



## The relationship between genetic attributions, appraisals of birth mothers' health, and the parenting of adoptive mothers and fathers



Carla Smith Stover<sup>a,\*</sup>, Yuchun Zhou<sup>b,g</sup>, Leslie D. Leve<sup>c</sup>, Jenae M. Neiderhiser<sup>d</sup>, Daniel S. Shaw<sup>e</sup>, David Reiss<sup>f</sup>

<sup>a</sup> University of South Florida and Yale Child Study Center, United States

<sup>b</sup> University of Nebraska at Lincoln, United States

<sup>c</sup> University of Oregon, United States

<sup>d</sup> The Pennsylvania State University, United States

<sup>e</sup> University of Pittsburgh, United States

<sup>f</sup> Yale University School of Medicine Child Study Center, United States

<sup>g</sup> Ohio University, Athens, Ohio, United States

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### ABSTRACT

Parenting beliefs and attributions can influence parenting behavior. We used an adoption design to examine the associations among perinatal risk and poor birth mother health, adoptive parent appraisals of birth mothers' mental health, and genetic attributions to adoptive parents' feelings and behaviors toward their adopted infants. A sample of 361 pairs of adoptive parents and birth mothers were interviewed using standardized measures when infants were between 4 and 9 months old. Adoptive mothers and fathers were observed during play tasks when their infants were 9 months old. We found that adoptive mothers' and fathers' appraisals of birth mothers' health were associated with perinatal risk and poor birth mother health. Adoptive mothers' appraisals were linked to hostile parenting, after accounting for characteristics of the child that may influence her appraisals and attributions. These associations were not present for adoptive fathers. Genetic attributions were associated with both adoptive mother and fathers' feelings of daily hassles in parenting. These findings have implications for prevention and intervention.

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The ideas parents have about who their children will become and the attributions they make about their children's behaviors can influence the way they parent. Some of these beliefs about the child, of course, arise from the children themselves; as such, they constitute an important part of reciprocal parent–child relationships that begin during pregnancy. However, other beliefs arise from sources of information unrelated to the child and may influence both parenting behavior and child outcomes. There has been little research in this area in parent–child relationships.

Parents' beliefs about who their children will become can begin even before birth. For example in biological families, parents' ideas about their children during pregnancy have been highly correlated with both mothers' and fathers' ratings of their children's temperament over the first year of life (Benoit, Parker, & Zeanah, 1997; Zeanah, Keener, Stewart, & Anders, 1985). Evidence suggests that this association may reflect mother's negative outlook during pregnancy that, in turn, significantly impacts her parenting during infancy (Coleman, Nelson, & Sundre, 1999). Parent beliefs about the child during infancy can also come from sources outside the child. Parents in both biological

and adoptive families may develop ideas about their children directly from their postnatal experience or from impressions they develop from medical information provided.

Often, it is difficult to separate ideas that are formed prenatally and those from subsequent periods in the child's life. The study of adopting families is unique in that it separates prenatal from postnatal influences on these parental expectations. Indeed, in the absence of direct experience of fetal development, the first source of information about the adopted child comes from information about biological parents and the pregnancy of the birth mother. This information may influence adoptive parents' feelings and behaviors toward their children. Adoptive parents can develop ideas about the child based on their knowledge of the birth parents' background, health, and characteristics, learned through observation in open adoptions and/or access to medical information acquired after birth. As in parents rearing their biological children, postnatal experiences of the adopted child can also influence parental expectations. Studying adopted children in infancy narrows this window of exposure.

Further, controlling for infant characteristics as a source of parental beliefs about the child can further narrow our focus on how parents develop impressions from information unrelated to the child's characteristics. For example, if birth parents were known to have significant health problems or psychiatric symptoms, adoptive parents may feel that the child is predisposed to such conditions and that their own parenting

\* Corresponding author at: Department of Mental Health Law and Policy, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, FL 33612, United States. Tel.: +1 813 974 6019.

E-mail address: carlastover@usf.edu (C.S. Stover).

may be less effective in reshaping such behaviors. This might be especially the case if they have strong beliefs about the influence of genetic factors.

This study was designed to explore these potential relationships in a large sample of adoptive parents and infants, with the potential to take an important first step in examining if information about the perinatal environment and birth mother health influences parental behavior toward adopted offspring. We assume, but do not test in this initial study, that parenting behavior induced by appraisals of birth mothers and genetic attributions will have an impact on the child's development. Our goal is to first explore whether adoptive parents' caregiving quality can be influenced by birth mothers' poor health and prenatal risks via their appraisals of birth mothers' health and their genetic attributions in the first months of parenting, while controlling for characteristics of the child.

### Potential evidence of the influence of outside information on parenting

There is some indication that knowledge provided to biological parents about their own children at birth may influence their parenting behavior. For example, work by *Scarr (1979)* suggests that parents can be influenced by what they are told, rightly or wrongly, about the monozygotic or dizygotic status of their twins. When parents believe their dizygotic twins are monozygotic, they treat them more similarly than if they are told they are dizygotic. This induced change and subsequent differential treatment can influence twins' reports of their personalities.

