that most adoptive families rated themselves in the direction of not feeling this way. The traditional adoption literature would also suggest that feelings regarding infertility and accompanying feelings of unresolved loss might contribute to problems of entitlement (see Jaffee & Fanshel, 1970). There are no data in the literature to support this, however.

Because the Adopted Clinical children were older at adoption than the Adopted Nonclinical children, post hoc analyses were done to determine whether this variable was associated with parent report on the entitlement scales. The results indicated significant associations between age of adoption and Parenting Doubts and Distance for mothers,  $r_s(73) = .35$  and  $.31$ ,  $p < .01$  and between age of adoption and Parent Doubts, Distance, and Discipline Success for fathers,  $r_s(73) = .27$ ,  $.25$ , and  $.25$ ,  $p < .05$ . Although age of adoption is associated with some entitlement factor scores, the specific ways that age of adoption impacts on parent-child relationships is unknown and may vary between families.

Finally, we need to acknowledge that we have examined entitlement only from the parents' perspective. The literature also alludes to problems of entitlement in adopted children. The child's past may interfere with the process of developing mutual feelings of entitlement by various paths. A child's lingering memories or fantasies about birth parents may interfere with feeling as if she or he is part of an adoptive family. Further, having been rejected once, an older adopted child may not feel entitled to be the protected child in a family and may fear that he or she will be rejected yet again. Because these children exhibit more behavior problems from the time of placement (Cohen *et al.*, 1994), it is also possible that they pose a greater challenge to parenting and that a lack of entitlement is a response to this. Thus, the association of paternal



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psychological distress with entitlement factors may be just as likely to be a reaction to older adopted children's behavior problems as well as a cause of them. Further exploration is required to understand in what specific ways age at adoption impacts on parent-child relationships.

From a practical standpoint, our clinical experience has been that brief interventions that help adoptive parents to provide structure and limits for their child's behavior often bring about rapid change and a de-emphasis on adoption issues per se. Knowing that they can have the power to make an impact on their child's behavior, these parents find it easier to ignore threats of rejection. In this context, the term "empowerment" rather than "entitlement" would be more apt.

The methodological issues highlighted by this study are as important as the specific findings. One issue that pervades the clinical and research literature on adoption is related to the failure to compare relevant subject groups. As noted at the outset, the suggestion that entitlement is particularly salient in adoptive families arose from clinical reports and descriptive studies that examined differences within groups of adoptive families that did and did not report adjustment problems. Had we compared only the Adopted Clinical and Adopted Nonclinical groups, this contention would have been supported. It is only relatively recently that research has set out to test the theoretical assumptions regarding characteristics presumed to be unique to adoptive families (for example, Brodzinsky, 1987; Brodzinsky & Schechter, 1990; Grotevant *et al.*, 1994; Kaye & Warren, 1988). Such systematic, empirical examination of the distinctive features of adoptive family adjustment has become an important undertaking because of the increased demands for specialized clinical services for these families (see Rushton, 1989). Understanding whether adoptive families presenting for service have unique characteristics is also important for prevention of child and family problems, and preparation of families for the adoption process.

Further research obviously needs to be done on the construct of entitlement. First, complications arise because the clinical sample was small (N = 56) and was in the process of coming into treatment. This might lead to findings that are different from what might have been obtained had an epidemiological sample been examined. Thus, the results need to be replicated with both larger as well as different samples. Second, the analyses suggest that the relation between some factors subsumed within the entitlement construct may be somewhat different for mothers and fathers, and this warrants further explanation. Third, although it has been suggested that entitlement and attachment are not synonymous, consideration of these potentially overlapping constructs is still important. To date, measures of attachment have been standardized for infants, preschoolers, and adults. There are as yet no reliable measures of attachment for the age range studied here. Fourth, problems with entitlement have also been described in adopted children and refer to the child's sense of being part of the family and therefore protected from harm and banishment. Thus, information from the child's perspective is required to understand fully the contributions of feelings of entitlement to family functioning. Fifth, further research should consider a broader range of parenting variables, for example, parenting stress and parenting sense of competence, to examine roots of entitlement. Finally, although the groups were similar with regard to age and sex distribution, we need to examine these variables as moderators of the findings. Answers to these questions await further development of the scales.

In conclusion, although the clinical descriptive literature has suggested that problems with entitlement are unique to adoptive families encountering adjustment difficulties, to date, research has not been done to test the verity of this assumption. The results of the present study suggest that entitlement is not a construct that is unique to adoptive families. The findings have implications for clinical work with adoptive families and highlight the methodological shortcomings of research in this area of study.

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Manuscript received September 5, 1995; Revisions submitted April 29, 1996; Accepted October 9, 1996.

APPENDIX I  
Item Loadings for Parenting Doubts and Distance Factors

Variables in Factor Analysis	Factor 1 Parenting Doubts <sup>1</sup>	Factor 2 Distance
<b>Mother's Responses</b>		
I feel I have to justify my reasons for disciplining ____.	<b>.829</b>	.352
I need ____'s reassurance that he/she accepts me as a parent.	<b>.708</b>	.371
I feel a lot of pressure to be perfect as a parent to ____.	<b>.698</b>	.368
I feel that I have to do special things to make ____ feel part of the family	<b>.756</b>	.620
When I discipline ____ I often go from being very strict to very lenient.	<b>.656</b>	.448
I feel I have to constantly prove I have a right to be ____'s parent.	<b>.662</b>	.528
I feel overly sensitive about being rejected.	<b>.659</b>	.536
I feel I have to be more careful in disciplining ____ than I would other children.	<b>.579</b>	.463
____ feels he/she has a place in the	.357	<b>.813</b>
It is possible ____ will get to be so independent that he/she won't feel	.481	<b>.816</b>

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part of the family anymore		
I often feel rejected by ____.	.514	<b>.819</b>
____ often feels like an outsider in the family.	.517	<b>.810</b>
I would like more warmth and affection from ____.	.616	<b>.639</b>
Coefficient Alpha	.852	<b>.844</b>
<b>Father's Responses</b>		
I need ____'s reassurance that he/she accepts me as a parent.	<b>.650</b>	.140
I feel a lot of pressure to be perfect as a parent to ____.	<b>.707</b>	.296
I feel overly sensitive about being rejected by ____.	<b>.760</b>	.437
When I discipline ____ I often go from being very strict to very lenient.	<b>.671</b>	.261
I feel that I have to do special things to make ____ feel part of the family.	<b>.732</b>	.493
I feel I have to justify my reasons for disciplining ____.	<b>.626</b>	.304
When I discipline ____ I often go from being very strict to very lenient.	<b>.571</b>	.546
____ feels he/she has a place in the family.	.006	<b>.684</b>
____ often feels like an outsider in the family.	.320	<b>.782</b>
I often feel rejected by ____.	.521	<b>.785</b>
It is possible ____ that will get to be so independent the he/she won't feel part of the family anymore.	.434	<b>.730</b>
I feel I have to constantly prove I have a right to be ____'s parent.	.375	<b>.730</b>
I would like more warmth and affection from ____.	.548	<b>.583</b>
Coefficient Alpha	.806	.785

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<sup>1</sup> Factor scores in bold indicate items that comprise the scale.

APPENDIX II  
*Item Loadings for Discipline Success and Discipline Comfort Factors*

Variables in Factor Analysis	Factor 1 Discipline Success <sup>1</sup>	Factor 2 Discipline Comfort
<b>Mother's Responses</b>		
Success insisting child shows respect	<b>.814</b>	—
Success dealing with challenges to authority	<b>.807</b>	—
Success getting child to re-do chores	<b>.791</b>	—
Success getting child to do something he/she doesn't want to do	<b>.699</b>	—
Success holding to position	<b>.696</b>	—
Success requesting apology	<b>.648</b>	—
Success denying child's request	<b>.688</b>	.511
Success getting child to do chores	<b>.629</b>	—
Success dealing with challenges to authority	<b>.533</b>	—
Success setting curfew	—	—
Comfort getting child to do chores	—	<b>.774</b>
Comfort setting curfew	—	<b>.774</b>
Comfort setting curfew	—	<b>.555</b>
Comfort requesting apology	—	<b>.672</b>
Comfort demanding respect	—	<b>.642</b>

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Comfort getting child to do something he/she doesn't want to do	—	<b>.643</b>
Comfort denying request	—	<b>.551</b>
Comfort getting child to re-do chores	—	<b>.620</b>
Comfort holding the position	.519	<b>.574</b>
Coefficient Alpha	.985	.774
<b>Father's Responses</b>		
Success getting child to do chores	<b>.767</b>	—
Success getting child to do something he/she doesn't want to do.	<b>.779</b>	—
Success holding to position	<b>.803</b>	.513
Success dealing with challenges to authority	<b>.787</b>	.554
Success insisting child shows respect	<b>.709</b>	—
success getting child to re-do chores	<b>.709</b>	—
Success requesting apology	<b>.646</b>	.505
Success setting curfew	<b>.670</b>	.557
Success denying child's request	<b>.558</b>	—
Comfort getting child to do something he/she doesn't want to do	—	<b>.673</b>
Comfort getting child to do chores	—	<b>.738</b>
Comfort getting child to re-do chores	—	<b>.711</b>
Comfort requesting apology	—	<b>.628</b>
Comfort dealing with challenges to authority	.584	<b>.752</b>
Comfort demanding respect	—	<b>.655</b>
Comfort denying request	—	<b>.575</b>
Comfort holding the position	.558	<b>.699</b>
Comfort setting curfew	—	<b>.533</b>
Coefficient Alpha	.990	.650

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<sup>1</sup> Factor scores in bold indicate items that compose the scale.

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