Outside of twin studies, researchers have explored the relationship between parental beliefs about academic performance and parenting practices. Parents who expect their children to have high educational achievement have greater positive parenting behaviors such as warmth and play (*Davis-Keane, 2005*). Parents' ideas about the gender of their children, academic achievements, and career choice, expectations that are often independent of the child's actual potential, have been linked to child school outcomes (*Eccles, Jacobs, & Harold, 1990*), educational attainment (*Scherr, Madon, Gyll, Willard, & Spoth, 2011*), occupational choice (*Jacobs, Chhin, & Bleeker, 2006*), and adult responsibilities and school achievement for those with mental retardation (*Mutua & Dimitrov, 2001*).

Perinatal factors also can influence parents' beliefs about their children. There is evidence that mothers and fathers may develop different outlooks for preterm infants and therefore behave differently toward their preterm infants than parents of full-term babies. Mothers of preterm infants show less positive affect toward their infants, less gazing at their infants' faces, and fewer "motherese" type vocalizations. These differences have been shown to be associated with lower levels of mother–infant synchrony (*Feldman & Eidelman, 2007*). *Stern and Hildebrandt (1986)* studied how mothers responded to a set of unknown infants labeled as either preterm or full-term. When mothers were told an infant was born prematurely, they touched the babies less, and rated them more negatively in terms of physical cuteness and likability than when they believed infants were full-term. These studies suggest that an adoptive mother's knowledge of perinatal difficulties and birth mother health may play a significant role in how she appraises the birth mother's health, ultimately leading to changes in her parenting. This study is designed to assess the indirect associations between perinatal risk and birth mother health and the parenting of adoptive mothers and fathers.

### Parental attributions

*Sigel's milestone work (e.g., 1985)* is a prominent example from a body of literature linking attributions mothers make about the causes of their child's behaviors to their parenting. Attributions are preconceptions about the causes of child behavior that are made by the parent.

These cognitions can significantly affect parents' accuracy in perceiving their children's cues and responding to them appropriately (*McNally, Eisenberg, & Harris, 1991; Sigel & McGillicuddy-De Lisi, 2002*). Parental attributions can be influenced by culture, ethnicity, and gender, and can impact parenting beliefs and practices (*Azar, Reitz, & Gosling, 2008*). *Grusec, Hastings, and Mammone (1994)* described two specific kinds of parental attributions: (1) feelings of self-efficacy, and (2) interpretation of their children's behaviors. When parents believe they have less influence over their child's behavior, they may alter their parenting behaviors. This can happen if parents feel ineffective or if they perceive children to have responsibility and blame for their own misdeeds.

In a similar vein, Bugental and colleagues have studied the link between infant and child behaviors and child maltreatment. They have found that the relationship is moderated by mothers' attributions (*Bugental, Blue, & Lewis, 1990; Bugental, Mantyla, & Lewis, 1989*). When mothers believe they have less control over their children's "difficult" behavior, they are more likely to use harsh verbal and physical discipline. The association between perinatal risk and harsh parenting also has been shown to be moderated by parents' attributions of lack of control over their children's behaviors (*Bugental, 2004*). Importantly, these attributions are generated from the parents and not the child (*Bugental & Johnston, 2000*).

Specific to adopted children, community surveys have indicated that one third of individuals surveyed believe that adoptive children will be more likely to develop drug and alcohol problems (*Harris Interactive, 2002*) and those adopted from high-risk foster situations were believed to be even more vulnerable (*Harris Interactive, 2007*). Additionally, adoptive mothers who view their adopted children as different from non-adopted children are more likely to report conflicted parent–child relationships (*Gillum & O'Brien, 2011*). Parents' attributions about the heritability of disruptive and difficult behaviors suggest a belief of lack of their own initiative in shaping children's behaviors. If parents believe negative behaviors are highly genetic and predetermined, such attributes might influence how they perceive their infants' behaviors and their own capacities to shape them. This could impact their feelings about parenting and subsequent sensitivity or responsiveness to their child. This study is designed to test whether genetic attributions related to problem behaviors and delinquency influence parenting behavior of adoptive parents during infancy and whether such beliefs enhance the negative impact of their appraisals of birth mother health problems or pregnancy and delivery complications.

### Potential confounding factors that also influence attributions and parenting

The interplay between genetic attributions and early child behavior, including specific dimensions of temperament, has not been studied in infancy, or in an adoption sample. There is evidence from twin studies that children's heritable characteristics, particularly temperament, influence parenting behaviors very early during infancy (*Forget-Dubois et al., 2007*). Specifically, there is significant literature indicating an interplay between specific dimensions of child temperament and parent behaviors (*Costa & Babcock, 2008; Lifford, Harold, & Thapar, 2008; Mebert, 1991; Putnam, Sanson, & Rothbart, 2002*). The most persuasive evidence concerns infant fussiness and "difficulty." For example, reciprocal associations have been found between infant fussiness and lower maternal responsiveness and increased spanking (*Lahey et al., 2008; Mäntymaa et al., 2006*). Infant fussiness has been used as an indicator of difficult temperament in a variety of studies and has been shown to be associated with feelings of parenting stress or hassles (*Coplan, Bowker, & Cooper, 2003*), negative parental behaviors (e.g., spanking) and a lack of positive behaviors (e.g., responsiveness) (*Lahey et al., 2008*). This combination of difficult temperament and lack of responsiveness in early childhood has been shown to predict conduct problems in later childhood (*Keenan & Shaw, 1997; Shaw, Bell, & Gilliom, 2000*). Given the association of infant temperament with parenting

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